

Art in the National Health Service : a report / by the DHSS.

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A REPORT BY THE DHSS

ART IN THE NATIONAL HEALTH SERVICE

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Peter Coles

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Foreword

This report was commissioned by the Works Group Development Directorate of the Department of Health and Social Security and was completed between January and April 1983. It is concerned only with **visual art** in NHS buildings in England. A survey of arts of all kinds in health buildings in Great Britain would be a major undertaking, although undoubtedly worthwhile. The author is aware of visual art schemes in health buildings in Scotland and Wales, but was unable to include them in this report.

The report is intended to be a working document, not a definitive study. For this reason, each chapter is more or less autonomous. Some repetition has been inevitable in order to achieve this and actual case studies have been used to illustrate different approaches or examples of funding.

A detailed summary of art provision in NHS buildings in England is given in Appendix 1, together with individual contacts wherever possible.

1. Introduction

Most people who have experience of hospitals, as visitors, patients or as staff, would agree that they are seldom attractive places, even if they are clinically excellent. New hospitals may be charged with an air of functional austerity, whilst old buildings may be positively gloomy. The view of health authorities, with considerable public support, is that money available within the National Health Service must be used for medical purposes - staffing, equipment and the provision of essential patient services. With the present cut-backs in public spending, resources for even these provisions may be threatened. Any suggestion that some of this money be appropriated for the provision of works of art to lessen the hostile severity of hospitals is likely to be met with howls of protest!

Thanks to the initiative of a number of enlightened individuals - artists, health service administrators, architects, arts administrators and doctors - and with the generous support of several funding bodies, perhaps as many as fifty hospitals in Great Britain can currently boast collections of contemporary art, including major works commissioned from leading British artists. None of this work has been purchased with health authority funds destined for clinical provision, yet the contribution to the physical and social environments of the buildings concerned is significant. It is a good time to review these developments - which have taken place over the past decade - and to weigh the costs involved against the very great positive effects in terms of improved staff morale, reduced wear and tear on buildings and the increased involvement of local communities with the hospitals.

Two errors, in my opinion, are often made when art is talked of in relation to health care. These are (a) that the arts are a 'frill' unrelated to medical care and (b) that to provide art (or the arts) is necessarily expensive. To take these points in reverse order, £5,000 would buy about one hundred framed, original prints by contemporary artists; for £25,000 a large district general hospital could provide works of art in most busy parts of the building, including major commissions by leading contemporary artists. This would be less than a quarter percent of the building cost of an average new hospital. Some European countries (Sweden and Holland for example) insist that at least one and a half percent of the building cost of all new public buildings be spent on works of art.*

The second issue was whether art is unrelated to medical care. From 1976 to 1980 I was privileged to have been invited to document a unique arts project in Manchester Hospitals. ** A team of artists, since 1976, has worked full-time to produce a wide range of paintings, murals, graphic design and therapy aids as well as performance events for the entertainment of staff and patients. There was some initial opposition to the project, but vocal opponents have become active participants. There is no doubt that staff, visitors and patients feel part of a happy, caring environment which is greatly enhanced by the work of the artists.

* Lord Redcliffe-Maud, **Support for the Arts in England and Wales**, Calouste Gulbenkian Foundation, London, 1976

** Peter Coles, **The Manchester Hospitals Arts Project**, Calouste Gulbenkian Foundation, London, 1981

In other hospitals there has been a different approach. For example Leicester Royal Infirmary and St Thomas' Hospital, London, (both modern hospitals) have built up large collections of contemporary art to create a light stimulating environment which is more akin to a plush hotel than a hospital. Staff are proud of their hospital and the works of art encourage a view of the hospital as a local amenity, rather like the public library. The stress, which hampers the healing process in a busy acute hospital, can be markedly reduced, whilst in geriatric and long-stay mental illness hospitals, the direct involvement of artists, dancers and musicians with patients is often the only antidote to the apathy of institutionalisation. The arts should be seen as an effective adjunct to medical care, not as a luxury.

Arguments to justify arts provision in health settings can really only attain force when the whole range of arts and of kinds of medical services are considered and this is beyond the scope of the present inquiry. Strong and convincing cases have been made in a variety of texts, a selection of which is given in the bibliography at the end of this report. The reader is strongly recommended to refer to these texts. Here, we will be concerned essentially with the visual arts in National Health Service buildings in England, which is only one part of current arts provision in Britain, yet is a substantial development although still in its infancy.

The benefits of visual art in health settings come in perhaps two main ways. One is, of course, the architectural improvement, or the decorative effect, but it is more than decoration in a passive sense. Decoration is an essential means of 'appropriating' a building and bringing it to life. In a large building, which is almost always constructed by taking architectural elements and repeating them (both vertically and laterally), the identity of one unit is only given by the activity which takes place within it - a pathology laboratory corridor looks just like an x-ray department corridor. A heavy reliance on signposting is necessary for visitors to orient themselves. The use of visual art can be a significant aid to direction-finding and at the same time contributes to the uniqueness of each department. Psychologically, man feels part of his family first and part of the world only secondarily. If we extend this argument to a complex institution such as a hospital, a member of staff is likely to feel part of a small unit (a particular department or subset of staff) first and part of the whole hospital secondarily. Visual art can provide, simultaneously, an identity for the unit (the particular works on display) and a continuity for the whole - (the hospital has art in it and is therefore a progressive caring place).

The second means by which visual art benefits a community such as a hospital is that it invites participation in decision-making about the work environment. This can be through the suggestion of areas where works may be sited, the selection of those works or through the criticism and comment on works which have already been chosen and placed. To despise the choice of a particular painting or print is, in my view, better than having nothing at all!!

A large part of the cost of the various arts projects in health buildings has been borne by a relatively few funding bodies, each with many other obligations and with limited resources. The Arts Council and the Regional Arts Association are currently the major funders of these projects, together with a number of Trusts, Foundations and charities, notably the Calouste Gulbenkian Foundation, the King Edward's Hospital Fund for London and (especially with the disabled and disadvantaged) the Carnegie United Kingdom Trust. Hospital Endowment Funds and

League of Friends have provided the majority of other funds. If there could be a policy from central government to make provision for the arts in health buildings, funds would have to be allocated for this purpose. These could conceivably be routed through Health Authorities as part of their capital investment in health buildings. It would also be appropriate, inasmuch as these projects are of distinct benefit to the arts and artists (by providing commissions for artist and fulfilling a valuable public relations/educational role), to increase the Arts Council's allocations to Regional Arts Associations and to its own schemes for encouraging art in public places. These are issues that I hope will be discussed by those who have the power or influence to affect real changes.

The present inquiry came about following a series of seminars and conferences on 'Art in Hospitals' which brought the subject to the attention of the DHSS. In December 1981, a conference entitled 'The Arts in Hospitals' was held at the City of Manchester College of Higher Education with the financial support of the Manchester Area Health Authority, North West Arts Association, the Calouste Gulbenkian Foundation and Manchester Education Committee. The conference coincided with the publication by the Gulbenkian Foundation of a report on the Manchester Hospitals Arts Project*. A number of issues were debated, including the contributions made by different forms of art, from murals and puppetry to music and mime. The possible therapeutic value of the arts was also discussed. The conference made several recommendations, including the need to collate information 'regarding the role of the arts and artists' activities in (health) institutions' which should be "used to put pressure on (government departments) to increase awareness and highlight the value of the work". A statement was also issued by the conference which suggested that there should be a significant mandatory percentage within the budgets for all new hospitals, health centres and other such buildings to provide facilities for the Arts, and that architects be instructed to make this a part of the design of these and of the refurbishing of existing facilities ** This controversial issue keeps raising its head, but so far has not led anywhere.

In February 1982 the Institute of Contemporary Arts in London held a series of seminars on **Art and Architecture** including one on Arts in Hospitals. This seminar stimulated the Works Group Development Directorate of the DHSS to invite a gathering of individuals involved with arts in hospitals to meet with DHSS architects to discuss the potential for the Department's involvement in this area. It was a conclusion of this meeting that some form of overview of current developments in the arts with respect to NHS buildings should be carried out and used as the basis for a one-day seminar on the subject to be held early in 1983. This meeting has now been scheduled for June 1983 and the present report is a response to the recommendations of these discussions.

* ibid

** Conference report: **The Arts in Hospitals**, The Edgar Wood Centre, City of Manchester College of Higher Education, December 16 & 17, 1981

Therapy or not Therapy?

When people I meet hear me mention 'art' and 'hospitals' in the same sentence they usually say "oh! Art Therapy?" There is a difference between an activity which is therapeutic and an activity which is therapy. Michael John Spencer put this succinctly:*

As long as the quality of art is presented intact, it is an aesthetic experience first, not a session of therapy (p3)

and, elsewhere:

My premise is that the enjoyment of art is a basic human need, equal to that for food, clothing, and shelter. ... The need for art escalates in crisis. A survivor from a German concentration camp wrote that he would trade his meagre daily bread ration for art lessons. 'Bread is needed to an extent but it was the art lessons that really helped us to survive in concentration camps. They helped to salvage my soul, my dignity as a human being.' Hospitals, prisons and nursing homes are societies in perpetual crisis. people are separated from families, removed from homes, and limited in freedom. They are in environments of general sensory deprivation... (p2)

Of course, if one is deprived, then restoration to a more normal state is therapeutic, but it would be difficult to argue that 'normality' is therapy.

'Art Therapy' exists as a professional therapeutic service with a wide range of patients, often the elderly or the mentally ill. In some cases it is largely the institutionalisation of long-stay patients which is combatted rather than specific repair of damage. ** Professor Neil Kessell, a psychiatrist, speaking at a conference on **The Arts in Hospitals** *** in 1981 expressed the feeling that art is stimulating rather than specifically therapeutic, although art produced by mentally ill patients could aid communications with a psychotherapist.

Professor Kessell also felt that art was a potent contributor to the overall therapeutic environment of a hospital.

Here it would be appropriate to ask who the 'art' is for. Acute patients may be too ill to notice what their environment is like until they begin to recover. For long-stay or chronically ill patients, the hospital may become their home, but with precious few comforts of home. For staff the hospital is a busy place of work, but this does not mean that it has to look like a hermetically-sealed factory!! Visitors' ideas of medical care are affected by the appearance of a hospital - this is an emotional reaction, despite the rationalisation: "Oh, but it has a very good reputation."

* Spencer M J, A Case for the Arts in **Working Papers - The Healing Role of the Arts**, Rockefeller Foundation 1978

** Tilley-Moxon, Pauline and Faulkner, Alex, **Visual Arts Intervention, Vols 1 and II**, Bristol Polytechnic, Department of Professional Studies in Education, 1978-81.

** Conference Report on **The Arts in Hospitals**, 16 & 17 December 1981 (ibid)

Art of all kinds - from original prints in the main entrance hall to dance on the wards is, to reiterate Professor Kessell's view, a potent contributor to the overall therapeutic environment of a hospital. This role should not be underestimated. Staff, as much as patients, are entitled to enjoy their place of work and feel a part of a caring environment. In busy District General Hospitals the turnover of patients may be relatively rapid. One hopes that the turnover of staff will be less rapid!!

The Performing Arts

Various schemes exist to bring the performing arts, (including occasional concerts, poetry-readings, recitals, performances by mime artists, dancers, puppeteers) into health settings. These may or may not be designed to involve patients. There is unfortunately not space in this inquiry to go into these projects in any depth. In many mental illness hospitals, hospitals for the elderly and for patients on long-stay surgical wards in general hospitals, the provision of visual art alone does little to counter the chronic boredom of patients for whom hospital has become home. With the setting up of 'Shape' by dancer Gina Leveté in 1976, a register of professional artists has been compiled who are interested to work with and for these disadvantaged groups (for professional fees!). In Greater London there are now 135 regular weekly arts 'workshops' run by Shape in a variety of institutional settings. This practice is repeated throughout the country thanks to the establishment over the past six years of Regional Shape (Art Share or Art Link) centres.

2. Schemes for providing art in Health Buildings

The idea of this section is to outline the various schemes which exist to provide art in health buildings and to give some examples of hospitals etc which use them.

The various kinds of scheme may be classified as follows:

1. Loan schemes (artworks in a collection may be borrowed for varying lengths of time, subject to certain conditions).
2. Exhibitions (touring exhibitions may be acquired for display in a public area, such as a waiting room).
3. Purchase schemes (monies may be available towards the purchase of paintings, prints or drawings).
4. Commission schemes (grants may be available towards the cost of commissioning an artist to produce a specific piece of work).
5. Artist-in-residence schemes (grants may be available towards an artist's salary so that he or she may work for a period in a public building).
6. Art(s) teams - small teams of young artists may be engaged to carry out specific kinds of work in health settings.
7. Others - Monies for 'workshop' sessions, one-offs, etc.

More than one of these options may be funded or administered by a single source (eg the Arts Council's **Art for Public Places** scheme covers purchases, commissions and artist-in-residences and is jointly administered with the RAAs). Also, a given health setting may run more than one of the schemes, perhaps even all!

LOAN SCHEMES

A number of national, regional and local schemes exist to lend original prints, paintings or entire exhibitions for display in health buildings.

Paintings in Hospitals Nuffield Lodge, Regents Park, London NW1 4RS. Tel: 01-722-8871.

This scheme was started in 1959 by Sheridan Russell, then Head Almoner at the National Hospital for Nervous Diseases, London. Russell replaced the reproductions on the walls of this hospital with original paintings by contemporary artists, often borrowed from friends. The success of the scheme led to an approach to the Nuffield Foundation for a grant to purchase paintings to hang in other hospitals. An advisory committee was set up and members of the committee now take turns to make purchases.

From 1960 to 1978 grants from the Nuffield Foundation enabled the purchase of more than 800 paintings, which were distributed between some 50 London hospitals. Hospitals in over 20 towns and cities throughout Britain now also take advantage of the scheme. Addenbrooke's Hospital in Cambridge and Queen Mary's Hospital, Sidcup both have large collections.

The original grants from the Nuffield Foundation were followed by help from the Pilgrim Trust and Sotheby, Parke Bernet and Co. Since 1975 the Arts Council and the King's Fund have supported the scheme with grants. Currently, Paintings in Hospitals owns over 1200 contemporary paintings, with 70 hospitals in London borrowing works.

Paintings are loaned for periods of four years at a charge of £1 per picture per year. When I spoke to Grace McDonald and Pauline Henriques, secretaries of the scheme, they explained that their limited financial resources did not permit them to publicise their scheme as widely as they would wish. Despite the fact that the £1 charge does not even cover handling costs, many hospitals say they cannot afford to hire paintings or arrange insurance!

Transport costs raise the greatest obstacle to loans outside London, although the Arts Council has helped. Labelling, cataloguing and cleaning the paintings take up much of the time of the voluntary staff. The scheme does not have a printed catalogue but holds an annual exhibition where selections may be made.

British Red Cross Society Picture Library 9 Grosvenor Crescent, London SW1
Tel: 01-235-5454

This charity runs a picture library serving over 1000 hospitals. It has a choice of about 30,000 prints by some 2300 artists. Hospitals pay £1.00 per picture subscription per year but have to purchase frames themselves.

The Arts Council Collection 105 Piccadilly, London W1V 0AU, Tel:
01-629-9495

Paintings, sculptures and drawings by British artists and prints by British and foreign artists are bought for inclusion in the Arts Council Touring Exhibition and for long term loan to Museums, galleries and other public buildings. The Curator of the collection, Isobel Johnstone feels that there are neither the staff nor the resources to make the collection widely available to hospitals, as each site must be vetted for suitability and the paintings checked periodically. Some Regional Arts Associations have made use of the collection by taking over these responsibilities. The collection is currently developing a scheme with Greater London Arts Association and has lent several paintings to Edna Read of the City Gallery Arts Trust in Milton Keynes for distribution to East Midlands Hospitals. The Leicester Royal Infirmary has over 20 paintings and other works on loan from the collection.

Regional Arts Association Collections

Most RAAs purchase original artworks for their collection. Sometimes (as for example at Eastern Arts) a work purchased by the Association is an alternative to an award as a means of offering support to artists in the Association's region. Whether or not an RAA runs a loan scheme depends mostly on the size of the collection and the availability of staff to administer it. Some RAAs (eg North West Arts) may opt to subsidise the purchase of works by public bodies rather than maintain a loan scheme. In some cases the collection is used to make up a touring exhibition which is available for shorter term loan.

When RAAs do run a loan scheme, the works are usually paintings, drawings, prints or sculpture and are lent for at least a year. There is usually no charge for the loan and all insurance costs are borne by the RAA. Security is the responsibility of the institution and care must be taken to fix smaller works to the wall with mirror plates or security frames. There have been cases of theft of artwork from hospitals, although these never seem to involve larger works. It is usually also a requirement that the institution take reasonable care of the works to protect them from damage. This includes hanging paintings away from direct sunlight or heat. The Association will usually deliver and collect works on loan. There may be a maximum number of works available on loan to one institution (eg in the Eastern Arts region, the maximum is four).

In some cases the operation of a loan scheme is part of a strategy to encourage, for example, hospitals to consider the purchase of further works, for which a subsidy may be available of up to 50% of the purchase price.

Other Loan Schemes

Public libraries and Municipal Art Galleries may lend paintings and prints to public buildings. Private galleries may hire artworks for a small charge. The Royal Academy of Arts has, in the past, made works available for loan. Art Colleges may consider lending works by students.

EXHIBITIONS

There are many sites within health buildings which lend themselves to the display of short-term exhibitions. The most obvious are waiting areas and the entrance foyer. Many RAAs, as well as the Arts Council, organize touring exhibitions from their collections which may be made available to health buildings. In the East Midlands the City Gallery Arts Trust, in association with East Midlands Arts Association and the Arts Council is planning an exhibition specifically for hospitals.

The exhibition will be followed up by a pamphlet which explains how works may be obtained on a more permanent basis. The idea is to create a 'need' for artworks by providing the institution with a brief experience of art and then withdrawing it.

A similar scheme is run by Shape in London. With a grant from the Arts Council, Shape was able to purchase and frame a number of contemporary prints previously on loan from dealer, Jonathen Phipps. Augmented with paintings from 'Paintings in Hospitals' and with help towards running costs from Greater London Arts Association Shape has produced an exhibition to tour London hospitals (mainly long stay). The show has so far toured 15 hospitals and other health settings. It is installed for about one month and staff of the hospital use the exhibition as a stimulus for the development of projects with patients.

At the end of the exhibition, staff and patients are given the opportunity to discuss their reactions to the pictures with Shape staff. Whenever possible, artists whose work is represented are also present. Currently, Shape runs a one-day print workshop during the exhibition.

Small 'easily read' exhibitions on a variety of themes and in a wide variety of media may be available on loan. Merseyside Arts plans to appoint an officer to take responsibility for the organisation of this kind of small touring exhibition for hospitals and other public places. Exhibitions with local interest could be mounted in association with a local museum and with local authority support.

Old photographs are almost always popular. Exhibitions that have been mounted in Manchester hospitals and health centres include work by Tibetan monks, contemporary artists and photographers, artwork by deaf children and drawings by famous cartoonists. St Mary's Hospital, Manchester, has a showcase near the main entrance enquiry desk, which regularly houses pottery, jewellery and craftwork by local artists, often for sale.

Some people are strongly in favour of and others as strongly against showing work by amateurs. It is perhaps unwise to make amateur art either a major part or a permanent part of work on display, unless the quality is of a professional standard. However, work by local art groups and minority groups can easily be catered for in the form of temporary exhibitions. In the Royal Free Hospital, Hampstead and the Queens Medical Centre, Nottingham, for example, a space has been set aside for amateur artists and an active trade is often made. It can be difficult to resist the enthusiastic offering of paintings by amateurs, but it is best to establish (high) standards and respect them.

PURCHASE SCHEMES

Money towards the purchase of works of art for health buildings may be available from a number of sources, but it has to be sought out.

The Arts Council, in partnership with Regional Arts Associations has launched an incentive scheme entitled **Art for Public Places** under which it is possible to receive a grant of up to 50% of the cost of a purchase or commission. Several hospitals, including hospitals in the Trent, Northern, Merseyside and Eastern Regions have benefitted under this scheme. It is a powerful incentive to a potential sponsor, such as a League of Friends, Endowment Trust or the WRVS to know that the £2,000 they offer will immediately be transformed into £4,000, yet that without their contribution, no money would be available. Similar schemes are operated by the Scottish and Welsh Arts Councils.

Art For Public Places

The scheme is able to provide financial assistance towards the commission or purchase of works by contemporary British artists. Those eligible include public or private organizations able to offer opportunities for the commission of sculpture or murals in whatever medium and institutions interested in acquiring paintings, prints and drawings for display in spaces with adequate public access.

Grants offered do not normally exceed 50% of the total cost of a purchase or commission and clients are currently being advised to treat this as an upper limit, not an automatic guarantee. However, where an artist is to be engaged for a lengthy period in association with a public building or landscaping project, the Arts Council can consider paying the artist's fees if all other costs are provided for. This is essentially what happened in the Leicester Royal Infirmary when Peter Randall-Page, worked in the hospital for about 2½ months to produce a major sculpture commissioned for an internal courtyard.

The capacity to respond to requests for assistance is determined by the availability of funds in any financial year and all offers are subject to the Regional Arts Association's recommendation of the proposal. In the current financial year, Art in Public Places has revenue of over £130,000 although much of this is already committed through schemes submitted by RAAs. Over the past 2½ years an estimated £40-£50,000 has been used for projects involving health buildings under this scheme.

Priority is generally given to opportunities afforded by new building projects although it is recognised that many requests will relate to empty walls and spaces of existing buildings. In this context, special consideration is given to such buildings as hospitals, schools, libraries etc.

The appropriate RAA should always be consulted prior to any formal application being made. Most RAAs hold information on artists working in their particular areas and a central information source is provided by the Arts Council's Long Acre Index. Applicants are encouraged to make use of these services, but to qualify for assistance under the scheme it is not a condition that an artist be represented in the Long Acre Index or an RAA register.

In all cases, the recommendation of a grant will be conditional on the RAA being satisfied with the quality of the work proposed. When an opportunity is offered through open or limited competition, the RAA will be expected to be represented on the selection panel. The beneficiary of any grant will be expected to take responsibility for the maintenance of work commissioned or purchased through the scheme.

The success of the Art in Public Places scheme owes much to the Art Officer of the Arts Council, Alister Warman, responsible for its running. It has been particularly exploited by hospitals in the East Midlands (Trent) region, following the appointment on a freelance basis under the scheme of Edna Read, director of the City Gallery Arts Trust in Milton Keynes. Edna Read was asked to extend her contact with hospitals in the East Midlands to encourage applications under the Art in Public Places scheme.

A similar 'agency' has been set up through Eastern Arts Association, where Isabel Vasseur has been appointed to promote the idea of commissions and purchases by public and private organisations and to extend the use of the Eastern Arts Association's loan scheme in these places.

In the Northern Region, Lucy Milton has recently been appointed under a similar scheme and has, within a month or so, already found a hospital (Preston Hospital in North Shields in the North Tyneside Health Authority) to commission an artist's placement for six months.

Naturally, the working of the Art in Public Places schemes depends on the availability of funds from other sources and this can prove a major stumbling-block. Hospital Leagues of Friends, Endowment Funds and the WRVS often contribute the necessary sums, but having contributed to one scheme, may not feel able to do so on a subsequent occasion. At the Queen's Medical Centre, Nottingham, the Hospital Administrator, Glyn Purland has an annual fund-raising drive for the purchase of works of art and finds that the Art in Public Places scheme acts as an effective incentive for funding bodies to contribute.

The kinds of work which may be purchased cover quite a broad range, although most hospitals find that original prints are relatively cheap and effective. Christies Contemporary Art have a good selection and have generously donated prints to hospitals in the past. It is important to seek advice on where to purchase original prints and how to frame them.

COMMISSIONS

Much of what has been said about purchase also applies when it is intended to commission an artist to execute a work for a specific site. The Art for Public Places scheme also covers commissions and has been a major source of funding in this area. Some Regional Arts Associations also run similar schemes of their own, whereby a grant of up to 50% of the cost will be offered. North West Arts runs a scheme entitled "Art Into the Open" and the West Midlands Arts Association has started a scheme which it calls "Artists with their Work". Lincolnshire and Humberside Arts and Northern Arts also run their own schemes.

Most hospitals, both old and new, invariably have large, busy public spaces which may be oppressive, either because of their size or, in older buildings, because of the heaviness of their architecture.

A large-scale contemporary work of art can transform these spaces dramatically. At the same time such a commission can provide the artist with a rare opportunity to execute a work in a public place and on a scale not often possible elsewhere. There is no doubt that from the artist's point of view, many more people will be able to see the work if it is in a hospital foyer or waiting room than in an art gallery or someone's home.

Commissions are usually made in one of two ways - **directly by arrangement with an artist**, or by **open competition**. In the former case, unless a particular artist has already been selected, Regional Arts Associations may be consulted for advice. RAAs usually keep a register of artists they have been involved with and will have slides of their work. The Arts Council, at its Long Acre Index in Covent Garden has a collection of slides of artists' work which may be consulted. Once an artist or artists have been selected, they may be invited to submit drawings and, eventually (for a fee) asked to produce a scale maquette to show how the work will appear in the chosen site.

In this way, opinion may be canvassed from a wide cross-section of staff, patients and visitors before the commission goes ahead. At the Brompton Hospital, where Graham Crowley was eventually commissioned to carry out a relief mural in a waiting area, staff and patients were invited to state their preference for the different schemes on show.

If it is decided to make the commission by **open competition**, artists will also be invited to submit drawings. The first phase will then lead to a selection of a short-list of candidates who, for a fee, may be invited to prepare maquettes, permitting the final choice. It is usual in these cases to have a representative of the RAA and/or the Arts Council on the selection panel. For a new hospital, the architect will also probably be involved.

GREATER LONDON ARTS ASSOCIATION /KING'S FUND MURAL SCHEME

In London, an alternative to the Arts Council's **Art for Public Places** scheme has been launched, specifically for London hospitals, by GLAA in partnership with the King Edward's Hospital for London. The scheme is aimed at both old hospitals without significant art provision and new hospitals under construction. Several London hospitals have already benefitted under the scheme. The King's Fund circulates hospitals with details of its scheme and then acts on enquiries received. If the hospital qualifies under the scheme and a suitable site can be found (this is usually decided by the King's Fund/GLAA) the commission will proceed.

If the hospital proposes an artist, the King's Fund/GLAA have the right to veto the choice if they feel the standard is not sufficiently high. Alternatively, GLAA will make a pre-selection of possible candidates from its slide index and will present these to the hospital for ratification. Once an artist or artists have been selected, they will be invited to submit drawings and, eventually, maquettes, for a final selection by the hospital. In one case (the Brompton Hospital, London), staff, patients and visitors were invited to vote for the different proposals on display at the site.

The scheme is restricted to the commissioning of 'works of merit' by professional artists. Although concerned only with mural painting, exceptions have been made - eg Shelagh Wakely's commission to design a sculpture garden for St. George's Hospital in Tooting (although the King's fund declined to contribute financially to this project).

The scheme is co-ordinated by Lesley Greene, Visual Arts Officer at GLAA and Geoffrey Phalp, CBE, TD at the King's Fund.

Other Commission Schemes

It is, of course, not **necessary** that the Arts Council or an RAA be involved in a commission, unless they are asked to provide a grant. At the Charing Cross Hospital, for example, Keith Grant has undertaken two major commissions at the direct request of the hospital administrator, Nigel Weaver. The two were already acquainted, Keith Grant being a well-established and respected painter.

Shape has also been responsible for artists' commissions - for example in the Royal Marsden Hospital and St Lawrence's Hospital, Caterham. Shape will prefer to sponsor schemes which involve the active participation of patients. This was the case for Steve Morris' mural in the Towers Hospital (psychiatric) in Leicester.

In St Mary's Hospital, Manchester, the Manchester & Salford Urban Aid Partnership has financed Jeremy Waygood to design and build a 'super playground' for the children's ward.

ARTISTS IN RESIDENCE SCHEMES

The idea of an artist being given studio space in a public building and a salary for a defined period (eg. 3,6,9 months or 1 year) was pioneered by the Calouste Gulbenkian Foundation during the mid-1970's in a scheme which involved Regional Arts Associations. The scheme aimed to benefit the community (eg a school, factory, New Town and in one case, a hospital) and to provide the artist with a challenging new context in which to work. It also aimed to stimulate the arts world in general to question its parochial values and to take a fresh look at its potential contribution to whole groups of society. People love to watch an artist at work and it is indeed a rare opportunity. I have noticed, in the National Gallery, that if an artist is at work on a study of one of the paintings, he is usually surrounded by a crowd, whilst the Old Masters hang unnoticed!

Some of the early residencies experienced teething troubles, (see Su Braden **Artists and People** Calouste Gulbenkian Foundation, London 1978), although Peter Senior's residency in St Mary's Hospital, Manchester was an overwhelming success and has blossomed into what is perhaps the most impressive arts project of its kind in Europe. This residency was at the initiation of the artist, whereas all the more recent residencies of which I am aware have been at the initiation of the hospital or the RAA. This need not be significant, although there is likely to be greater uncertainty or more conservatism when the artist is selected following an advertised competition. All the recent residencies (as opposed to arts teams) I have come across have been in the East Midlands and have been partly supported by the **Art for Public Places** scheme. The East Midlands has become a kind of 'showcase' for the Arts Council's scheme, applied to health buildings. This is partly due to the early response in this region to the scheme, the enthusiasm and considerable organisation of the various arts bodies in the region and the Arts Council's complicity in deciding that it might be better to show what can be achieved by concentrating input, rather than spreading it thinly.

The Arts Council is able to pay the fees of the artist, provided that all other costs are met. The residencies do not automatically lead to the acquisition of a piece of the artist's work by the host institution, unless the residency is more a by-product of a commission. It is also not a condition that the artist work with patients, unless this is stipulated by the institution. With the exception of Peter Randall-Page's 'residency', which was the result of a commission, all the residencies in the East Midlands have been in hospitals with significant long-stay provision.

These residencies have been successful, as is witnessed by the hospitals' desire to renew them when the incumbent artist has finished his or her one-year term. The City Hospital, Nottingham is on its second residency (the first was a painter, the present a sculptor) and when Hilary Cartmel (a sculptress) finishes in June, Carlton Hayes Hospital, Leicester plans a further residency, possibly a musician.

The artist in residence will need studio space within the hospital, and reasonable access to resources. He or she should not be installed and 'left to get on with it'. To prevent the artist being isolated, the studio space should where possible be accessible to members of staff, although he or she will expect to be able to get on with personal work part of the time. The artist in residence is in a privileged position to meet staff and patients and can be a very positive influence within the institution. Each artist is likely to respond to the residency in a different way and this is only to be encouraged.

ARTS TEAMS

The possibility of teams of young artists working in health settings has arisen as a result of the government's Manpower Services Commission (MSC) schemes for the unemployed, set up in the 1960's. The MSC runs two schemes, one a work experience and training programme focussed on 16 and 17 year olds (Youth Opportunities Programme, or YOP) and the other a temporary employment programme for adults. This latter has been through many phases - Job Creation Scheme, Short-Term Temporary Employment and Community Enterprise Programme. The new Community Programme replaces these.

Peter Senior's residency in St Mary's Hospital, Manchester (which itself followed one year's part-time voluntary involvement and one year's secondment) led to the first arts team when four art-school graduates were engaged for one year under the MSC's Job Creation Scheme. This has now evolved (see later) with slightly more secure funding from the Manchester & Salford Urban Aid Partnership, North West Arts Association, the Manchester Health Authority and Manchester Education Committee. Other arts teams have been set up in hospitals in Britain. At the end of the 1970's, an MSC team was sponsored to help carry out a large mosaic mural for Charing Cross Hospital; another team worked in North Humberside hospitals; a new team of artists has just begun in Lincolnshire hospitals. An MSC team sponsored by Shape was set up in East London hospitals in 1978 and, with continued MSC support has evolved considerably since then, sponsorship having been taken over by the London Hospital. Prestwich Hospital, near Manchester has engaged two mural artists (helped by two YOP workers) as part of their Occupational Therapy Department, setting a precedent. In the Northern Region, a team of six artists has been engaged under the MSC's Community Enterprise Scheme (now replaced by the Community Programme, with different conditions) in St Nicholas' Hospital, Gosforth.

It is a considerable step for a hospital to make provision for as many as twenty artists, although there is plenty for them to do, and it is recommended that the team be well-supervised by an artist who is prepared to make a longer-term commitment. The hospital administrators in each of the schemes currently running have played a vital role, sometimes initiating the project. The administrator has to make resources available to the team, arrange for their salaries to be paid (the MSC pays over salaries and **per capita** equipment allowance in lump sums) and clear the project with Trade Unions and hospital departments.

With the exception of the Manchester Hospitals Arts Project, (which is involved with about 18 hospitals and 9 Health Centres), arts teams are usually in long-stay hospitals, either for the mentally ill or the elderly. Job descriptions vary enormously, from mural painting (with or without patient involvement) to clowning, video and landscape design. The contribution of an arts team, with the right mix of personnel and good support from the hospital, can be very significant indeed.





3. Some case studies in new hospitals

When a new hospital or an extension to an existing building is planned, a great many possibilities exist for art provision. This could be specified in the brief sent out to architects, with an appropriate budget allocation, or a fund-raising drive could be mounted at the commissioning stage. In the following pages I will give some 'case studies' to illustrate how this has been tackled.

The Leicester Royal Infirmary

(South West Leicester District Health Authority (T))

The scheme for works of art in the Leicester Royal Infirmary was initiated by the consulting architects, Pick, Everard, Keay & Gimson. They had set aside about £10,000 in their main contract for the purchase of works of art, but this was subsequently reduced to £1000 with cutbacks in RHA spending. The Senior Interior Designer for the hospital, Michael Hallam, had plans drawn up which indicated sites for the artworks, but these had to be shelved when the budget was cut back. In fact these plans were later revived and formed the basis for the present scheme. The £1000 was used to commission a commemorative mosaic for an outside wall near the main entrance.

The Chairman of the Health Authority, Mr Adolf, and the District Administrator (then Ian Beach) were keen to revive the plan to site works of art in the hospital and an *ad hoc* works of art committee was formed to discuss this. The committee also included the Hospital Administrator (Ralph Murray), a consultant radiologist, (Dr Geoffrey Moss) and Michael Hallam of the architects. The committee contacted East Midlands Arts Association for advice and it was suggested that Mrs Edna Read, director of the City Gallery Arts Trust in Milton Keynes be consulted. Edna Read had been running a gallery "from the boot of her car" for several years, seeking public and private institutions who were willing to subscribe to a scheme to commission, purchase or borrow works of art.

The works of Art Committee, visited St Thomas' Hospital in London, which has a reputation for its extraordinary collection of art works (bought with funds from the Special Trustees). The visit reinforced the committee's belief that any works acquired should be "of quality and distinction". Edna Read approached the curator of the Arts Council's collection and arranged to borrow 20 paintings to hang in the Infirmary. These works were placed in areas originally designated on the architects' plans and fulfilled the objectives that works of merit be acquired whilst allowing reactions to be tested prior to the commitment of funds.

The loan of works from the Arts Council was so successful that an "all out" effort was mounted which continues today with an enthusiastic response from staff. With grants from the Arts Council, trust funds allocated by the Leicestershire Area Authority (Teaching) and a subsidy from East Midlands Arts, a number of paintings and prints have been purchased, including a large tryptich by Anthony Eyton which now graces the main staircase. Prints and paintings on loan from the Arts Council, East Midlands Arts and through the City Gallery Arts Trust continue to form a substantial part of the Infirmary's collection.

In 1982 with grants from the Arts Council and East Midlands Arts Association it was decided to commission a sculpture for the main courtyard. The Art committee consulted the Arts Council's slide library of artists' work (the Long Acre Index) and selected Peter Randall-Page. The resulting sculpture was produced in the hospital over a period of 8 weeks and was officially unveiled in April 1983. Subtle lighting has been installed to illuminate the work at night.

The Infirmary has an Art Association, with a room set aside to store pictures which staff may visit at certain times to make selections. Any choices are supervised by Edna Read who will take the selected work to the proposed site, ratify its suitability and ensure that it is properly hung. Regular exhibitions are held of contemporary artists' work, sometimes leading to a purchase for the hospital collection. Recently a print competition for East Midlands Art Schools was mounted by Anne Peaker of East Midlands Shape in association with Christies Contemporary Art. In return for a prize of £100, the winners were asked to donate 5 examples of the winning prints for distribution throughout East Midlands hospitals.

The Works of Art Steering Committee has survived changes in membership (Ian Beach moved to Oxfordshire Area Health Authority (Teaching)) and the Infirmary now has over 100 works on display. Edna Read is involved in two other schemes in East Midlands hospitals - the Queens Medical School in Nottingham and Carlton Hayes Hospital, Leicester.

University Hospital, Queens Medical Centre, Nottingham

(South Nottinghamshire District Health Authority)

The Queens Medical Centre was designed and built by Hospital Design Partnership during the 1970's. Ken Seed, the Senior Architect hoped to be able to make some provision for works of art in the new building, although this was not in the original brief. An Arts Trust was set up which included a representative of the Arts Council and the Hospital Administrator, Glyn Purland. The Trust aimed to purchase "major works of art" for key areas of the hospital. The scheme was to be aimed primarily at staff and outpatients and only secondarily for in-patients. All major waiting areas, the entrance foyers and corridors were designated as sites with the highest priority.

A local fund-raising drive supplemented by a donation from the League of Friends and matched by the Arts Council's **Art for Public Places** scheme enabled three significant commissions to be made:

1. a horse sculpture by Elizabeth Frink
2. a two-storey stainless steel relief mural by Gillian Wise
3. a sculpture by Hubert Dalwood

Hospital Design Partnership wanted to 'leave their mark' on the hospital and commissioned Brian Clarke to design a stained glass window for the chapel. The artist accepted on condition that the commission be extended to the design of the entire chapel interior. The finished design includes not only a fine stained glass window, but also a series of wall panels.

With the commissioning of the hospital, a working relationship was established with the Arts Council and East Midlands Arts and Edna Read was consulted as Art Advisor. The hospital now raises funds annually and has so far received grants from the League of Friends, East Midlands Arts Association and the Arts Council. There are now close to 200 works in the collection although 250 may be on the walls at any time. It is a very large hospital so that the works are spread quite thinly. The policy is to concentrate on all major circulation areas in order that the maximum number of staff and visitors benefit. Short series of 5 or 6 works by a single artist are purchased and hung together at key points in the building (eg junctions of corridors, lift lobbies) to provide continuity of theme and as a highly effective landmarking technique to aid orientation.

One-off works are used for other areas. Although murals are generally avoided, as they cannot be moved, a mural has been commissioned from artist Malcolm Pollard. Sarah Greengrass and Dereck Greaves have recently been commissioned by East Midlands Arts to produce works for the hospital and a residency is planned this year.

A laboratory which has not yet been able to be used owing to cut-backs in RHA spending has been set aside as large potential studio.

Work by amateur artists is not purchased for the hospital but a space has been set aside for local amateurs to exhibit and sell their work. Exhibitions and loans are arranged by Edna Read, who also advises on purchases and hanging.

St Thomas' Hospital, London

(St Thomas' District Health Authority (T))

The new St Thomas' has some 600 works by over 100 artists, making it the hospital with the largest collection of contemporary art in Britain. Eugene Rosenberg, of the consulting architects, York, Rosenberg, Mardall, has made it a policy to integrate works of art into the buildings for which he is involved in the design. St Thomas' was no exception and purchasing began when the hospital was opened in 1965. Although, in the past, Rosenberg was involved in commissioning artists to produce works for specific sites, this has been abandoned since few spaces in a hospital are large enough.

None of the works in St Thomas' were in the original Bill of Quantities (they tend to be removed if they are) and so the first works were purchased with funds raised by consultants and a donation from an electronics company. Now, the Special Trustees allocates a small budget for artworks and a part-time curator, art historian Patricia Mowbray, has been engaged to maintain and catalogue the collection. The Dean, Dr Brian Creamer and consultant, Dr John Anderson have both been actively involved in the scheme to purchase artworks.

Eugene Rosenberg maintains his personal involvement with the hospital and usually selects the pictures to be purchased. There are paintings and sculpture, as well as Royal Doulton ceramics in the collection, but the majority comprises original prints. Some of the first works purchased (which include prints by Sutherland and Derek Boshier) would be prohibitively expensive now, although they may have cost £25 at the time. Many of the recent additions to the collection are purchased at Art School degree shows.

The aim of the collection is not to 'educate' or 'elevate' the passers-by, but to use high-quality art as a natural complement to architectural design. Series of prints hang in most parts of the hospital, including the radiotherapy treatment rooms. There is a continual demand from hospital staff for more pictures and the collection is added to each year.

Charing Cross Hospital, London

(South Hammersmith Health District (T))

The art purchase scheme at the new Charing Cross Hospital was initiated by the previous Administrator, Nigel Weaver (now District Administrator for the Barnet Health Authority) in cooperation with the consulting architect, Ralph Tubbs. Several works have been commissioned, with an arbitrary ceiling of £1,000 each (in 1975).

The first commissions were from Keith Grant, a painter with an established reputation and known to Nigel Weaver: a large painted mural for the first-floor waiting area, with funds from the Edwin Austin Abbey Trust Fund for Mural Painting in Great Britain and a large mosaic for a busy corridor. This was an ambitious project which took two years to complete, most of the work being carried out in the hospital by MSC teams sponsored by Nigel Weaver, under the supervision of Keith Grant. Keith Grant's fee was paid by the Arts Council. Two members of the MSC team have subsequently found posts as mosaic artists and others gained places at art colleges. The mosaic expertise gained through this project has been applied to further murals commissioned for Newcastle's new Metro stations.

A mural for a long corridor in the Paediatrics department was commissioned from Frances Crichton-Stuart, with a grant from the Arts Council. Julian Trevellyan and Mary Fedden (Mrs Trevellyan) painted a mural on a local theme for the geriatric wing, with funds donated by Street's Advertising agency and Glaxo Ltd., with a supplementary grant from the Arts Council. The Friends of the Hospital provided the funds for two stained glass windows by John Piper for the chapel and the Henry Moore Foundation has lent a sculpture cast of **Reclining Figure** which now stands in an ornamental pond in front of the hospital.

An appeal fund, launched by Mr & Mrs Weaver, supplemented with donations from the Friends of the Hospital, the Nillson Trustees and grants from the Arts Council, has enabled the purchase of several prints for different areas of the building. The **Paintings in Hospitals** scheme has also loaned prints.

Colchester District General Hospital

This hospital has now been commissioned and, due for completion in March 1984, should be operational by October 1984. Mrs Winnie Hatton, the Services Planning Officer has already launched an Appeal to raise funds for the purchase of works of art for the new hospital - a leaflet has been printed and over 3000 letters sent out by the League of Friends.

A Steering Committee has been formed which includes Winnie Hatton and Mike Nightingale (of the architects, Percy Thomas Partnership), Isabel Vasseur of the Eastern Arts Association (Isabel is a freelance agent appointed to encourage commissions for artists in the Eastern Region and to promote Eastern Arts' loan

scheme), and Jeremy Theophilus, director of a Colchester art gallery. This committee is a "pre-selection" committee which will choose works for the hospital, for ratification by a second panel which includes the Hospital Chairman and a nurse.

The Appeal aims to raise £20,000 by Autumn 1983; the Arts Council has already allocated £5,000 under its Art in Public Places Scheme.

The purchase scheme is being run in close collaboration with Eastern Arts and the Colchester Arts Centre and aims to encourage local community participation through the sponsorship of individual projects and the involvement of local schools and amateur groups.

Several commissions are planned, including nine mural panels (to cost £1,000 each) for the main nursing stations (children's, medical, surgeons, geriatric assessment, orthopaedic) and three sculptures for courtyards (to cost £3,000 each). The Tolly Cobbold annual exhibition will be used to make selections of two-dimensional work and the Hayward Annual for three-dimensional works. Attention is being paid to furnishing details: it is planned to use carpeting wherever possible and to use contemporary designs for all curtains.

Maidstone District General Hospital

(South-East Thames Regional Health Authority)

This hospital, due to open in Spring 1983 is one of the new generation of 'Nucleus' hospitals which are the result of DHSS research to standardise a high proportion of the elements of hospital design, thus reducing costs and cutting by half the delay between brief and completion.

In close collaboration with the hospital architects (Powell, Moya and Partners) and the hospital commissioning team, artist Graham Clarke and his wife have set up a charity called **Pedifund** to raise funds for arts provision in the hospital. The Trustees include a chartered accountant, a graphic designer, a family doctor and a bank manager. The fund will be used in two principal ways:

- a) to design and produce a range of safe, easy to clean, removable decorative and play items for the children's ward.
- b) to commission and purchase original works of art for other areas of the hospital.

The scheme also intends to produce an illustrated booklet for children about to be admitted to the hospital. The fund aims to raise £15,000 for its initial projects and has already received a generous donation of prints from Christies Contemporary Art of London and has been promised works by staff and students of the nearby Maidstone College of Art and Design. Sculptors from the college are already collaborating with the hospital architects.

Newham District General Hospital

(North East Thames Regional Health Authority)

Another of the new generation of 'Nucleus' hospitals, designed by Hospital Design Partnership, the hospital is due to open in June 1983. With remarkable resourcefulness, the building contractors for the hospital, French Kier, offered to put £3,500

towards the cost of artworks. North East Thames RHA has donated £1,000, the Kings Fund has made a donation of £2,500 in association with Greater London Arts Association (£3,000) to make a total of £10,000 for the scheme.

The choice of commissions was supervised by the GLAA/Kings Fund and led to two murals by Ray Walker for the public snack-bar, a large painting by Anthony Eyton for the main reception area and two large paintings by Jennifer Durrant for the staff dining area. The hospital has a large number of contemporary prints from Christies Contemporary Art which hang along all the main corridors.

Lister District General Hospital

(North Herts District Health Authority)

The new maternity extension to this hospital is the first example of 'Nucleus' maternity provision. The DHSS architect for the scheme, Roy Hyslop, was approached to commission a work of art for a children's play court adjacent to the antenatal waiting area. Discussions with Isabel Vasseur of the Eastern Arts Association led to an application under the Arts Council's Art for Public Places scheme for funds. Sculptor, Bernard Schotlander has been invited to submit designs for a sculpture whilst fund-raising proceeds. The Arts Council has promised to match funds raised elsewhere up to the cost of the commission.

Lincoln County Hospital

(Trent Regional Health Authority)

A national competition has been launched by Lincolnshire and Humberside Arts Association in conjunction with Trent Regional Health Authority for the design of a work of art for a site in the new extension to the hospital.

The competition was conceived in two stages, the first invited drawings to show the proposed idea and the proposed medium. The second stage envisages four artists being selected from the entrants who will be invited to submit fully-costed details of their scheme, with a scale model. Stage two participants will each receive a fee of £750. The eventual winner of the competition will be expected to undertake the commission for a fee of £3,000.

At the time of writing, the four artists for stage two have been selected by a panel of judges consisting of Frank Shaw (Senior Partner of the Consulting architects, Frank Shaw & Partners); Werner Sussenwein (Deputy Regional Architect for Trent RHA); Peter Williams (Principal of Lincolnshire College of Art); James Hamilton (Keeper of the Mappin Art Gallery, Sheffield) and Fred Brookes (Director of the Midland Group Arts Centre, Nottingham).

4. More about arts teams

As the purchase (or borrowing) of artworks for NHS buildings is only one approach to the provision of art it seems appropriate to discuss the principal alternatives. One of these has already been discussed in some detail - artists' residences - and another (**Shape** and the performing arts) is outside the scope of this report. There are now (at least) six teams of artists working in NHS hospitals in England, the best-established being set up in Manchester hospitals in 1975.

The Manchester Hospitals Arts Project

When, in 1973, artist and lecturer Peter Senior approached the District Administrator of the Manchester Central District Hospital Group, Peter Foster, he had no clear idea of **how** his skills could be used within hospitals. Once he had started on a voluntary basis in St Mary's (maternity) and the adjacent Manchester Royal Infirmary, the need for art seemed almost overwhelming. There followed a year's secondment as 'hospital artist' and the subsequent engagement of two arts teams under the Manpower Services Commission's Job Creation Scheme.

Peter Senior was opposed to the idea of 'importing' paintings and prints by other artists, preferring to develop a real contact with the hospital community himself. This was achieved through the use of his own paintings, which were placed with some apprehension in various parts of the hospitals. Peter Senior followed this up with discussions with staff. An exhibition of his work christened the main MRI out-patients waiting area as an exhibition space and was later followed by an exhibition of paintings by staff. As the hospital staff came to recognise the value of having a resident artist, requests for murals came in.

Peter Senior was keen that the hospitals should benefit from an input of the full range of arts and organised poetry readings and concerts by professionals. The first MSC team extended the visual art provision in the hospitals, whereas the second (and present) team also ventured into performance. The present Arts Team consists of ten members with long-term contracts and other artists engaged for shorter periods or to carry out specific projects (making a total of 17 at the time of writing). The team has a part-time fund-raiser/administrator and a full-time secretary. Since the award of the Inner Cities grant, the team extends its activity to the three Manchester Health Authority Districts (a total of 18 hospitals and 9 health centres).

All work carried out by the team is now in response to requests and ranges from mural painting to clowning and the design of therapy aids. The Project is in receipt of a grant of £58,000 per annum from the Manchester & Salford Urban Aid Partnership until 1986, £7,000 from North West Arts and £2,000 from each of the three Health Authority Districts. Two part-time members of the team have their salaries paid by the Manchester Education Committee's Community Education Department. The arts team is based in studio space in St Mary's Hospital which offers facilities to all members of staff and ambulant patients

Many parts of Manchester hospitals have murals, especially designed to suit the site. For example, Ancoats Hospital has murals in its physiotherapy gymnasium which feature a **trompe l'oeil** country lane, on a wall directly in front of exercise bicycles and a circus scene which incorporates measured landmarks for mobility

training. Paintings and prints hang in most corridors, almost all waiting areas have temporary exhibitions which are changed every five to six weeks and a variety of information booklets, posters and signs have been designed and made by the team. The arts team includes a puppetry specialist, a fabric crafts teacher and a musician. Several performance events, including a theatrical production, have been staged, often to tour wards.

Applied Arts Studio, Bethnal Green Hospital

In 1978, Shape founder, Gina Leveté, sponsored an MSC project to engage a team of unemployed artists to paint murals in East London hospitals. Supervised by Michele Bacciottini, the project has evolved, with the transfer of sponsorship to the London Hospital, Whitechapel. Projects have included the restoration of antique railings for the Hackney Hospital, the design, landscaping and construction of a physiotherapy/recreation garden for St Leonard's Hospital, Shoreditch and the design and construction of mosaics for the Bethnal Green and St Leonard's hospitals.

The project has been given disused ward space in the Bethnal Green Hospital to use as studios and offices. Here, a wide range of mural panels, mosaics, photography and landscape design projects are carried out and weekly 'recreation therapy' sessions held for elderly patients.

Further, ambitious schemes are planned for the coming year, including design projects for the disabled and elderly in care, other landscaping projects and the interior design of 'training flats' to aid the rehabilitation of patients.

The project now has a mix of about 30 full and part-time artists (all previously unemployed) under the MSC's new Community Programme.

The project has been given two disused wards in the Bethnal Green hospital to use as studio and office space. Here a wide range of mural panels, mosaics, photography and landscape design projects are carried out and regular recreational sessions are held with elderly patients.

Lincolnshire & Humberside Arts Teams

Following a pilot scheme to introduce performances and concerts in psychiatric and mental handicap hospitals in North Humberside (Yorkshire RHA) hospitals, Lincolnshire and Humberside Arts Association sponsored an MSC project to employ two young unemployed artists in these hospitals. The following year three artists were engaged on another MSC project, at the initiation of Lincolnshire and Humberside Arts, to work in three hospitals in Lincolnshire (Trent RHA). These were St John's Hospital (mental illness), St George's Hospital (general and acute) and The Pilgrim's Hospital, Boston (general). The team carried out mural paintings in these hospitals.

Prestwich Hospital Mural Team

Prestwich hospital is a large (1300 bed) psychiatric hospital administered by Salford Health Authority (Teaching). Only about 200 of the patients are short stay. As a result of interest aroused by the Manchester Hospitals Arts Project (which was visited by members of the hospital's Patients Activities team) a working committee was set up to formulate a similar project, specifically geared to the needs of Prestwich hospital.

It was decided to appoint two mural artists (Brian Phillips and Vivian Hindle) on permanent contracts to work under the umbrella of the Occupational Therapy department, alongside existing art therapy staff. The original project, which ran for a year also employed six trainees under the MSCs Youth Opportunities Programme. Since 1981 the project has taken on only two YOP trainees at a time and continues to focus on the production of murals with the participation of patients.

Many of the long stay patients are elderly with limited joint mobility and poor concentration. The mural team designs the murals and has devised a number of innovative techniques to involve the full participation of patients yet produce professional results. Examples of these techniques include aluminium-foil relief tiles which fit together to produce an overall representational design with a "beaten metal" look; collage and printing techniques and painted panels which fit together to form a large exterior mural.

ST NICHOLAS HOSPITAL, GOSFORTH

(Newcastle Upon Tyne Health Authority (T))

At the time of writing, a new team of artists is due to take over at the end of one-year MSC-funded scheme in this large mental illness hospital. The scheme was initiated by the hospital administrator, Nigel Blair-Orr, who sponsored a team of six artists under the MSC's Community Enterprise Programme (CEP).

The team has carried out a number of large painted panels to hang in the hospital corridors, including a **trompe l'oeil** facade for the hospital shop.

The team enjoys a good relationship with staff and patients. Patients were encouraged to produce their own paintings which were subsequently exhibited at the Newcastle Polytechnic.

The next scheme, due to start, will be under the MSC's new Community Programme, provided that the right mix of full and part-time artists can be found to make the project work under the scheme's conditions.

5. A guide to funding bodies

The funding of arts activities within NHS settings raises questions of responsibility. Who benefits? Is it necessary? are typical questions often used to deflect the onus of financial support. Arts provision within the NHS falls into two categories - that which is primarily aimed at patients (often long-stay) and that which is aimed at the health building environment as a whole (the various visual art schemes).

When patients are actively involved (eg in long-stay hospitals for the elderly, the mentally ill and the mentally handicapped), funds could conceivably be found from within the health service without public protest. This is the case for Shape in London, which currently receives part of its revenue from the DHSS. Very little is provided within the NHS for these patients, beyond essential care. Occupational therapy is often highly routinised and geared towards light industrial tasks, such as making party-hats and crackers. Art therapy is far from being an accepted part of therapeutic services. These hospitals, however, are home for many of the residents, with few of the comforts and freedoms of home life.

It is true that times are hard within the Health Service, but it could be argued that too much is invested in the 'glamour' technology associated with acute illness at the expense of providing even modest stimulation for long-stay patients (including those with for example, difficult fractures and chronic metabolic disorders). The lack of adequate recreational and creative activities with these patients works against the desire to rehabilitate them. Institutionalisation must be combatted before the large, over-populated institution can be phased out.

The Shape organisations provide an essential service in this area by forming a link with professional artists, dancers, musicians and writers who work in creative sessions with patients, often with remarkable results. These artists have a right to professional fees for their services and this is usually recognised by the health settings who, in the London area, have taken over responsibility for funding an artist's work in about 92% of cases after the three-month trial period sponsored by Shape.

The funding of arts projects which aim to enhance the hospital environment seems to be *prima facie* less easy to justify using Health Authority funds, especially in this era of staff shortages, pay disputes, cut-backs and closures. Those hospitals which have been able to provide artworks, art teams and artists-in-residence have invariably done so with funds from outside the health service. Until a precedent is set whereby a capital sum is set aside in the budget for a new hospital expressly for works of art, the gauntlet of fund-raising will have to be run in each case.

The most appropriate source of funding would seem to be the hospital 'fringe' charities, such as Leagues of Friends, the WRVS, Special Trustees and Endowment Funds. The various arts-related trusts and funding agencies have acknowledged their potential role in this area.

In all cases, however, the Trusts and Agencies themselves have limited resources, diverse obligations and a ratio of application to grants of something like 10:1. Most of the Charitable Foundations discussed in this report look to promote innovative

schemes which extend traditional boundaries of the arts. Once a project 'takes off' a charity or trust may feel it has to withdraw its support and redirect it to enable fledgling projects to develop.

The Arts Council could reasonably be expected to 'pick up the bill', as it has statutory obligations to fulfil, but it too has to argue its case for increased funds from Central Government. The supply and demand crisis of the 'Art for Public Places' scheme is a poignant example of this problem. Naturally an increase in demand could force central and local governments to reconsider their allocations and potential applicants should not be put off by what has been said. New projects are as likely to succeed as further applications from health settings already having a firm basis of arts provision

With this in mind, I have summarised the major funding bodies in this section. There exist a number of useful publications which provide greater detail, sometimes with case studies and guidance from the funding bodies themselves. A list is given at the end of this report.

The Structure of Arts Funding

There is essentially a three-tier system for funding the arts in Britain: central, regional and local. Central funding is carried out through the Arts Council of Great Britain (ACGB) (who contribute to the Scottish and Welsh Arts Councils). The Arts Council has an annual revenue from central government which it has a statutory obligation to administer according to the object of the Statute. It provides subsidy to the various national orchestras, theatre and dance companies, as well as to the Regional Arts Association.

The Regional Arts Associations (RAAs) are the 'half-way houses' between central and local funding. They are independently constituted voluntary bodies who work in partnership with both the Arts Council and local government, and receive funds from both. There are 12 Regional Arts Associations in England, with a further three in Wales. There are no RAAs in Scotland. The Arts Council's policy over the past few years has been to devolve more and more responsibility to the RAAs (for example all 'community arts' funding is now the responsibility of RAAs).

Local Authorities are major financiers of the arts, with statutory duties to perform. They are responsible for local art galleries, museums, art centres and performance groups, and also contribute revenue to the RAAs.

Superimposed on this 'official' structure is a network of charities, trusts and foundations which take on the funding of pioneering and experimental projects, often coaxing the Arts Council into new areas of responsibility.

The Arts Council of Great Britain

A government 'quango', the Arts Council is the major funding body for the arts, with a total budget of over £80,000,000 each year (including Scotland and Wales).

The Arts Council does not fund amateur arts activities (which they expect to be funded at a local level) or craft (which is the preserve of the Crafts Council) or film (the preserve of the British Film Institute). Grants may be made to individuals or organisations active in the arts and the vast majority being in the form of revenue.

Most of the organisations funded by the Arts Council are non-profit making or registered charities. Regular subsidy is given each year to the large national arts companies (orchestras, operas, ballets and theatres) and about £8.8 million are given to the RAAs annually.

The Council is advised by a number of specialist panels or committees which meet every four to six weeks to discuss applications for subsidy. The Council meets monthly. Applications should be made to the Council, not to specialist panels, although it is strongly recommended that potential applicants discuss their projects with the relevant Officer before submitting it for final consideration. Having said this, the majority of Arts Council grants to health settings are under the Art for Public Place scheme which **must** be channelled through the Regional Arts Associations.

Regional Arts Associations

There are twelve regional arts associations in England and three in Wales. They grew up gradually after the Arts Council's decision to close its own regional offices in the late 1950's. There are no RAAs in Scotland. The RAAs are independently constituted voluntary bodies which work in partnership with both the Arts Council and Local Authorities. They are based on a geographically convenient grouping of local authority areas although, at present, certain parts of Buckinghamshire are not covered by any RAA.

The RAAs are a link between local and national bodies and serve not only to allocate grant-in-aid, but to provide information and advice on all matters relating to the arts. Grants are normally given to projects which have a 'regional influence' rather than national or local, although policy varies between regions and definitions of 'local' vary according to the nature of the project.

Addresses of all RAAs are given in the reference section at the end of this report, together with the areas they cover. It will be seen that an RAA boundary will sometimes cross a number of Regional Health Authority boundaries. To help clarify matters, I have provided a rough 'look-up table' for converting RHAs to RAAs and vice versa. Enquiries relating to visual arts projects should be addressed to the Visual Arts Officer.

Department of the Environment's Urban Programme

Precedents have been set (in Liverpool and Manchester) whereby grants have been awarded under this scheme to arts projects in health buildings in areas where there is a 'special social need' - ie. in areas within towns and cities where living conditions are poor and there is severe pressure on social services.

The Urban Programme was set up in 1968 to enable Central Government to provide grants of money to Local Authorities in special circumstances. The **traditional urban programme** had, in 1980-81, resources totalling about £33 million. Although much of this budget is allocated to fulfil previous commitments, about £7-8 millions are available for new schemes. These schemes may be of many kinds and innovative projects, particularly in the voluntary sector, are encouraged to apply. Grants may be made for both running costs and 'one-off' capital costs and can be paid for up to five years.

As an increasing number of projects already funded are coming to the end of their five-year period of support, there is an approaching crisis, whereby existing projects may lose their support or, if funding is continued, there is less money available for new projects. For this reason, present administration favours 'in and out' schemes including capital grants, or revenue support for a limited period only.

A circular is sent out by the DoE each year (usually in the summer) to all Local Authorities and may be purchased in HMSO bookshops. It sets out the criteria and procedures for making an application.

The Inner Area Programmes come under a slightly different scheme with a budget totalling £160 million for 1980-81. Government has made special arrangements for the inner city areas which face the severest problems. There are seven Partnership Authorities which are the major conurbations with the greatest concentration of problems and fifteen Programme Districts with equally severe problems but are smaller urban areas.

The following are Partnership areas:

Newcastle/Gateshead	Hackney/Islington
Manchester/Salford	London Docklands (including parts
Liverpool	of Tower Hamlets, Newham,
Birmingham	Southwark, Greenwich and
Lambeth	Lewisham)

The following are Programme Districts:

North Tyneside	Hull
South Tyneside	Leeds
Sunderland	Sheffield
Middlesbrough	Leicester
Bolton	Nottingham
Oldham	Wolverhampton
Wirral	Hammersmith
Bradford	

In all cases, application must be made through the Local Authority who will have a responsibility to provide 25% of the cost of the project if it is approved. The Urban Programme can be a potential source of funding for arts projects if these projects are likely to enrich the lives of local people in a significant way.

The Manpower Services Commission

Several hospitals run arts teams under one of the MSC schemes (see section 2.6 above), currently the Youth Opportunities Programme (YOP) and the Community Programme (CP). Any individual or organisation can become a sponsor of an MSC scheme. They can be complicated to administer (especially book-keeping) and there is not space here to enter into details. For further information it is recommended that contact be made with a local Job Centre.

About £255 million was spent on special programmes in 1980-81 and the MSC can be a useful source of funding. However, there are a number of considerations for the Community Programme scheme which need to be borne in mind:-

- MSC schemes are not intended to replace or substitute jobs in normal employment (ie consult the relevant Trade Unions)
- the maximum duration of employment is 52 weeks
- the maximum wage is £92.50, although the **average** wage for a team must not exceed £60 a week .
- MSC pays a nominal sum of £60 per week per person +£440 per annum per person towards operating costs .
- MSC insists that individuals be paid 'the rate for the job'. This may mean that some juggling will have to be carried out to achieve a mix of full and part-time workers so that the average weekly wage comes to £60 per head. This looks as if it will be complicated to administer as the ability to offer some workers more than £60 per week depends on the willingness of others to work part-time for considerably less than £60. In many cases there may be no financial incentive to work rather than draw unemployment benefit and a project could be jeopardised if a part-time worker were to find full-time employment elsewhere and could not be replaced.

In London, Shape has withdrawn from MSC sponsorship because they feel the new Community Programme is too complex for a busy organisation to administer and results in some workers being paid very poorly.

Calouste Gulbenkian Foundations, UK and Commonwealth Branch

Contact: Iain Reid, Director (Arts)

98 Portland Place, London W1N 4ET. Tel: 01-636-5313/7

The Gulbenkian Foundation is known for its pioneering schemes in the arts and social welfare. It contributed to the setting up of Shape and the Manchester Hospitals Arts Project, and was a strong, early stimulus for the 'community arts' movement. The Foundation has this year offered a grant of £4,000 towards the cost of a mural for St Stephen's Hospital, Chelsea, which is the subject of an open competition. It has also provided £5,000 towards the cost of an arts team in Lincolnshire hospitals this year.

The Foundation receives something like 1,000 applications each year and makes about 100 awards. It now tends to put more of its resources into projects that it initiates itself. Applications for assistance with projects in health settings would probably come under their 'Arts for All' scheme which encourages "the integration of arts practice with work and leisure as well as supporting projects which involve professional and amateur practitioners working together creatively". *

The Foundation looks for innovative projects and generally only funds organisations which have charitable status or are non-profit making. For this reason, it may

* Richard Mills, in **Raising Money from Trusts**, Directory of Social Change, London, 1981.

be a good idea to channel applications through a Regional Arts Association. There are no formal application procedures, but the Foundation does not respond to general appeals.

The Carnegie United Kingdom Trust

Write to: Geoffrey Lord, Secretary

Comely Park House, Dunfermline, Fife KY12 7EJ

The Carnegie UK Trust is another of the pioneering trusts with a long history of innovative schemes it has supported, including Shape. It is active in three main areas:- community services, amateur participation in the arts and the interpretation of the heritage. As regards the arts, the Carnegie UK Trust is currently most involved with disabled people. It supports the Scottish Committee on Arts and Disability and the Committee of Inquiry into the Arts and Disabled People, which is carrying out a full two-year review of this area. The Carnegie UK Trust is highly specialised and tends only to fund projects which are likely to be of national significance.

King Edward's Hospital Fund for London

R J Maxwell JP PhD

14 Palace Court, London W2 4HT

Established in 1897, the King's Fund is aimed particularly at Greater London hospitals although National schemes may benefit. Its income of over £2 million is divided between direct grants to hospitals in or serving the Greater London Area, grants for experiments, enquiries and educational projects in all but the purely clinical aspects of health care and the maintenance of the King's Fund Centre and the King's Fund College. The King's Fund helps support the Paintings in Hospitals scheme, has supported Shape and is currently running a mural scheme for London hospitals in association with Greater London Arts Association.

The Chase Charity

10 Barley Mow Passage, Chiswick, London W4 4PH

The Chase Charity is a smaller foundation with a wide range of interests. Awards tend to be between £500 - £2,500 on a 'one-off' basis, as starter finance, to cover unforeseen expenses or help over a bad patch. The Charity does not pay for running costs of projects.

A large number of other trusts exist with more or less specific areas of interest. This report cannot list them all and the potential fund-raiser is referred to the Directory of Grant-Making Trusts, published by the Charities Aid Foundation, 48 Pembury Road, Tonbridge, Kent, a copy of which is held in most public libraries.

Business Sponsorship

There are no hard and fast rules regarding business sponsorship of the arts. An **Association for the Business Sponsorship of the Arts** exists (3 Pierrepont Place, Bath BA1 1JX, Tel: 0225-63762), but this is essentially an advisory body, not a funding body. In all cases, businesses or industry will seek to get something (usually publicity) out of sponsorship. Industry and business do not have a good track record of sponsorship of the arts, possibly because the publicity they are likely to receive is not attractive (in comparison, for example, with the sponsorship of sport). Marks and Spencer PLC are actively involved with the Committee of Inquiry into the Arts and Disabled People. Architectural consultants for new hos-

pitals - particularly Hospital Design Partnership - have contributed to schemes to purchase artworks for hospitals they design. French Kier, building contractors for the new Newham Hospital, have also contributed a significant sum for arts provision in that hospital. Large paint manufacturers, such as Dulux, Crown and Berger do make paints available for mural schemes; Ilford Limited have supplied film and photographers' materials and small printers have donated printing costs for fund-raising publicity. A useful guide to industrial and business sponsorship is given in **Raising Money for the Arts** published by the Directory of Social Change, 9 Mansfield Place, London NW3.





6. Conclusions and recommendations

What can be achieved?

With a little effort and a little money, original prints by contemporary artists can be purchased to hang in busy areas of hospitals, health centres and clinics. They certainly cheer up a dull corridor or waiting area and provide a distraction for bored and anxious patients. An even better idea for waiting areas is to arrange to hang temporary exhibitions. These may be exhibitions touring the country and available through a Regional Arts Association, local museum or other local organisation. Individual artists may be very willing to exhibit their work in such busy, spacious settings. (in Leicester, an evening class lecturer takes students to the Royal Infirmary for art classes!).

With more money and some more effort, an artist may be commissioned to create a work (eg. mural, sculpture or landscaping project) for a hospital. The costs vary between £1000 and £10,000. depending on the artist and the scale of the project. The hospital will then have acquired a major piece of contemporary art whose value and individuality only increase with time and which can profoundly change the "feel" of the site in which it is placed. This kind of commission is particularly valued by artists because of the challenging opportunities it affords and anyone involved with the commissioning and execution of their work usually becomes "hooked" on the idea of art in public places and wants more.

A different kind of commitment is required if artists are to work within a health setting. This is a two-way commitment and requires a sympathetic approach from the artist as well as support from the hospital staff if it is to succeed. In a 'serious' place like a hospital, the presence of an artist who is creating and considering the environment from a non-clinical perspective, can provide a remarkable contrast which benefits staff, patients and visitors.

In the relatively few hospitals which have art(s) teams (usually sponsored under one of the Manpower Services schemes, although Manchester and Prestwich hospitals have artists on long-term contracts), there is greater administrative load for example in terms of personnel management and the provision of resources, but the benefits can be enormous. Once creative artists are allowed to integrate with hospital life over a lengthy period, they can respond to the needs and requirements of individual staff or patients.

There is plenty of scope within health settings for **performing arts** too, - eg. concerts, performances or workshop sessions. Those who benefit most are perhaps children, the elderly, the mentally ill and the mentally handicapped, who feel the deprivation of institutionalisation more than the acutely ill. In this connection, many long-stay hospitals complain that there is no multi-purpose space which can be used for arts activities with patients. It would be a welcome initiative if some research were carried out to establish the specifications for such spaces, and consider whether they should be incorporated into future basic requirements for long-stay provision.

How to Proceed?

Depending on the kind of art(s) project envisaged, an approach should be made to the **Regional Arts Association** or, if there is one, the regional **Shape/Art Link**. If they have had experience of this kind of scheme, they will know exactly how to proceed. If not, there's only one way to learn.... The RAAs will have slides or examples of artists' work and will know of schemes in operation which may contribute towards costs. When raising funds from hospital 'fringe' bodies, such as the League of Friends, the WRVS or the Trustees, a senior Administrator or consultant would certainly be more likely to succeed. In a new hospital, the consulting architects will be in an ideal position to make suggestions and may even be able to find some funds through careful use of their budget.

The idea of **artists' agencies**, pioneered in the East Midlands, but with others now in the Northern and the Eastern Arts Association regions, has proven successful. These agencies usually work in close contact with the RAA and the Arts Council (the agent's salary usually being paid by both) and aim to seek out potential placement for artists or their work in public or semi-public buildings. In the East Midlands, Edna Read has been instrumental in the establishment of major art projects in three hospitals. Isabel Vasseur, the agent in the Eastern Arts region has also been involved in similar schemes. Within a few months, Lucy Milton, the agent for the Northern Arts region has already negotiated a possible artist-in-residence scheme in a North Shields hospital. Other RAAs might find these results encouraging enough to consider setting up similar schemes.

It would be helpful if there were a 'contact' within a hospital or Health Authority who was delegated the responsibility for arts provision. This should be on a voluntary basis and any individual willing to take on the role could make this known. This would facilitate communication with the RAA and with other similar individuals in other Health Authorities. One of the great obstacles encountered in preparing this report was the lack of communication. Art projects were only known of by the highest authority which had been involved in its establishment.

Liaison officers, if they were to exist, could communicate perhaps annually, and exchange ideas and experiences. The proliferation of specialist journals means that administrators do not read architect's journals, nurses read their own journal, etc. This makes it particularly difficult to keep abreast of recent developments.

Who Pays?

This conundrum can only be resolved by open debate. The fact is that bodies involved with health provision have paid proportionately less than arts bodies, charitable trusts, government agencies (eg the Manpower Services Commission, the Urban Aid Programme). The partnerships made possible by matching-grant schemes do winkle monies out of Health Authorities, but a central policy could make reticent Authorities more willing to contribute. The budgets for new hospital buildings as well as for refurbishment and redecoration could easily cater for innovative arts provision. There have been precedents - eg. Hospital Design Partnership used part of their redecoration allocation for ceiling paintings in the Westminster Hospital anaesthetics suite; the building contractors, French Kier put £3500 towards artworks for the new Newham District General Hospital, a scheme to which the North East Thames RHA also contributed £1000. Some other Health Authorities have made a financial commitment towards artists' work - the three Manchester Health Authorities have each contributed £2000 this year to the Manchester Hospitals Arts Project. The D.H.S.S. has also committed funds towards the running of Shape in London (£10,000 for 1983).

In general, however, it is the Arts Council, Regional Arts Associations, hospital charities and charitable foundations which have so far provided the bulk of funds. Private industry is beginning to respond to requests for donations, with contributions varying between £20 and £2000.

Practicalities

The kind of art(s) scheme opted for will depend on the setting, the degree of commitment and the resources available. It is a simple matter to allocate spaces to hang prints or paintings. Responsibility for security, maintenance and cleaning usually resides with the hospital authorities. If works are on loan, insurance is usually covered by the owners, otherwise they should be insured by the Crown. It is important to fix smaller works securely to discourage theft - although very few works have been stolen, considering the many hundreds on display throughout the country. Damage to artworks is also rare and, in fact, they seem to serve to guide trolleys etc. away from walls. Far from being a liability, they actually reduce ordinary wear and tear.

Murals are not necessarily expensive (ranging from free to about £8000). Amateur-produced murals are not often of a high standard, although the process of execution can be immensely satisfying. With professional guidance, good results can, however, be achieved. Murals may be painted directly onto a prepared wall, using ordinary emulsion paints and a protective varnish. This enables the surface to be kept clean. Some people prefer to paint mural-sized works on large wooden panels which can then be removed for cleaning, or for display elsewhere. There are fire regulations which restrict the kinds of materials that may be used in certain areas. Fire-retardent coatings exist which meet these requirements.

There are many graphic and other design needs in hospitals and health buildings which can be carried out professionally and creatively by artists (most of the arts teams seem to take on this work). In Manchester hospitals, the range of the arts team's involvement is very great, from booklets and posters to toys and therapy aids; the Bethnal Green Hospital arts team has been involved in a number of landscaping projects and design for the elderly disabled.

The experience of most of the art(s) schemes throughout the country emphasises the need to keep staff informed of what is happening. Trade Unions should be consulted to avoid misunderstandings and boundary disputes. Someone has to put the screws in the walls, wire up the spotlights, etc. Works Departments may treat all walls as their responsibility and should be consulted before a mural is carried out. If a major commission is envisaged, maquettes of different proposals can be used to canvas opinion, bearing in mind that someone is bound to disapprove, unless the work is disappointingly bland.

In summary, there can be a great deal more to the notion of 'art in health buildings' than the acquisition of pictures for corridors and waiting rooms. The references in the bibliography of this report should be consulted for information about other possibilities and as food for thought. The inception of a scheme to introduce art(s) into a health setting is a valuable opportunity to unleash the latent enthusiasms and talents of individuals with very different status within the health service. Above all, art should not be 'precious', but should be enjoyed.

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REGIONAL SUMMARY OF ART PROVISION IN THE N.H.S.

The information in this section is mostly derived from lists supplied by Regional Arts Associations. It is meant as a guide and not a comprehensive survey (time did not allow this). Whilst every effort has been made to ensure the accuracy of the information presented, it has not been possible to verify all entries

NORTHERN ARTS REGION

(corresponds to Northern RHA)

** There is no Shape Office in this region as yet. Brian Scott is working to set up a programme of arts activities in the Northgate Hospital, Morpeth and plans to establish a register of artists willing to work with the disadvantaged.*

** Lucy Milton has recently been appointed by Northern Arts as an agent to promote the idea of artists' commissions and placements in public buildings. The Preston Hospital, North Shields has taken up this suggestion and a six month residency has been advertised. This is supported by Preston Hospital, Northern Arts and the Arts Council. The fee will be £3,600 plus £200 towards materials.*

** Northern Arts does not operate a loan scheme, but will provide financial assistance for purchases of work by Northern Artists. A slide register of these artists has been started.*

Northern Arts has been instrumental in setting up a number of art schemes in NHS buildings in the region:

1. Darlington Memorial Hospital, Co. Durham

(Darlington Health District)

Philip Constable, District Administrator. Tel: 0325-60100

a) Ambitious scheme for purchase of artworks for corridors and walls. A mixture of paintings, prints, drawings. A range of images by both regional and other artists. Funds from Northern Arts, WRVS, ACGB and the hospital endowment.

b) A sculpture by Gilbert Ward commissioned for an outside courtyard, in memory of a former consultant. Funds raised by a memorial appeal and matched by Northern Arts and ACGB's Art for Public Places.

2. St Nicholas' Hospital (Psychiatric), Gosforth

(Newcastle Upon Tyne Health Authority, Northern Sector)

Nigel Blair-Orr, Northern Sector Administrator. Tel: 0632-850151

a) Nigel Blair-Orr has sponsored a team of artists under the MSC's Community Enterprise Scheme. The team has painted a number of mural panels and works closely with patients. A new team is due to start under the MSC's Community Programme.

b) Geoffrey Read was commissioned to paint a series of figurative paintings for the hospital's Parkwood House Drug and Alcohol Abuse day centre.

c) Starting a permanent collection.

3. St Mary's Hospital (Psychiatric), Stannington

(Gateshead Health Authority)

Christine Ridley. Tel: Stannington 333

A permanent collection of contemporary paintings and prints by Northern Artists, with a budget of £2,000 from the WRVS, the hospital administration, Northern Arts and ACGB.

YORKSHIRE ARTS ASSOCIATION REGION

(corresponds to Yorkshire RHA - excluding Humberside

- and the South Yorkshire Area of Trent RHA)

** Shape Up North is run by Annie Lloyd in Leeds and have arranged various workshops in hospitals, some of which are orientated towards mural painting.*

** Yorkshire Arts does not run a loan scheme but offers a 50% subsidy for the purchase of paintings and prints for health buildings and public buildings.*

1. Pontefract General Infirmary

(Eastern (Pontefract) Health District)

Yorkshire Mural Artists Group. Tel: Bradford 23021

Murals for the waiting areas outside several wards, carried out by Yorkshire Mural Artists Group with funds from Yorkshire Arts. Pam Jarvis of YMAG is discussing a mural commission with the architects responsible for a new health clinic.

2. Fieldhead Hospital, Wakefield

Murals commissioned by Yorkshire Arts.

LINCOLNSHIRE & HUMBERSIDE ARTS REGION

(corresponds to Yorkshire RHA (Humberside) and Trent RHA

(Lincolnshire))

** Art Link for Lincolnshire & Humberside is coordinated by Jennifer Baker in Hull. Set up by Lincs & Humberside Arts, Art Link aims at North Humberside hospitals and is especially concerned with Arts Access for people with disabilities.*

** Lincolnshire & Humberside Arts has a permanent collection of about 250 works which is currently being used to make up an exhibition to tour various settings, including hospitals. Works not used for the exhibition may be available for loan at no charge.*

** In association with Trent RHA, Lincolnshire & Humberside Arts has raised £3,100 to be used to promote a wide range of arts activities in hospitals, health centres, day centres, etc.*

1. North Humberside Hospitals

A series of concerts and performances were sponsored by Lincolnshire & Humberside Arts in mental illness and mental handicap hospitals. This led to two artists being engaged for one year under an MSC scheme to paint murals. This scheme was not renewed, but the hospitals are served by Art Link.

2. Lincolnshire Hospitals

St John's Hospital (mental illness) and St George's Hospital

- Lincoln Health Authority, Northern District.

The Pilgrim Hospital, Boston - Lincoln Health Authority. Southern District.

Three artists were sponsored by Lincolnshire & Humberside Arts under an MSC scheme to paint murals in these hospitals. Recently, a further three artists have been appointed for an initial period of one year to work with patients in St John's and St George's. Grants totalling £15,000 have been raised for the artists' salaries from the WRVS, the League of Friends of the hospitals, the Gulbenkian Foundation and Lincolnshire & Humberside Arts. The artists will work alternate months in each hospital.

3. Lincoln County Hospital

Lincolnshire & Humberside Arts, in association with Trent RHA has launched an open competition to commission a work of art for the new extension to this hospital.

NORTH WEST ARTS ASSOCIATION REGION

(corresponds to North Western RHA (excluding West Lancashire)

Mersey RHA (excluding Merseyside) and Trent RHA (High Peak)).

** North West Shape is coordinated by Hazel Roy in Manchester.*

** North West Arts used to run a loan scheme but currently concentrates on touring exhibitions from its collection and its "Art into the Open" 50% subsidy scheme for commissions in public places.*

1. The Manchester Hospitals Arts Project

St Mary's Hospital, Hathersage Road, Manchester M13 0JH

Tel: 061-224-9633 ext 350

Started by its director, Peter Senior, in 1973 the project has an Arts Team of 7 full-time and 3 part-time members on long-term contracts. As many as 7 further artists may be involved with the project on short-term contracts, on student placements or under the MSC's Youth Opportunities Programme. The Project now covers the three Health Authority Districts previously in the Manchester Area Health Authority. This comprises some 18 hospitals and 9 health centres and clinics.

The project provides for the whole range of arts activities, from mural painting to puppetry and many of the NHS buildings in their catchment area have murals or paintings on display. Others may have especially-commissioned items made by the Arts Team for decoration or practical use (eg therapy aids, direction signs, etc.). Most waiting areas have temporary exhibitions.

The Project has received funds from the Manpower Services Commission, the Gulbenkian Foundation, North West Arts Association, Manchester Area Health Authority (T), Manchester Education Committee, The Granada Foundation, the Chase Charity, and some (small) donations from industry.

Present funding is mainly from the Manchester & Salford Urban Aid Partnership, North West Arts Association, Manchester Education Committee and the North, Central and South Manchester Health Authorities. This should continue until at least 1986. The project is monitored by an Advisory Committee, which includes representatives from the Health Authority, the Trade Unions, North West Arts, the WRVS and the City Council.

2. Prestwich Hospital (Psychiatric)

(Salford Health Authority (T))

Brian Phillips (Project Director) Tel: 061-773-9121 ext 192

Two mural artists were appointed in July 1980 under the umbrella of the Occupational Therapy department. They are assisted by two YOP workers on short-term work experience. They design murals for the hospital which, wherever possible, can be carried out by patients who often have poor concentration or limited joint mobility.

MERSEYSIDE ARTS REGION

(corresponds to Mersey RHA (Merseyside))

** North West Shape covers Merseyside but David Williams hopes to take over this responsibility with a new scheme to be set up in association with Merseyside Council's Voluntary Services Department. Merseyside Arts has allocated a budget for this project.*

** Merseyside Arts plans to develop a scheme for artists' placements in organisations, including hospitals. It is also planned to set up semi-autonomous bodies with wide-ranging responsibilities eg mural painting and photography. A temporary exhibitions officer may be appointed to organise large touring shows and smaller, 'easily-read' exhibitions for a variety of hospitals.*

1. The Royal Liverpool Hospital

The ACGB under its Art for Public Place scheme in association with the Liverpool Urban Aid Partnership has commissioned Bridget Reilly to design a wallpaper mural for the hospital. An experimental piece has been installed to assess its durability. The hospital has a range of prints and paintings in corridors and waiting areas.

EAST MIDLANDS ARTS ASSOCIATION REGION

- corresponds to Trent RHA (Derbyshire, Nottinghamshire, Leicestershire) and Oxford RHA (Northamptonshire)

** East Midlands Shape is coordinated by Anne Peaker in Leicestershire and has organised several schemes for art provision in East Midlands hospitals. One of these was a print competition, sponsored by Christies Contemporary Art, for Leicester Art Schools. Winners received £100 in exchange for five examples of the winning prints for display in hospitals.*

** East Midlands Arts Association does loan paintings and prints to hospitals and may help with their purchase.*

** Edna Read, director of the City Gallery Arts Trust, Milton Keynes has advised on a number of the following projects. She has borrowed several paintings from the Arts Council's collection for distribution in East Midlands hospitals. She has been awarded a grant of £3,000 from ACGB to organise an exhibition to tour these hospitals to promote the idea of art in the NHS. Edna Read was engaged on a free-lance basis by the Arts Council to look for possibilities within public buildings for the purchase or commission of artists' work*

1. The Towers Hospital (Psychiatric), Leicester

East Leicester Health District

Sue Gibson, Head O/T: Leicester 767184-9

Mural by Steve Morris in the Occupational Therapy room, organised by Shape and funded out of the O/T budget. Another mural in the physiotherapy gym was painted by Steve Morris, with patients and was paid for from the Shape National Appeal fund and the Mutual Clothing & Supply Co.

2. Leicester Royal Infirmary

Leicestershire Health Authority

Ann Sail, General Services Administrator Tel: Leicester 541414

Art Advisor: Edna Read, City Gallery Arts Trust. Tel: 052-526-617

a) Many paintings and prints on loan from the Arts Council's collection or purchased with grants from the Arts Council, East Midlands Arts Association and Leicester Health Authority (T) Trust Funds.

b) Sculpture commission/residency by Peter Randall-Page, for internal courtyard. Funded by the Arts Council, East Midlands Arts and Leicestershire Health Authority (T) Trust Fund.

The art purchase scheme was originally suggested by the consulting architects, Pick, Everard, Keay & Gimson, who have maintained their involvement.

3. Carlton Hayes Hospital (Psychiatric)

Leicestershire Health Authority (T)

Hospital: 0533-863-481

Art Advisor: Edna Read (see above)

Sculptress, Hilary Cartmel, is approaching the conclusion of a one-year residency. The artist's salary has been paid jointly by the Arts Council's Art for Public Places scheme and Leicestershire Health Authority (T). The League of Friends has provided a materials budget in return for one piece of the artist's work. Hilary Cartmel has spent half of her time with patients and the remainder in a studio set aside for her in the hospital grounds. A further residency, possibly a musician, is planned to begin in June.

4. Leicester General Hospital

Leicestershire Health Authority (T)

Derek Emm, Hospital Administrator. Tel: Leicester 730222

a) A purchase scheme is planned, with funds likely from the WRVS, the Guild of Helpers Trust Fund and the hospital's general-purpose Trust Fund.

- b) Some paintings on loan from East Midlands Arts and prints from the Shape/Christies Contemporary Art print competition.
- c) Mural commission planned for Steve Morris in a children's playcourt, to be funded by the hospital's Trust Fund.
- d) Concerts by 'Live Music Now!', arranged by East Midlands Shape.

The hospital hopes to engage the services of an art advisor on a fee-for-service basis

5. University Hospital (Queens Medical Centre), Nottingham

Nottinghamshire Health Authority (T)

Glyn Purland, Senior Administrator. Tel: 0602-700111

Art Advisor: Edna Read

- a) Over 200 works purchased during the past 3 years with monies raised by an annual appeal and grants from the League of Friends, the Arts Council and East Midlands Arts Association. Prints arranged to hang in short series by one artist for thematic continuity and as an aid to direction-finding.
- b) Major commissions of sculpture by Elizabeth Frink and Hubert Dallwood and a stainless steel wall relief by Gillian Wise.
- c) Stained glass windows and wall panels for the chapel by Brian Clarke, commissioned by Hospital Design Partnership.
- d) Planned residency subject to funds.

6. Nottingham General Hospital

Nottinghamshire Health Authority

Hospital Administrator: Lionel Joyce

- a) Mural commission for Paul Waplington for Main outpatients waiting area, using funds raised by the hospital.
- b) Dances commissioned by Gambolling Guises and East Midlands Dance Company for long-stay ward
- c) Planned residency on part-time basis.

7. City Hospital, Nottingham

Nottinghamshire Health Authority.

Hospital Administrator: Mr Hillier

Anne Peaker, East Midlands Shape

- a) Residency for Roy Turlington to paint on panels; assisted by 5 YOP workers (1980-82).
- b) Residency by sculptor Michael Grevatte, who will be working in the "Heathfield" unit for terminal patients.
(Both residencies organised by Anne Peaker and funded by the Arts Council and Trust Funds)
- c) Murals by students from Trent Polytechnic

8. St Crispin's Hospital, Northampton Mural by David Gomm

9. Glenfrith Hospital, Leicester Murals by Sally Wilson

WEST MIDLANDS ARTS REGION

(corresponds to West Midlands RHA)

** West Midlands Art Link is coordinated by Lee Corner in Newcastle under Lyme. Art Link advises hospitals on the availability of exhibitions for hire or loan and runs many weekly workshops in health settings. Art Link is supported by West Midlands Arts.*

** West Midlands Arts has a large collection, mostly paintings, which is available for loan to hospitals and clinics. No charge is made. Several West Midlands hospitals take advantage of this scheme.*

** Mural projects have been set up in a number of West Midlands hospitals, including East Birmingham Hospital, Bromsgrove General Hospital, Kidderminster General Hospital and hospitals in New Town, Worcester; King's Wynford and Wolverhampton. Regrettably details were not to hand at the time of writing.*

EASTERN ARTS ASSOCIATION REGION

(corresponds to East Anglian RHA, North West Thames (except Greater London) and North East Thames (except Greater London) RHAs)

** There is no Shape for this region as yet.*

** Isabel Vasseur has been appointed by Eastern Arts in association with the Arts Council on a part-time basis to encourage and advise organisations wishing to purchase or commission works of art.*

** Eastern Arts runs a loan scheme (mostly large paintings, but with some craft and sculpture) which is available, free of charge, for loan to public organisations. The loan period is usually one year and a maximum of 4 works can be borrowed at a time. The Association publishes a catalogue of works available.*

1. Norfolk & Norwich Hospital

(Norfolk Health Authority)

Hospital Administrator: John Rom. Tel: 0603-28377

Isabel Vasseur: 026-387-336

a) A number of paintings on loan from Eastern Arts.

b) Regular exhibitions held

c) A mural is being commissioned from Anthony Deigan at a cost of £5200, with funds so far ear-marked by Eastern Arts in association with the Arts Council's Art for Public Places, of £2,000.

2. Great Yarmouth & Waveny Hospital

(Great Yarmouth & Waveny Health Authority)

Mr P J Harrison Tel: 0493-600611

Three works are on loan from the Eastern Arts Association's loan collection. The paintings are large and help identify parts of the hospital, which is inadequately signposted.

3. Lister Hospital, Stevenage
(North West Thames RHA)
Roy Hyslop, Principal Architect, DHSS
Tel: 01-388-1188 ext 346

Isabel Vasseur and Roy Hyslop are organising the commission of Bernard Schotlander to carry out a sculpture for a play court adjacent to the antenatal clinic of the new maternity extension. The Arts Council in association with Eastern Arts has promised 50% of the cost if other funds can be raised.

4. Colchester District General Hospital
(North East Thames RHA)
Mrs Winnie Hatton, Services Planning Officer Tel: 0206-47171

An appeal has been launched to raise £20,000 to purchase artworks for this new hospital. The Arts Council, in partnership with Eastern Arts, has allocated £5,000 towards the Appeal, under its matching-grant scheme. The plan is to provide a pleasing environment with good quality works of art, carpeting and designer fabrics.

- a) Nine mural panels are to be commissioned for nursing stations.
- b) One sculpture to be commissioned and two others bought "off the shelf" for internal courtyards.
- c) Involvement of local community, schools, art schools in the scheme.
- d) A steering committee including the architect for Percy Thomas Partnership, the director of a Colchester Art Gallery, Isabel Vasseur and Winnie Hatton, makes preliminary choices of work, to be approved by a further committee which includes a nurse.

SOUTHERN ARTS ASSOCIATION REGION

(corresponds to Oxford RHA (excluding Northamptonshire), Wessex RHA (excluding Dorset) and South West Thames RHA (excluding Greater London)).

** Art Link/Shape in Oxfordshire is coordinated by Piers Benn in Oxford.*

** Southern Arts does not yet have a loan scheme.*

** Ian Beach, formerly District Administrator based at the Leicester Royal Infirmary and instrumental in setting up the art purchase scheme there, has now moved to the Oxford Health Authority as District Administrator.*

1. John Radcliffe Hospital, Oxford
(Oxford Health Authority (T))
Dr Emmanouel Lee, Consultant

A purchase scheme has been started, but no details were to hand at the time of writing.

SOUTH EAST ARTS ASSOCIATION REGION

(corresponds to South East Thames RHA (excluding Greater London))

** There is no Shape in this region as yet*

** South East Arts does have a loan collection, including six sets of prints and drawings which are available on long-term loan to semi-public places like hospitals. South East Arts would like to encourage contacts with health settings but has found hospitals to be somewhat reticent.*

1. Maidstone District General Hospital

(South East Thames RHA)

Brian Clarke, Pedifund, White Cottage Boughton Monchelsea,
Maidstone, Kent.

Artist, Brian Clarke and his wife have set up a Trust Fund, called 'Pedifund' to raise money for art provision for this new hospital. The initial aim is to raise £15,000.

a) to design play items for children's ward.

b) purchase of artworks for the hospital. Christies Contemporary Art and Maidstone College of Art have promised works.

Consulting architects, Powell, Moya & Partners are closely involved.

SOUTH WEST ARTS ASSOCIATION REGION

(corresponds to South Western and Wessex (Dorset) RHAs)

** Art Share South West is coordinated by Philippa Warin in Exeter. She has published a report on the need for art provision for the disadvantaged in the South West (see references). No project money is available for the artists' workshops she organises, although the Workers Education Authority funds several projects.*

** South West Arts does have a small collection, but does not run a loan scheme. The 'odd painting' could be made available on loan, however.*

** The Magic Carpet Project takes drama and games activities into schools, hospitals, and day-care centres for mentally handicapped children and adults in the Exeter and Exmouth areas.*

1. Royal Western Counties Hospital

Exeter Health Authority

Dr Chris Williams, Consultant Clinical Psychologist Tel: Starcross 890-262 or Philippa Warin: 0392-38924

Art therapist Dorothy Sparke and drama therapist Brenda Edmunds are particularly active. Patients have put on an exhibition of their paintings and two drama productions.

Dr Gordon Langley and his wife, Dorothy Langley (a drama therapist) are especially active, in the Exe Vale Hospital, with drama and reminiscence therapy.

GREATER LONDON

(corresponds to the Greater London areas of NW, NE, SW, SE Thames RHAs.)

** Shape was first established in London by Gina Levete and is directed by Seona Reid. Shape currently runs over 130 workshops in Greater London (many in NHS buildings) with funding being taken over by the host institution in 92% of cases once Shape's initial trial period ends.*

** Shape has purchased original prints for a touring exhibition for (mostly long-stay) hospitals.*

** The Greater London Arts Association has joined with the King Edward's Hospital Fund for London to commission murals for London hospitals*

1. Bethnal Green Hospital

North East Thames RHA

Michele Bacciottini. Tel: 01-980-3413 ext 42

Art team of about 30 people funded by the Manpower Services Commission's Community Programme. Set up by Shape in East London Hospitals, the project provides painted mural panels for the Bethnal Green, Hackney and London Hospitals and has created a recreation/physiotherapy garden at St Leonard's Hospital, Shoreditch. The project is also involved with design for the disabled and holds recreation therapy with geriatric patients.

2. Royal Marsden Hospital

Mural by Stephen Pusey in the Radiotherapy Department, commissioned by Shape.

3. St Lawrence's Hospital, Caterham

Mural by Anthony Kuhl for the recreation room, commissioned by Shape, with funds from the King's Fund, the hospital, the League of Friends of the hospital and the Gateway Club.

4. South Western Hospital

(South East Thames RHA)

Murals for community psychiatry department by Alison Harper and Mary Crockett, commissioned by Shape.

5. Tooting Bec Hospital

(South East Thames RHA)

Planning an arts team under the MSC's Community Programme

6. Brompton Hospital

Peter Joyce Tel: 01-352-8121

Mural by Graham Crowley for the outpatients waiting area; commissioned by GLAA/King's Fund with a contribution from the hospital Board of Governors' fund.

7. St Charles' Hospital, Ladbroke Grove

Lesley Greene, GLAA, Tel: 01-388-2211

Murals for entrance foyer and reception area by Michael Ginsborg commissioned by GLAA/King's Fund. Paintings in a waiting room by Judith Francis.

8. St George's Hospital, Tooting

Dr Oliver Brooke, 01-672-1255 ext 4170

Murals by Tom Brooke paid for by the King's Fund. Friends and consultants paid for redecoration and furnishings for cafeteria/admissions area and photographs

by students of the Froebel Institute, Roehampton. GLAA and consultants of the hospital have commissioned Shelagh Wakely to design and build a sculpture garden for an internal courtyard.

9. Westminster Hospital

Murals commissioned for the new anaesthetics suite. Limited competition organised by GLAA/King's Fund. Paid for by Hospital Design Partnership out of their decoration allocation.

10. Newham Hospital

(North East Thames RHA)

Two murals by Ray Walker for public snack bar. Mural by Anthony Eyton for reception/waiting area. Paintings by Jennifer Durrant for staff dining/meeting area. Paid for by GLAA/King's Fund, North East Thames RHA, and building contractors French Kier. Original prints from Christies Contemporary Art for all main corridors.

11. St Stephen's Hospital, Chelsea

Mural commission by open competition for entrance foyer. Grants from the Gulbenkian Foundation, GLAA/King's Fund and private sponsors

12. St Mary's Hospital, Sidcup

Tapestries by Marta Rogoyska, commissioned by GLAA/King's Fund in association with the Crafts Council.

13. Other GLAA/King's Fund commissions in progress at the Brooke Hospital, Greenwich and the Royal Free Hospital, Hampstead.

14. Charing Cross Hospital, Hammersmith

(Hammersmith Health District)

Miss Peggs, Administrator, Tel: 01-748-2040

or Nigel Weaver, District Administrator, Barnet Health Authority Tel: 01-458-8877

a) Murals by Keith Grant, one a mosaic completed with the help of MSC teams working in the hospital over two years. Funds from the Edwin Austin Abbey Trust for Mural Painting and the Arts Council.

b) Mural by Frances Crichton-Stuart for the Paediatrics Department, commissioned with a grant from the Arts Council.

c) Mural by Julian and Mary Trevelyan (Mary Fedden) for the Geriatric wing, paid for with grants from Street's advertising agency, Glaxo Ltd and the Arts Council.

d) Stained glass windows for the chapel by John Piper, with grants from the hospital League of Friends.

e) Sculpture cast by Henry Moore on loan from the Henry Moore Foundation.

f) Drawings of the old Charing Cross Hospital by Ken Howard, commissioned by the Board of Governors.

g) Royal Doulton ceramic tiles from the old Charing Cross Hospital

h) Prints for various parts of the hospital bought with an Appeal Fund launched by Mrs & Mrs Nigel Weaver.

i) Paintings on loan from Paintings in Hospitals.

15. St Thomas' Hospital

(St Thomas' Health District)

Patricia Mowbray, curator, Special Trustees Tel: 01-928-9292

a) Over 600 works of art (mostly original prints) by more than 130 artists in most parts of the hospital.

b) Enamel panels paid for by the Arts Council and Royal Doulton ceramic pictures, sculpture (some from the old St Thomas'), and many other original works.

The art purchase scheme was initiated by architect Eugene Rosenberg of York, Rosenberg, Mallar, with the Dean, Dr Brian Creamer and consultant Dr John Anderson. The Special Trustees have allocated a modest budget for this scheme, which has been operative since 1965.

ADDENDUM

Although this report is strictly-speaking confined to health buildings in England, it did not seem justifiable to exclude a major art project in a Scottish hospital. I am grateful to Mrs Matilda Mitchell, who organised the project, for compiling the details. A short summary is provided here.

SCOTLAND

★ *There is no Shape office in Scotland*

★ *There are no Regional Arts Associations in Scotland*

★ *The Scottish Arts Council runs a matching-grant scheme similar to Art for Public Places*

Royal Edinburgh Hospital

(Lothian Health Board)

contact: Mrs Matilda Mitchell
56 India Street, Edinburgh EH3 6HD
Tel: 031-226-4959

OR: Andrew Ruck/Gillian Millar
Royal Edinburgh Hospital
Tel: 031-447-2011

1. Over 150 original artworks have been acquired for the hospital's new long-stay Jardine Clinic. The collection, now known as the Ritchie Collection, has been financed through a donation by the executors of the late William C Ritchie, who was for some time a patient at the Royal Edinburgh Hospital. A matching-grant was received from the Scottish Arts Council for the purchase of contemporary Scottish works of art. The total sum available was about £10,000.

Works were selected not according to gallery criteria but to make the clinic less of an institution in the eyes of the patients, staff and visitors.

2. Aid from the Scottish Development Agency enabled the commissioning of a tapestry, woven by the Dovecote Studios.

3. About 20 pictures by art students were purchased at Diploma Shows from the Colleges of Art in Edinburgh, Glasgow and Dundee.

4. Murals and mobiles have been made by the Artists' Collective of Edinburgh.

5. A sculpture, *The Making of Abraham* was carried out on site by Ronald Rae over a period of 10 months. The sculpture was a gift of the sculptor who had received the unexpected donation of a 16-ton block of granite from an American businessman, Mr Peter de Kok.

REGIONAL ARTS ASSOCIATIONS

EASTERN ARTS ASSOCIATION

Jane Heath/Isabel Vasseur
8/9 Bridge Street
Cambridge CB2 1UA
Tel: 0223 357596

EAST MIDLANDS ARTS ASSOCIATION

David Manley
Mountfields House
Forest Road
Loughborough
Leics LE11 3HU
Tel: 0509 218292

GREATER LONDON ARTS ASSOCIATION

Lesley Greene
25/31 Tavistock Place
London WC1H 9SF
Tel: 01-388-2211

LINCOLNSHIRE & HUMBERSIDE ARTS

Diana Pain/Chris Buckingham
St Hugh's
Newport
Lincoln LN1 3DN
Tel: 0522 33555

MERSEYSIDE ARTS

Bluecoat Chambers
School Lane
Liverpool L1 3BX
Tel: 051-709-0671/2/3

NORTHERN ARTS

Peter Davies/Les Hooper
10 Osborne Terrace
Newcastle upon Tyne NE2 1NZ
Tel: 0632 816334

NORTH WEST ARTS

Sally Medlyn
12 Harter Street
Manchester M1 6HY
Tel: 061-228 3062

SOUTHERN ARTS ASSOCIATION

Marilyn Carr
19 Southgate Street
Winchester SO23 7EB
Tel: 0962 55099

SOUTH EAST ARTS ASSOCIATION

Richard Moore
9/10 Crescent Road
Tunbridge Wells
Kent TN2 2LU
Tel: 0892 41666

SOUTH WEST ARTS

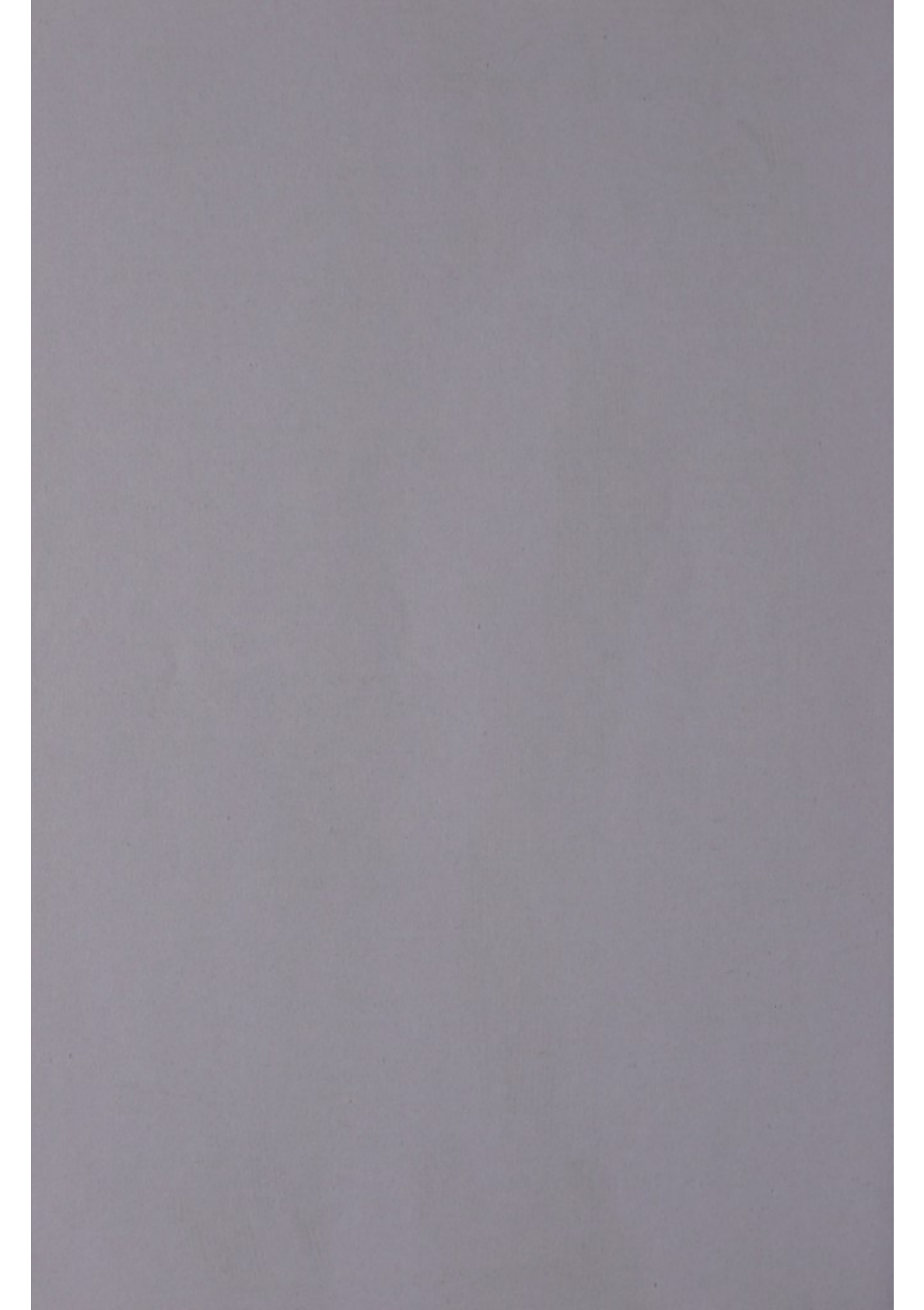
Philippa Warin
23 Southernhay East
Exeter
Devon EX1 1QL
Tel: 0392 38924

WEST MIDLANDS ARTS

Lisa Henderson
Lloyds Bank Chambers
Market Street
Stafford ST16 2AP
Tel: 0785 59231

YORKSHIRE ARTS ASSOCIATION

Simon Roodhouse
Glyde House
Glydegate
Bradford
Yorkshire BD5 0BQ
Tel: 0274 723051



SHAPE ADDRESSES IN THE UK**SHAPE**

9 Fitzroy Square
 London W1P 6AE
 01-388 9744/9622
 Director: Seona Reid

SHAPE UP NORTH

191 Bellevue Road
 Leeds 3
 0532 431005/6
 Co-ordinator: Annie Lloyd

**ARTLINK FOR LINCOLNSHIRE
AND HUMBERSIDE**

84 Marlborough Avenue
 Hull HU5 3JT
 0482 46013
 Co-ordinator: Jennifer Baker

EAST MIDLANDS SHAPE

New Farm
 Walton by Kimcote
 Nr Lutterworth
 Leicestershire LE17 5RL
 Lutterworth 3882
 Director: Anne Peaker

WEST MIDLANDS ARTS ART LINK

12 Homesford Terrace
 North Street
 Newcastle under Lyme
 Staffordshire
 0782 614170
 Co-ordinator: Lee Corner

NORTH WEST SHAPE

21 Whalley Road
 Whalley Range
 Manchester M16 8AD
 061-226-9120
 Organiser: Hazel Roy

**ARTLINK - SHAPE IN OXFORDSHIRE
AND BERKSHIRE**

The Studio
 81 Langley Close
 Headington
 Oxford
 0865 750163/750025
 Co-ordinator: Piers Benn

ARTSHARE SOUTH WEST

c/o South West Arts
 23 Southernhay East
 Exeter EX1 1QG
 0392 38924
 Co-ordinator: Pippa Warin

**SCOTTISH COMMITTEE FOR ARTS AND
DISABILITY**

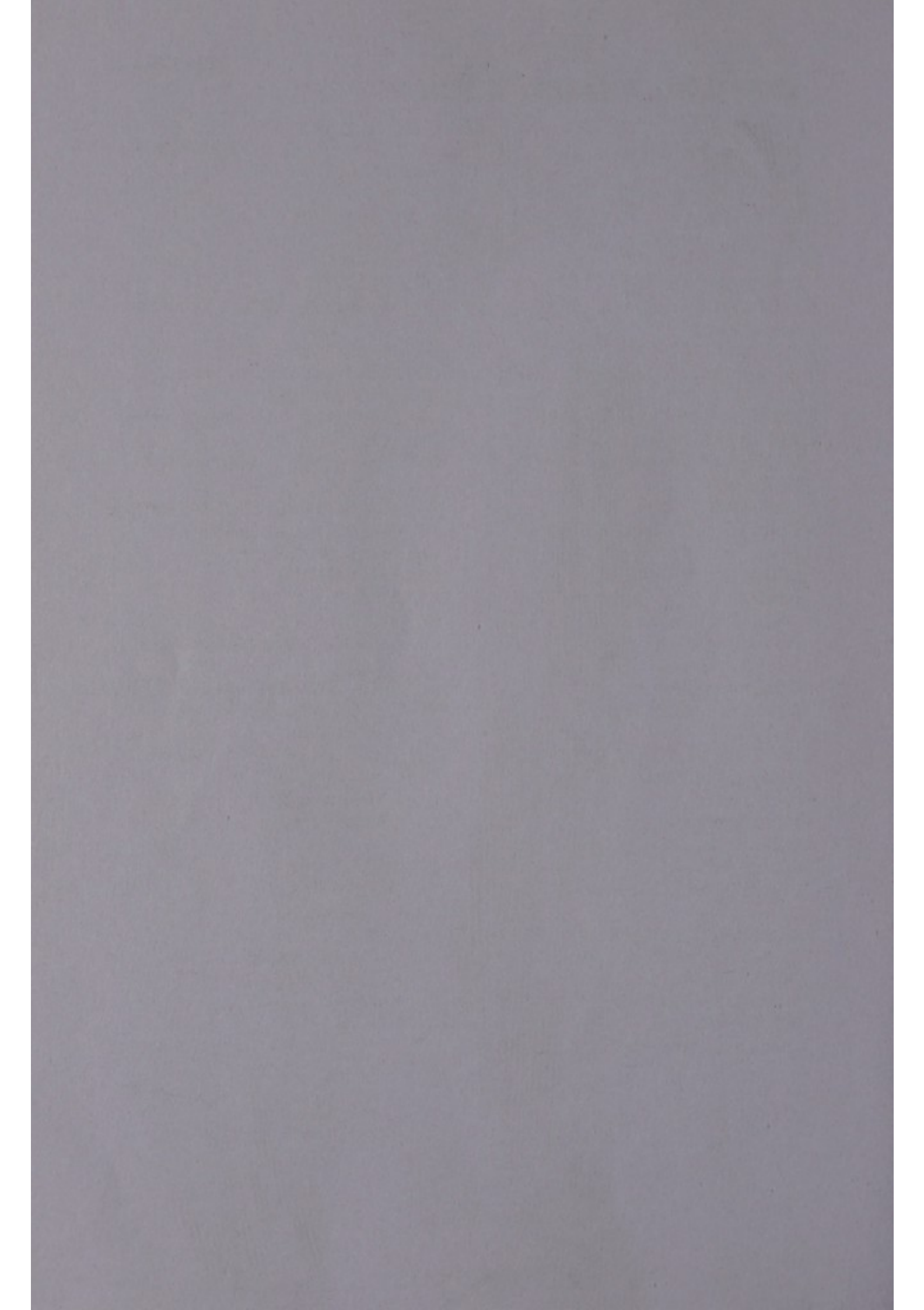
Princes House
 5 Shandwick Place
 Edinburgh
 031-229-8632
 Development Officer: Kedzie Penfield

ARTS FOR DISABLED PEOPLE IN WALES

c/o South East Wales Arts Association
 Victoria Street
 Cwmbran
 Gwent NP4 3JP
 06333 67530
 Contact: Mr Oliver

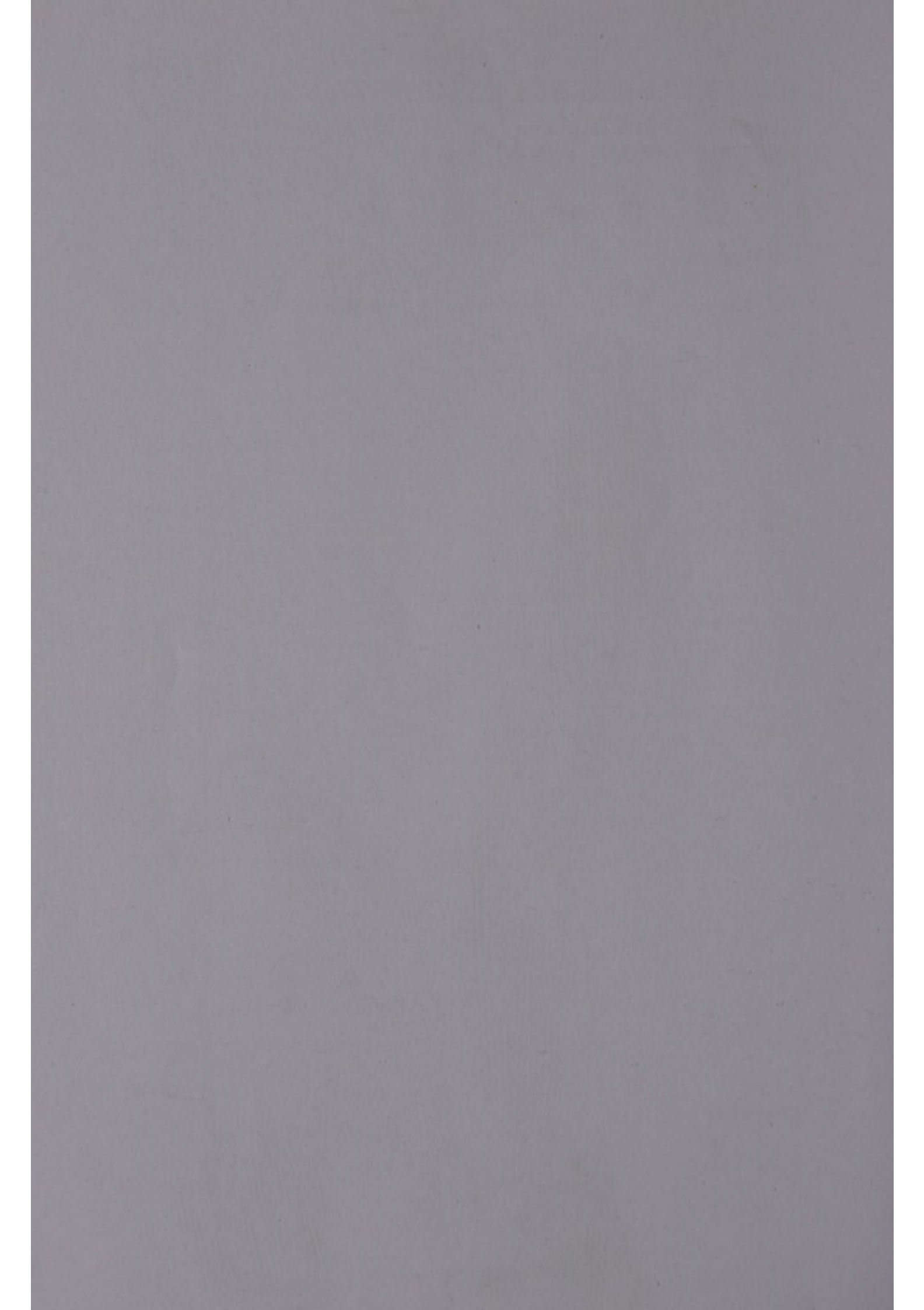
INTERLINK

358 Strand
 London WC2R 0HS
 01-836-5819
 Director: Gina Levete



REGIONAL HEALTH AUTHORITIES CORRESPONDING TO REGIONAL ARTS ASSOCIATIONS (ENGLAND)

RAA	SHAPE	RHA
Northern	None	Northern
Yorkshire	Shape up North	Yorkshire (excluding Humberside) Trent (South Yorkshire)
North West	North West Shape	North Western (excluding W Lancashire) Mersey (excluding Merseyside) Trent (High Peak)
Merseyside	None	Mersey
Lincolnshire & Humberside	Artlink	Yorkshire (Humberside) Trent (Lincolnshire)
East Midlands	East Midlands Shape	Trent (Derbyshire, Notts, Leicester) Oxford (Northamptonshire)
West Midlands	West Midlands Artlink	West Midlands
Eastern	None	East Anglian NW Thames (excluding Greater London) NE Thames (excluding Greater London)
South West	Artshare South West	South Western Wessex (Dorset)
Southern	Artlink - Shape in Oxfordshire & Berkshire	Oxford Wessex (excluding Dorset) SW Thames (excluding Greater London)
South East	None	SE Thames (excluding Greater London)
Greater London	Shape	(Greater London) NW, NE, SW, SE Thames



OTHER USEFUL ADDRESSES

ORGANISATION	ADDRESS	CONTACT
Arts Council of Great Britain	105 Piccadilly London W1V 0AU 01-629-9495	Rod Fisher (Information) Alister Warman (Visual Arts)
British Red Cross Society Picture Library	9 Grosvenor Crescent London SW1 01-235-5454	Mrs Bozina Taylor
Calouste Gulbenkian Foundation	98 Portland Place London W1N 4ET 01-636-5313	Iain Reid Assistant Director (Arts)
Carnegie UK Trust	Comeley Park House Dunfermline Fife KY2 7EJ	Geoffrey Lord Secretary
Committee of Inquiry into the Arts & Disabled People	Nuffield Lodge Regents Park London NW1 4RS 01-586-0383	Carolyn Keen Development Officer
Design Animations Ltd (Framing Service)	Simon House 50/52 Vicarage Crescent London SW11 3UP 01-223-8866	
King Edward's Hospital Fund for London	14 Palace Court London W2 4HT 01-727- 0581	Geoffrey Phalp CBE TD
Live Music Now!	38 Wigmore Street London W1H 9DF 01-486-7333	Ms Sheila Gold
Manpower Services Commission	Employment Service Div Room W801, Moorfoot Sheffield S1 4PQ 0742-753275 (for most enquiries contact nearest Job Centre)	J L Shaw
Paintings in Hospitals	Nuffield Lodge Regents Park London NW1 4RS 01-723-8871	Grace McDonald Pauline Henriques

Key to photographs

- 1/2 Ancoats Hospital Physiotherapy Gymnasium by Manchester Hospitals Arts Team
3. Manchester Hospitals Arts Team - "Tickle Your Teeth" dental hygiene show (Photo: Brian Chapman)
4. Mural commission by Ray Walker for Newham Hospital.
5. Sculpture commission/residency by Peter Randall-Page in Leicester Royal Infirmary
6. The Towers hospital, Leicester - Mural in Occupational Therapy Dept. by Steve Morris with patients.
7. Hilary Cartmel, artist-in-residence at Carlton Hayes Hospital (Psychiatric), Leicester
8. St Thomas' Hospital main entrance/refreshment area.
9. Sculpture commission by Gilbert Ward for Darlington Memorial Hospital
10. St Leonard's Hospital, Shoreditch - recreation/physiotherapy garden by Bethnal Green Hospital Applied Arts Team
11. Mural commission by Graham Crowley for Brompton Hospital
12. Giant Kaleidoscope by Jeremy Waygood for St. Mary's Hospital, Manchester (Photo: Jack Sutton)
13. Prestwich hospital (Psychiatric) - "Clock Tower" mural by Mural Team with patients



Peter Coles was born in 1950 and educated at Manchester and Oxford Universities. He completed an MA in Psychology in 1975 and is reading for a D.Phil. in Psychology at Wolfson College, Oxford.

For two years he was a Research Associate at the University of Geneva and is a Visiting Tutor at the Royal College of Art, Department of Design Research. He has given numerous lectures on art and visual perception and has held two exhibitions of his photographs. Peter Coles is the author of **The Manchester Hospitals Arts Project**, a book published by the Calouste Gulbenkian Foundation.



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