

Caring for NHS art: prevention is better than cure?

An investigation into the scope and
management of art collections in the UK
National Health Service.



Report by Lesley Meaker
Revised November 2009

Caring for NHS Art: prevention is better than cure?

Lesley Meaker

ArtCare

Caring for NHS Art

ISBN:

Published by: ArtCare

www.artcare.salisbury.nhs.uk

Printed by:

First published December 2010

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means electronic, mechanical, photographic or otherwise without prior permission of the publisher.

Photographs © ArtCare 2009

Text © Lesley Meaker 2009

Abstract

In recent years 'arts in health' projects, that commission and acquire permanent artworks for display in NHS hospitals across UK, have grown in number and been endorsed by Department of Health and Arts Council England national policies. NHS Estates have published numerous good practice guides to provide project management teams information on successfully commissioning artists and integrating works into PFI (Private Finance Initiative) buildings. There has also been a significant amount of research and literature published that examines the benefit of arts as part of the provision of care given in hospitals. But little published research is available that examines the scope and practices of managing permanent art collections in the NHS.

Hospital arts have to work in public spaces that have a different primary function that can be at odds with displaying artwork in the long-term. Environmental and accidental damage are common threats to public artwork and difficult to control. The issues are faced are considered alongside elements of museum service collection management practice to discuss how, or whether, these may be applied to NHS art collections.

This paper asks what happens next - what is the future for NHS art collections?

Personal visits were made to a range of art services and subsequent data was gathered by postal questionnaire from a further 24 hospitals. These examples provide an insight into the unique challenges and opportunities faced by NHS curators.

Based on this evidence good practice recommendations are then made regarding collection management, maintenance, documentation and policies for the long-term survival of NHS art collections.

About the author

As well as training as a visual artist Lesley graduated with a BA Hons in Humanities with Art History and English Literature in 2001.

Lesley Meaker has been the Exhibition Organiser for ArtCare at Salisbury District Hospital since January 2002. Increasingly the job has developed to include curating the permanent collection at Salisbury which comprises of more than 1200 pieces of contemporary original artwork and a small collection of historical material.

In 2009 Lesley graduated from Bournemouth University, School of Conservation Sciences, with a MA in Museums and Collections Management. This document has developed out of the dissertation work for that course.

Contents

Introduction	1
Scope	2
Objectives	3
Methodology	4-5
Scope and limitations of this method	6
Discussion	7-9
Conclusion	11-12
Recommendations	13
Questionnaire results	14-27
Case study from Salisbury District Hospital	28-38
Notes from visits to other hospitals	39-40
Overview of recent literature	41-44
Glossary of terms	46
Bibliography	47-48
Online resources	49
Appendix	
Blank questionnaire form	51-54
Draft Acquisition and Disposal policy	55-56
Example database form	57-58
Example entry form	59
Example artwork label	60



Arnica, textile by Penny Robbins and Lesley Meaker, ArtCare – Pharmacy, Salisbury District Hospital

Introduction

For some years the Health Service has acknowledged the benefit of arts in a hospital setting with many studies being made on the relationship between arts and health. As arts in health projects grow in number so does the number of artworks held in permanent collections across the country.

In recent years arts in health projects, that commission and acquire permanent artworks for display in NHS hospitals across UK, have been endorsed by Department of Health

and Arts Council England national policies.

Pioneering projects, in the 1980s, saw their main objectives as improving environments and as such gave value to healthcare through carefully delivered programmes of artist led works. In 2008 many art services have built up considerable collections of permanent art. Projects creating art in NHS buildings have, in the last 20 years, gained large collections that include high profile artworks and these form a major part of contemporary art collecting in the UK.

Scope

This paper examines what is being done to care for the collections in the NHS and during this investigation will consider the following questions:

- What is the extent of art collecting in the NHS? This will include what is being collected, how much work is in NHS collections and where work can be found.
- Should hospitals be using models, for example from the museum sector accreditation system¹, to ensure their collections are protected for the future? Particular focus will be made on documentation, policy and maintenance issues.
- Can accreditation models be practically applied to NHS collections? By understanding the unique challenges and opportunities faced by NHS curators can a framework of collection management guidelines be a useful tool to NHS curators?
- Long-term or de-commissioned? Through these discussions consideration will be given to whether collections should be seen as permanent or disposable.

- For collections that are permanently displayed in busy public buildings, what risks, threats and ethical issues do hospital collections face when spending public funding?
- Are there good practice models that can provide advice and offer contingency plans to combat issues that NHS collections face?

Outside the scope of this paper will be detailed considerations of why art is collected in the NHS as this has been comprehensively covered in literature and research. (see bibliography for further reading)

Information about dealing with art in Private Finance Initiative (PFI) buildings is not given in detail. Rules and policies for dealing with maintenance work and ownership have different considerations in PFI buildings and good advice for dealing with PFI can be found on Public Art South West website

<http://www.publicartonline.org.uk/resources/practicaladvice/advicehealthcare/pfi.php>

¹ Accreditation is a set of national standards for museum collections to show commitment to managing their collections and help identify opportunities and areas for development. See http://www.mla.gov.uk/what/raising_standards/accreditation

Objectives

From the research undertaken this paper shall provide a good practice model that can be effectively applied, by NHS collection management teams, for the long term protection of their public art and discuss how this may be reflected in future NHS strategies.

This study could be an important tool to be used by arts in health co-ordinators. Much of the current literature covers the benefits of arts in a healthcare setting. How to commission artwork quality and long lasting artwork for public buildings is also well documented but nearly all of the advice stops at the point of installation.

By producing a study of existing collections this will help project leaders learn, through valuable advice from more established programmes, on how to tackle problems and issues that affect their collection everyday.

Conceivably by producing common aims for collection management and showing a unified approach, by those who are working in arts in health, the status of art collections held in the NHS will be given a boost and should improve the prospects of long-term funding.



Detail from *Queensbury Ward*, painting by Chris Watkiss, 1982 ArtCare – Salisbury District Hospital

Methodology

After examining the available literature a draft plan of questions was made to research gaps in available knowledge.

A starting point was to document 8 years personal work experience from collection management at Salisbury District Hospital collection – details given below in a Case Study.

After that several weeks of visits were made to a range of hospital sites to either examine how their public art collection is being managed. This was done by interviewing staff or looking how their work is presented to the public.

By visiting a range of other hospital sites different perspectives were observed regarding the scale of art collections, the type of collections and motives for collecting. Personal visits were made in order to conduct interviews with management teams and to see how the collections are presented to the general public. A variety of hospital settings, i.e. acute care to specialist medical services, city centre hospitals to smaller rural cottage hospitals, were chosen to give a broad view of the scope of art collected.

Brief notes from case studies were written up from projects visited. These were chosen from those that offered best examples of issues that had arisen from caring for permanent artwork as well as different types of collection.

Once these visits had been made a questionnaire was written in response to findings so far and sent out to a further 40 arts in health services across the UK.

Common issues that arose during visits formed the basis of some questions asked in the questionnaire.

In order to get a national picture this had to be a UK wide study, making a questionnaire the most effective tool to reach the widest number of service providers in England, Scotland, Wales and Northern Ireland.

An incentive to reply was considered as cold-calling with a questionnaire can often lead to poor return rates. However arts in health services are always eager to share information and network with other hospitals to help. These in turn gain useful contacts and access to new research.

The envelopes were addressed to named contacts rather than general titles (i.e. Arts Co-ordinator). Therefore the expectation was for a larger return rate because it was a focused mail out to established art projects. A stamped addressed envelope was provided with the questionnaire to encourage return.

The questionnaire was written to focus on the permanent collection only and asked responders to consider the issues about collection management as opposed to the whole of the art service. This was to keep information succinct and help to look for common trends between what can be very different individual situations and styles of working.

The questionnaire went through several design phases and was trailed with colleagues to check on the clarity of questions and take out any extra questions that moved away from the

focus of the information needed for this paper.

The final design was completed as an A3 double sided questionnaire with a centre fold. The front cover had a brief outline about the purpose of the questionnaire and served as a letter of introduction. This introduction along with questions was worded carefully in order not to lead the responder but also to keep replies focused on collection management. The inside was designed to be a succinct double page of questions so that responders were not put off by numerous and complicated questions.

Questions were designed to follow a patterned format and categorised into sections to also keep the style clear to the responder.

1. About your collection
2. Artwork categories
3. Your art collection in more detail
4. Documentation
5. Staff hours
6. Other duties
7. Maintenance
8. Collection management
9. Lessons learnt
10. Any other comments

Questions looked at how managers were documenting collections, preparing maintenance plans, provision of a conservation budget,

staffing levels and whether they have ratified a collection and disposal policy.

Questions 1 to 7 were designed to gather some quantitative data about the scope of collections, the range of materials in these collections and how they were documented. This gave the responder a chance to write straightforward quantifiable details about their collection along with information about staffing of the project and what activities take up their time. Understanding this was important as many of the services work to individual models that have different focus of activities such as performance, visual or participatory programmes.

Finally questions 8, 9 and 10 gather more qualitative data with respondents being asked to give details of their experience of common types of situations. These questions were written in response to situations observed during case study visits. These included details about circumstances that may have affected their permanent collections including environmental, accidental damage, vandalism, mechanical failure and area change of use.

The questionnaire concluded with the chance for art project managers to be able to give further comments that have not been covered during the questionnaire with a specific request to consider threats, challenges and opportunities faced by collecting and managing artwork in the NHS.

Scope and limitations of this method

By opening up the research with a questionnaire it meant that the scope covered a much larger geographical area.

The cost of travelling and time available played a factor in the range of venues to be personally visited. Early background research helped to assess specific types of collections and make visits effective. The cost for posting out 40 letters with stamped reply envelopes will be small in cost compared to time taken to telephone interview or travel to see sites across the UK.

40 named contacts were gathered from across the UK and Channel Islands. Problems were faced included getting an up to date list of art services across the country. Most hospitals have some sort of art service, be it small temporary exhibitions run by volunteers to large collections. However a lot of the smaller services, in their infancy run with few staff hours so often don't have the opportunity to advertise their presence. Difficulty lay

also as networking groups have recently disbanded, such as National Network for Arts in Health (NNAH), because of lack of funding opportunities. A new regional network in the south west, Arts in Health South West, was useful by providing lists of practitioners in their catchment area (<http://www.artsandhealthsouthwest.org.uk/>).

Consideration was given to the risk that could potentially be generated toward the NHS Trusts that are studied by producing adverse media attention. This meant that ethical considerations of anonymity and confidentiality were offered for questionnaire replies. This allowed responders to be frank and honest in their replies without fear of reprisals. Replies were treated as anonymous and responders given the optional to fill in their details for acknowledgement but not associated with particular replies.



Detail of *Natural selection*,
installation by Lesley Meaker 2009,
ArtCare – Salisbury District Hospital

Discussion

From the evidence collected it can be seen that not only art collections are growing in quantity but most hospitals now have some work on the walls. What needs to be considered is how this work is treated in the future. Some projects are responding to keeping artwork for the long-term whilst others react as each situation arises.

What has been seen was that only 6 of the projects don't know how much work they have in the building and that 11 projects have no inventory. A minimum recommendation for these projects would be to catalogue works to at least know what the scope of their collection is.

Slightly less replies said that they have a maintenance schedule but 7 respondents stated they spend zero hours on maintenance and a majority of projects have no specific budget to look after the collection. This can be seen as a direct response from the funding situation where money is made available to commission artists to create work but funds stop at the point of installation. Most grant making bodies will not pay for core duties. Time and expense is required to look after these collections as seen with some of the case studies visited. High profile works can soon look faded or dusty, without a small amount of care, and that negates the value of the work on display.

Whilst most of the collections are made up of a majority of 2D work, with the average of around 84%, the ongoing maintenance of the work itself is low but because of constant accidental or environmental hazards and change of use require a vigilance

from art services to keep work safe, clean and in a suitable position.

Although a low percentage of the collections are 3D work often these fewer pieces in number are the most expensive pieces in the collection. At Salisbury Hospital, for example, 3D works (interior and exterior) only make up 11% of the collection in numbers. However this work represents 30% of the overall financial valuation. These too are also much more likely to incur higher financial expense for repairs, cleaning or maintenance.



Light Air, kinetic sculpture by Tom Wilkinson 2006, ArtCare – Salisbury District Hospital

Objects such as video, kinetic or water features are avoided by many because of the high maintenance costs. Unless adequate provision for such is available the best collection management strategy is not to take on the burden of responsibility. Better understanding of environment conditions too, pre-commission, would help to make sure the right materials are used along with appropriate siting for the existing collection.

79% of the projects have stated that they do not have an acquisition and disposal policy and half questioned have taken charge of historical archives, with 6 projects collecting medical equipment. This may be down to them being the most appropriate, skilled, people to look after these items but also may be down to the lack of focus for collecting policy. Adopting an acquisition and disposal policy will enable projects to consider whether work in the collection has a 'life-span' or should be preserved for future generations. These arts in health collections are unique and different to museums in the sense that the artwork collection itself is not the prime motive of the institution. The point of having artwork projects is to enhance the environment and engaging with the public to improve healthcare. When the artwork stops doing that has it passed its usefulness and what is to be done with it then?

Like museums, art projects in hospitals also constantly get offered pieces of work from relatives or well meaning donors. These are often offered with conditions of display in certain areas along with plaques displaying names in memoriam. Adopting an acquisition or disposal policy allows the art project to take a position on whether to accept works with conditions and displaying of plaques as this is often against the ethos of project aims.

If Trusts adopt an acquisition and disposal policy this allows the art project to reinforce aims with departments during consultation and means that works are respected as valuable assets of the hospital.

The amount of public funding and money spend annually on artwork in

hospital (along with community and political pressure through media) projects have a duty of care to spend money in a responsible and careful way. Whether or not the future prospects of keeping the collection is the primary motive of arts in health projects, maintenance and cleaning should be factored into budgets to ensure that money is well spent.

It has been shown that many of the projects have the equivalent of one person working on arts in a hospital and when some buildings employ thousands of workers this can make the job harder for the arts project to impact fundamental changes. These institutions often find it difficult to understand or respond to what the project is trying to achieve. Group networks such as Arts & Health South West offer help to combat the isolation of project managers who are lone working and help promote arts in health by joining forces. Arts in Health remit is to also influence policy making and assist with project development. They can also offer the chance to collaborate and train artists to better understand how to respond to arts in health commissions.



Textile by Karina Thompson 2006, ArtCare Plastic Surgery Salisbury District Hospital

The museum sector has a virtual collection in the website of 24hour museum perhaps arts in health projects should actively join forces to create online collections and project management information. They would also be an excellent forum to offer frameworks for art projects to help policy writing/making and training in collection management such as documentation and maintenance plans.

Very few projects have volunteer help as arts in health is such a specialist field means volunteers are unable to provide the necessary skills to help with collection management in hospitals. Also the problem lies with the time that it takes initially to train and mentor new helpers. As shown above when art projects only have 1 paid staff member they are unable to take time to do this.

It was also shown that only one quarter of the art projects regularly scheduled time to undertake training. Future opportunities for artists and arts managers, through arts in health networks, would be to help disseminate knowledge and increase availability of skilled artists and volunteers.

Many projects are also using Estates services for maintenance and installation of artwork. Many stated that this can be difficult as often non-urgent works are left on waiting lists for months and the staff has non-specialist skills. Additional training would open up options available to art projects and have help that understands the unique requirements of installing artwork in hospital settings.



Detail from mixed media collage by Lesley Meaker 2008, ArtCare – Laser Clinic, Salisbury District Hospital



Anatomy class 1958, ArtCare photo archive, – Salisbury District Hospital

Conclusion

One of the aims of this paper was to look at the scope of collecting in the NHS across the UK. What has been seen is that many hospitals are now building up collections of contemporary artwork and some are taking responsibility also for historical archives, works and objects.

Although some are more established than others each project has similar concerns, opportunities and challenges.

Those that have established collection management procedures have done so by learning on the job and taken examples from others. Advice for newer collections would be to learn from other projects and take aspects of curating collections from museum sector such as advice from Collections link

http://www.collectionslink.org.uk/collections_care

Those who have learnt, often by their mistakes, state that successful collection management starts with:

- Spending time before commissioning to understand what is needed, not just from the client (hospital department) but also the environmental and day-to-day conditions that the work will inhabit
- Work with artists to help them understand the particular challenges of producing public work for a hospital
- Work with hospital staff to understand why they have art in their building
- Money and time is needed to look after your collection – it is the public face of any art project and as such needs to reflect the aspirations of the project

Arts in health projects face unique challenges and need to be constantly vigilant to maintain the cohesion they have with a Trust organisation that often struggles to understand or be able to fit arts into their strict organisational structure.

Work is displayed in busy 'industrial' buildings that are not designed for collection display. The primary function of activity inside these public spaces is different and visitors will experience work in a much different way to that of a museum and gallery. The environmental conditions are almost impossible to control so work has to be best placed for its long-term survival or considered disposable after a period of time. That leaves the project open to political and media pressure to justify its funding and spending decisions should be firmly based on open decisions and clear policies of acquisition and disposal.

Some opportunities available are far greater for hospital arts than no other organisation because:

- The scale of contemporary art collecting
- Reaching a wide audience from every section of the population
- Provide artists with the opportunity to develop their skills in creating public art and working in a healthcare setting

Looking at the case-studies and returns from the questionnaire it would be difficult for many projects to become 'accredited' collections in the museum sense because of the lack of man-power to guarantee a consistent approach to collection management. The task needed to

get collections prepared would be very difficult and time consuming. Also many decisions about how work is displayed can be out of the art projects hands. However there are many valuable lessons that can be learnt from the museum sector.

For example by documenting a collection art projects can provide more efficient ways to:

- Improved access for users to engage with the collection i.e. online collection or art map
- Art projects provide learning through the collection
- Answer enquiries quickly
- Find items when they need them
- Maintain the collection through audits etc
- Report stolen items for insurance or police reports
- Not break and enforce copyright laws
- Be able to dispose of unwanted work

All this will not only boost the profile but increase the status of the collection in the minds of those who experience them.



Under construction, drawing by David Bennett
2005, ArtCare – Salisbury District Hospital

Recommendations

Below are some action points that art projects can adopt to help improve collection management. The appendix has a blank acquisition and disposal policy (based on a similar framework provided by museum sector accreditation) that has been developed to be more appropriate for arts in health collections.

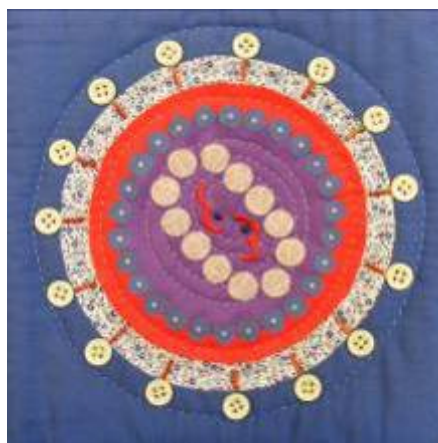
- Make an inventory
- Label all artwork
- Keep a record of where artworks come from including funding/donors
- Fit artwork with security fittings (if not enough time to replace existing then start with new commissions)
- Adopt an arts strategy that include acquisition and disposal
- Communicate as much as possible
- Look out for Estates projects – proactively
- Write artist contracts with installation and maintenance in mind
- Always consider environmental conditions, likelihood of accidental damage, health & safety, fire and infection control
- Persist and join forces with others to promote institutional change

What has been seen in the evidence from projects and literature is that artwork that survived the best is work that has been carefully commissioned. What the literature doesn't tell is the extent of art being collected by the NHS and how they hope to deal with it in the future.

A good cross section of what is being collected in the NHS has been represented in this paper. Nine hospitals were visited and a further 24 hospitals answered the questionnaire. All of these have some sort of art project or permanent collection in their building. Some projects are more established than others but all experience similar issues around collecting and caring for their work.

Future scope for research could be to put collections through an accreditation process to see how this affects the status, management and benefit for the project.

A database of art projects could also be assembled where artwork could be audited and information could be stored about where collections are based. This could be a virtual collection, such as the 24 hour museum website that links museum collections. This would benefit project managers and build up a better national picture of NHS collections.



Detail (Aids Virus) from textiles by Sarum Quilters 1992, ArtCare – Pathology, Salisbury District Hospital

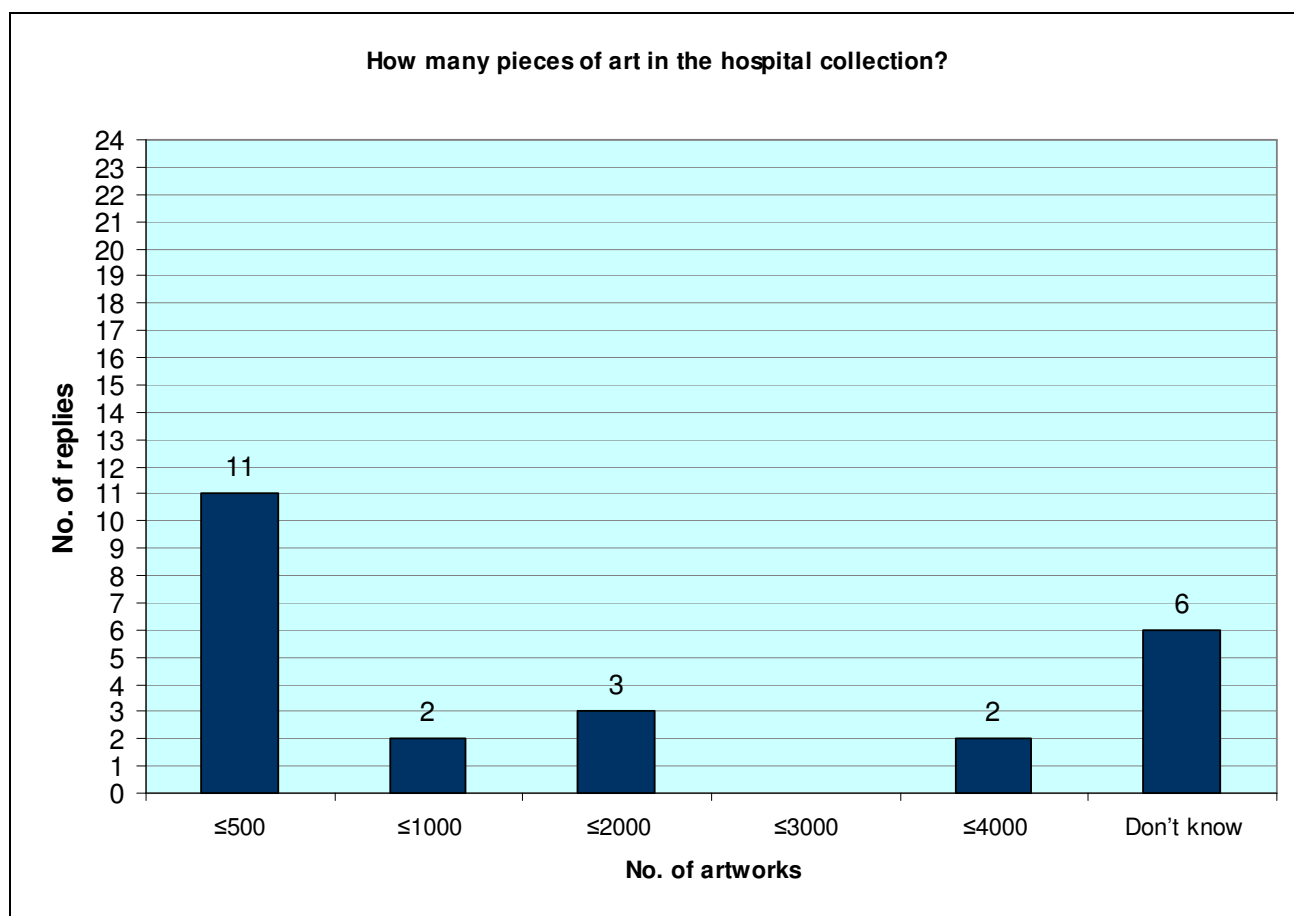


Vision of science photographs, 2004, ArtCare – Level 1 corridor, Salisbury District Hospital

Questionnaire results

- 40 questionnaires were sent out to services across the UK
- 2 of these were returned to sender as the art service was no longer working
- 2 returned the forms stating that they felt their work was more about performance and participatory arts
- 24 forms were returned completed with information regarding collection management and these results are shown below.

Question 1: About the collection



Graph of results from questionnaire showing how many pieces of art in collections

Question 1 was an open question to provide the number of pieces of artwork in the collection or alternatively to respond don't know.

Replies show that nearly half the art projects have less than or equal to (\leq) 500 pieces of work in their permanent collection. 5 replies came from projects with more than 500 pieces but less than 2000. 2 collections have

around 4000 pieces whilst 6 replies came from projects that stated that they did not know how much work was in their collection.

When asked if the collection was on an inventory 11 projects stated that they do not have a full artwork inventory, see table below. Therefore some figures for collection numbers outlined above must be estimated.

Question 2: General categories of collections

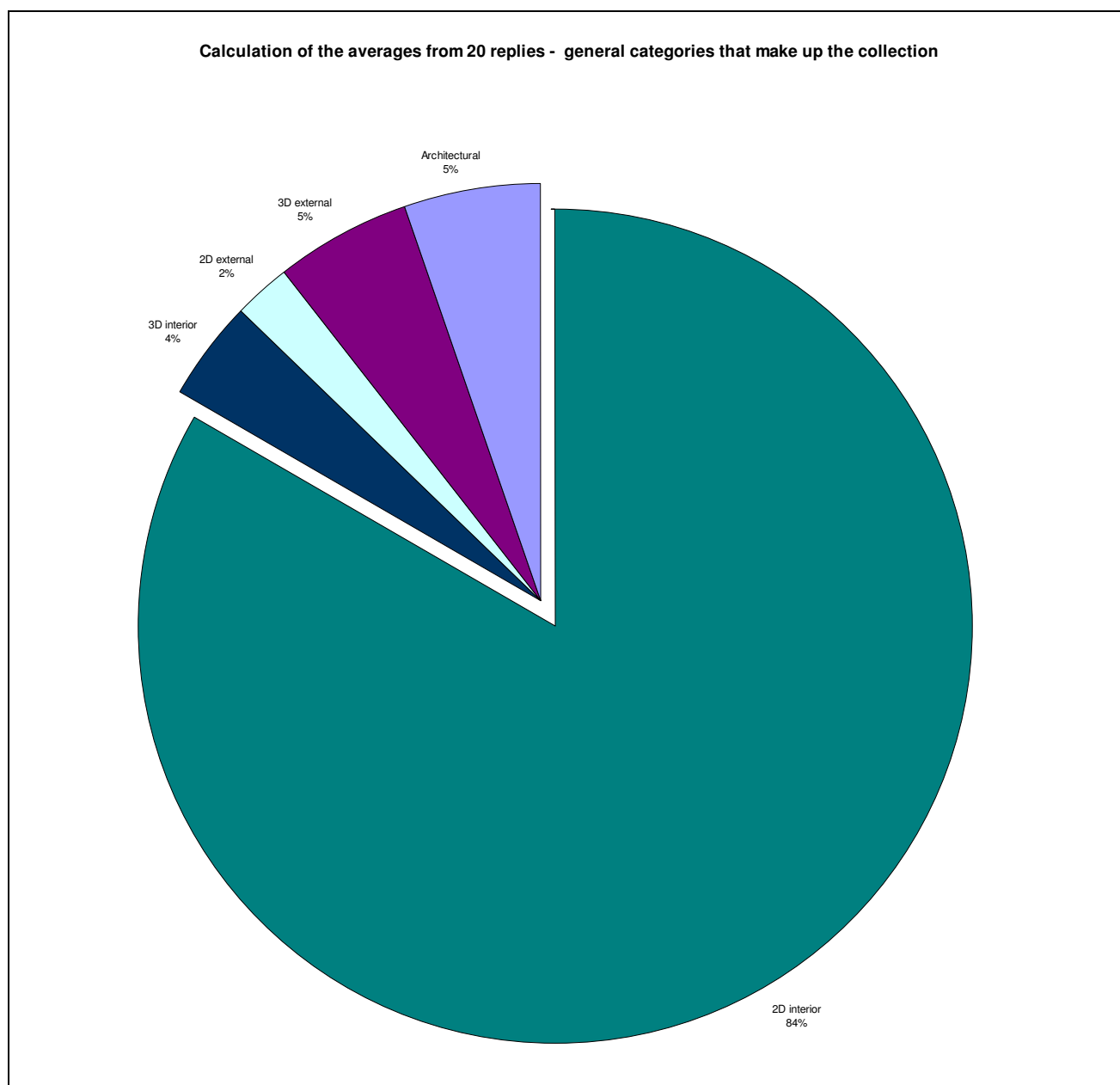


Chart of results from questionnaire showing general categories of art in collections

In question 2 responders were asked to estimate how their collection was broken down. 20 of the 24 replies filled in this section.

The pie chart above shows the average results calculated from the 20

answers. This shows that the majority of collections are 2D interior works with the remaining 16% being relatively equal parts made up of 3D interior, 3D exterior and architectural interventions, with 2D exterior works being the least numerous.

Question 3: Art collections in more detail

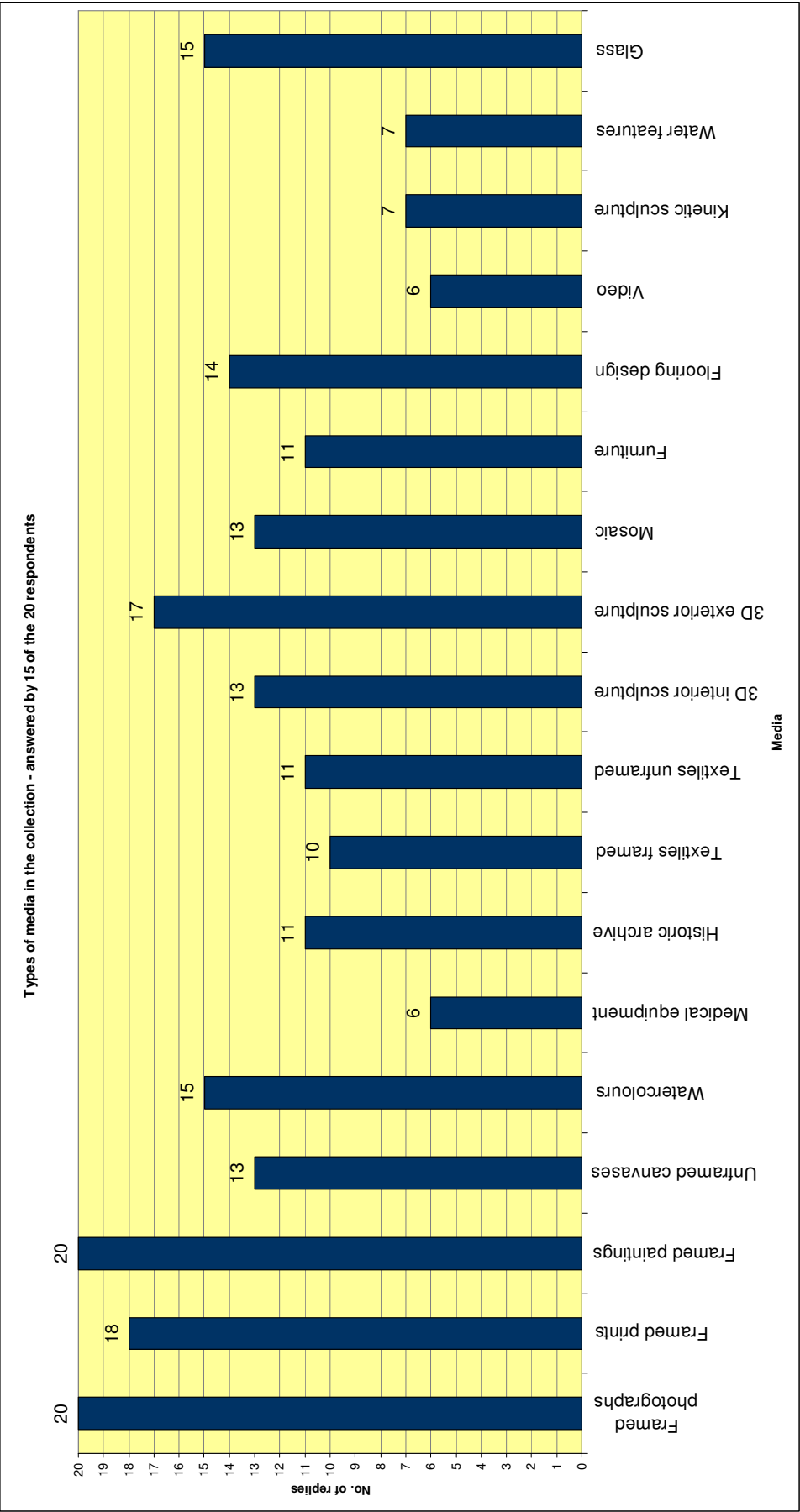


Chart of results from questionnaire showing types of art in collections

The chart above shows the results broken down into more detail. Responders were asked to tick all that applied to describe work in their collections. 20 of the 24 returned this question completed with 4 returns choosing to leave this section blank.

There was also a space at the end to give details of 'other' categories not listed above.

The graph shows that all of the respondents have framed photographs and paintings in their collection, whilst most have framed prints and 3D exterior sculpture.

Least popular were video, kinetic sculpture and water features. This is not as surprising as they all require

specialist or expensive equipment and likely to have high maintenance requirements.

6 of the 20 (30%) replies stated that they have also taken responsibility of medical equipment and 11 of the 20 (55%) have historic archive material. This is interesting because this could be argued as going beyond the original scope of arts in health collecting.

4 of the replies listed 'other' items in the space provided and these included:

- Digital images
- Ceramics / wall tiles
- Clocks
- Murals
- Mobiles

Question 4: Documentation – Does the collection have an inventory, labelled artwork and acquisition and disposal policy?

Results from questionnaire showing responses to documentation questions

Table to show number of responses to questions about collection documentation. Total number of replies 24		
QUESTIONS	YES	NO
Is your collection on an inventory?	13	11
Are works on display labelled?	17	7
Do you have an acquisition and disposal policy?	5	19

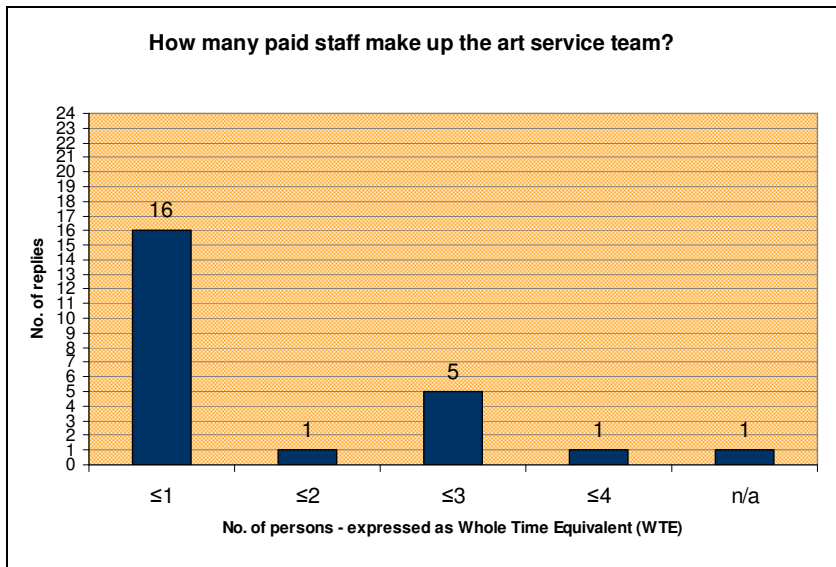
Question four asked to give information about documentation. The table above shows that 11 of the 24 (46%) do not hold a collection inventory.

A larger proportion of the art projects have their displayed artwork labelled

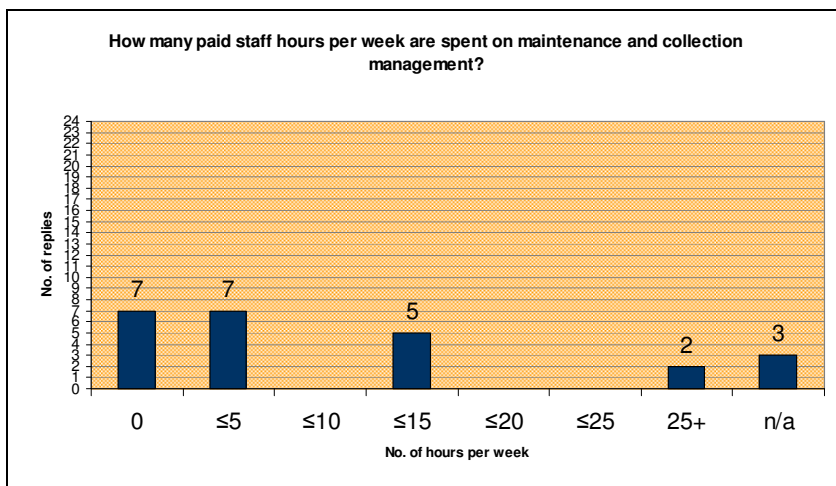
with only 7 of the 24 (29%) replies stating that displayed work is not labelled.

Meanwhile a majority of the replies, 19 of the 24 (79%), stated that they do not have an acquisition and disposal policy.

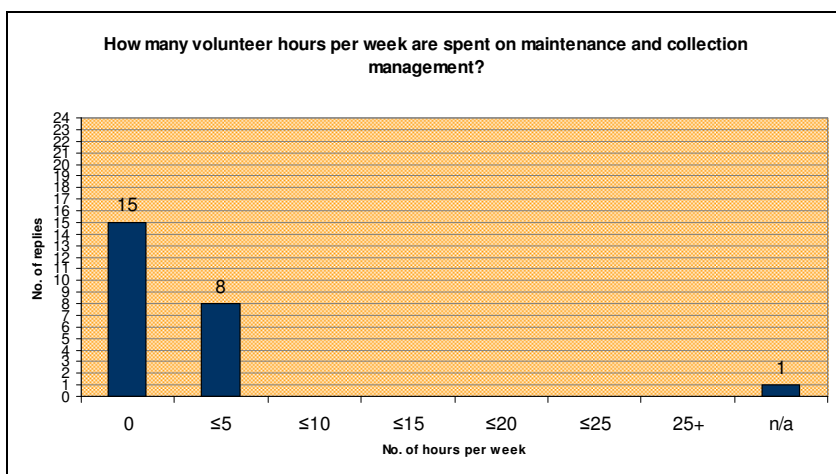
Question 5: Staff hours, staff numbers, maintenance hours and volunteers



Results from questionnaire showing number of paid staff



Results from questionnaire showing number of staff hours on maintenance



Results from questionnaire showing number of volunteer hours on maintenance

Question 5 asks the arts projects about their staff hours. To make equal comparisons across different projects figures are shown in whole time equivalent (WTE) as many teams are made up of several part-time staff.

Replies show that 16 of the 24 (67%) are working with less than or equal to 1 member of staff. 5 replies (21%) are working with 3 team members.

The second part of question five asked how many paid staff hours per week are spent on maintenance and collection management. 7 of the 24

replies (29%) said they spend zero hours, 7 replies said less than or up to 5 hours per week, 7 more than 10 hours per week and 3 left it blank. This concludes that two-thirds of the services are spending fewer than 5 hours per week on collection management and maintenance of their collections

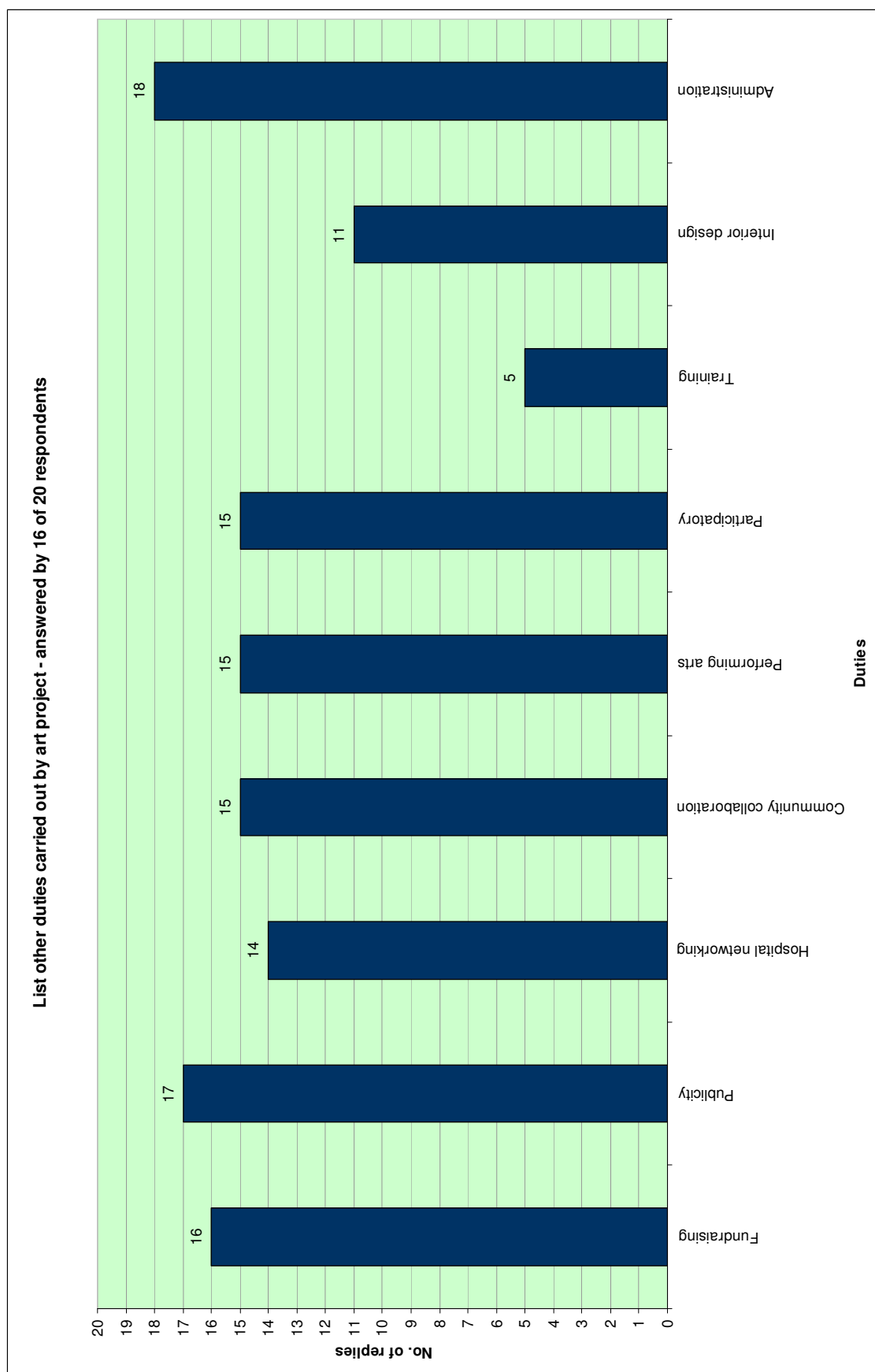
Part three asked if any volunteer hours are spent on maintenance and collection management. 1 reply was left blank, 15 of 24 (63%) stated zero and 8 of 20 (33%) stated less than or equal to 5 hours per week.

Question 6: Other duties carried out by the art department

In question 6 projects were asked to give information about other duties, apart from maintenance and collection management, carried out by the art department. A list of options was given and respondents were asked to tick all that apply. They were also given space to write 'other' duties not listed.

20 of the 24 respondents who completed this section with 18 stating

that they spend time doing administration, 16 projects (80% replies) spend time fundraising and 17 (85%) replied work includes publicity. 15 projects (75%) spend time on community collaboration, performance art and participatory projects. The lowest result shows that only 5 of the 20 (25%) consider training as one of their core duties.



Results from questionnaire showing number of other duties carried out by art project

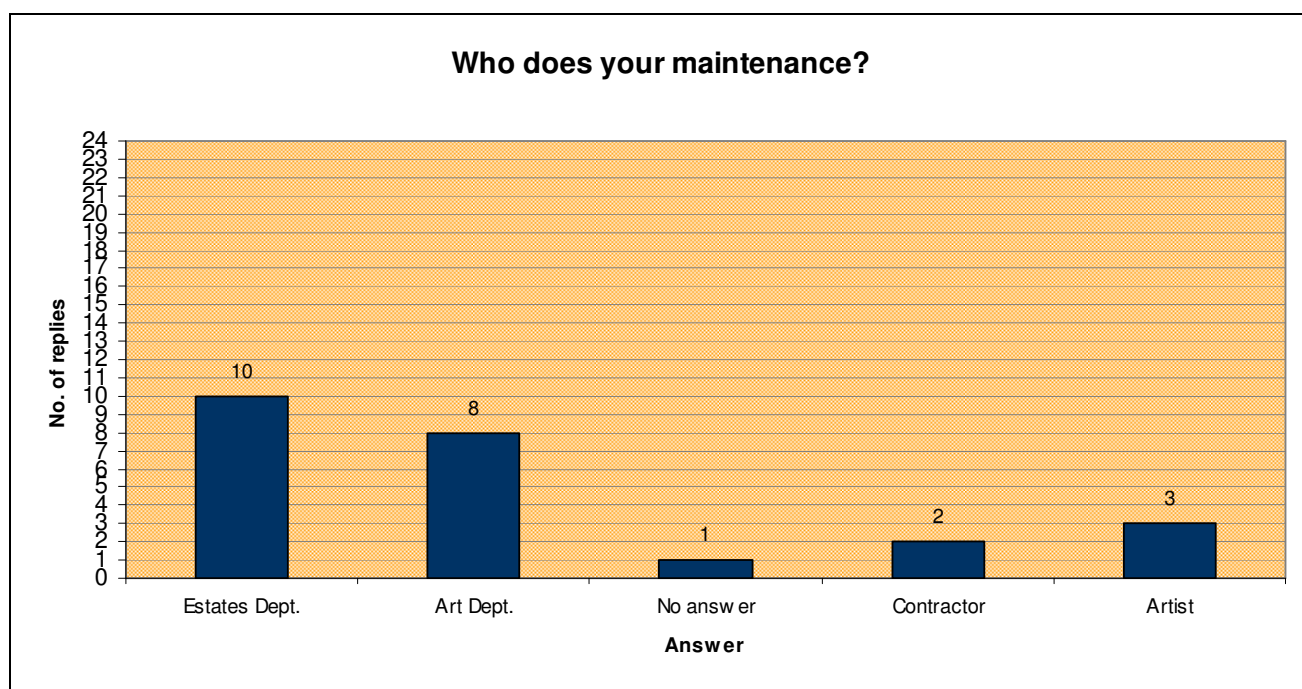
Question 7: Maintenance of the collection

Results from questionnaire showing responses to maintenance questions

Table to show number of responses to questions about collection maintenance. Total number of replies 24		
QUESTIONS	YES	NO
Do you have an annual budget for maintenance or conservation?	6	18
Do you have a regular maintenance schedule?	11	13

Question seven asked about the project's provision for maintenance of the collection. Whilst slightly more than half answered no to having a maintenance schedule, 18 of the 24 replies (75%), stated that they have no annual budget for maintenance or conservation of the collection.

The graph below shows that the results from the question regarding who does the maintenance work on the collection. The hospitals' estates department and the art service are equally responsible for works, making up 75% of the returns. Whilst a smaller number (21%) of the replies chose external contractors (conservators) or artist services for maintenance works.



Results from questionnaire showing responses to who provides maintenance service

Question 8: Collection management

Question 8 on the questionnaire was a more open space to give brief details if the following had affected artwork:

- environmental conditions
- accidental damage or vandalism
- mechanical failure
- area change of use

Responders were asked to comment on their experiences and what, if any, action was taken.

Regarding environmental conditions most replies included issues with sunlight and humidity affecting the finish of the work. Most stated that this resulted in work being moved or replaced.

The most popular comment regarding accidental damage was work being damaged by passing tug traffic. Some stated that they had to constantly repair work. Placing art in high traffic areas was essential because these are the spaces that the public are using most. But this is at a cost of compromising the artwork with constant damage and repair. Suggestions for ways to improve situations were to install buffer rails. Also working with staff on art projects, when commissioning or making changes, helps to instil respect and a sense of ownership for works.

Responses to vandalism were varied. Some stated that it is a rare occurrence whilst another stated that they only position work in CC TV areas. Each project needed to assess and make contingencies for vandalism as well as accidental damage and this requires the art manager to understand how materials can be cleaned or repaired. Community

collaboration was mentioned regularly during replies and working with groups in the community helps to improve communication and value for public buildings and artwork.

Those who have mechanical or technical artworks, that require regular maintenance, commented on the numerous times when artworks have broken down. They all stated that the works often spent a long time waiting to be fixed or were eventually de-commissioned because of the expense involved. Resolution of such situations require clear artist contracts, at the time of commissioning, to include maintenance schedules, guarantee work repairs for a period of time and provision of staff training for any specialist care.

Change of use in building spaces was an event most replies commented on. Most stated that they make work to be movable so that when the time comes to change art can be re-used elsewhere. Some replies stated that they have lost artwork during moves with departments taking down work without consulting the art department. Some replies stated that constant communication with the hospital meant that art projects had warning of works being carried out and could react before these situations arose. The regular changes in hospital layout meant the need to keep up to date records of artwork on an inventory and labelling artwork. Another simple solution suggested was to fix artworks with security screws that meant that pictures cannot be moved without the right equipment (provided by art project).

Question 9: Lessons learnt

Section 9 of the questionnaire responders were given an open space to give three top tips for curating art in a hospital setting. Some common threads appeared in the replies:

Communication

- Wide public consultation
- Involve departments as much as possible
- Never assume anything
- Ask what is going on – be proactive rather than reactive
- Persist

Quality

- Get good quality that will last
- Plan maintenance at the commissioning stage
- Consider how will it last over time
- Infection control proof
- Health & safety/ fire regulations
- Low maintenance – easy to clean

Arts in health/subject matter (had some conflicting replies and probably depends on the personality of the curator and hospital management support)

- cant please everyone - be daring
- please everyone
- stimulate thought
- not provoke upset emotions – calming

Collection management

- Keep accurate records and documentation
- Professional curators looking after art collections

Question 10: Any further comments

Finally in section 10 there was an open section to give any other thoughts regarding collection management and the future of their collections. Responders were asked to consider threats, challenges and opportunities in their answers.

Threats

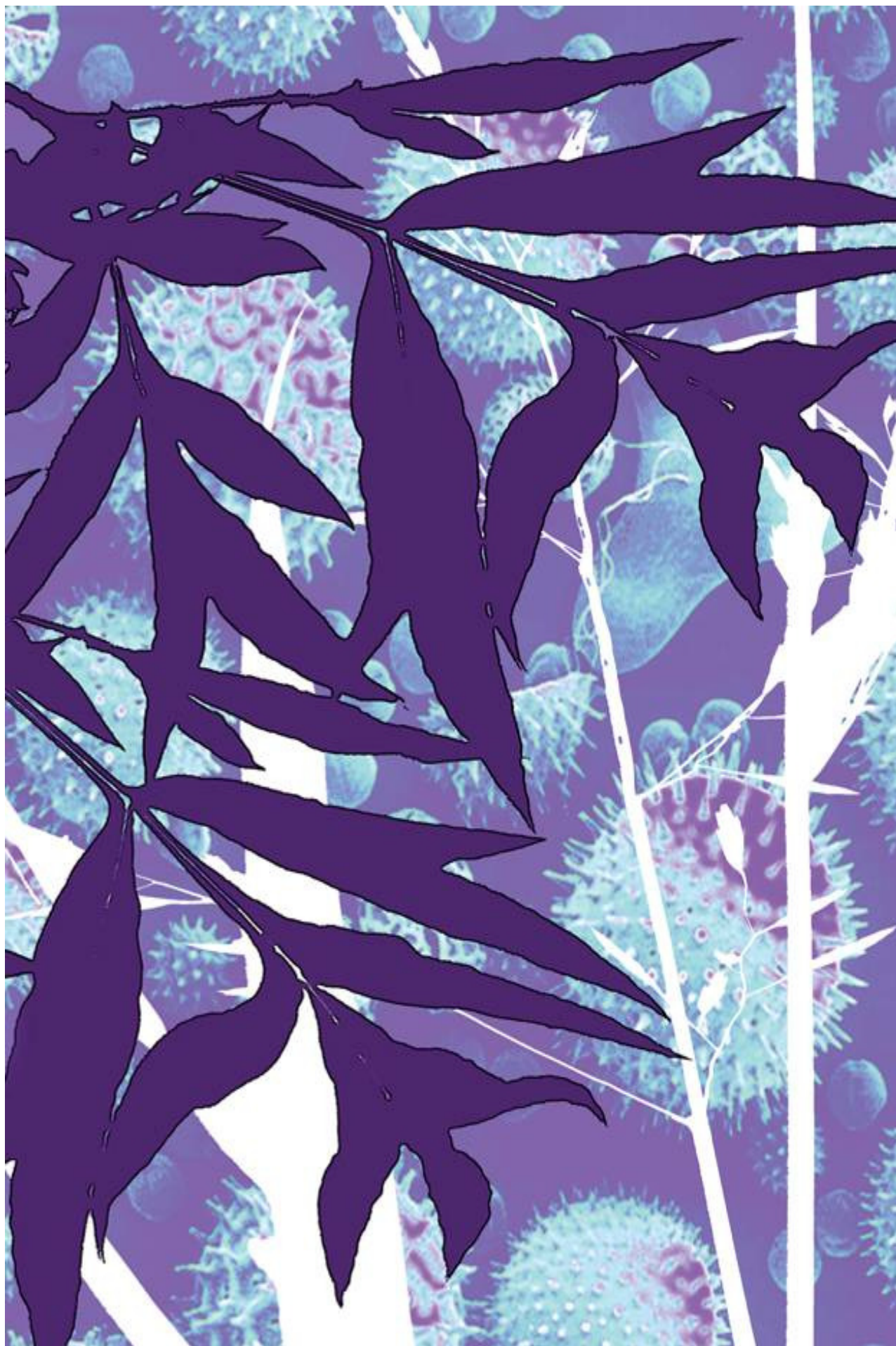
- Funding
- Arts Council policy with lack of funding provision
- Not having properly trained professionals
- Change in hospital personnel
- When decisions that affect the collection are made outside the art project
- Estates Departments slow to respond or unable to offer specialist help

Challenges

- Fitting arts in health into an organisation that has precise regulation procedures. i.e. Finance structures and policy
- Promoting the value of the arts in hospital
- Promoting the care for collections
- De-commissioning artwork that has been in the collection without policy
- De-commissioning: artwork should be decommissioned at the end of their useful life

Opportunities

- Hospital collections offer a great showcase for the arts
- Appreciative audiences
- Large audiences including those how may not normally engage with the arts



Detail from GUM Clinic artwork 2008, by Lesley Meaker – ArtCare, Salisbury District Hospital

Case study: Salisbury District Hospital

Salisbury District Hospital acquired Foundation Trust status in 2007. It stands in the countryside outside the Wiltshire city of Salisbury. It is an acute care hospital and has a range of clinical and emergency services to 200,000 people in a catchment area of Wiltshire, Dorset and Hampshire. On site are also specialist services for spinal injury, burns, plastic surgery, cleft lip and palate, genetics and rehabilitation that covers a population across the south of England. There are approximately 4000 members of staff, including full and part-time workers, currently at the hospital in 2008.

The hospital building can be divided into three distinct areas. Firstly, a large proportion of the site is single storey, World War II building stock from an old American field hospital. Since 2006 about 60% of this area now stands empty waiting for redevelopment. The remainder, of these older buildings, house offices, maternity and children's services which are to be resited into new buildings in 2010-11. Secondly, the core hospital building houses outpatients and ward areas built in the early 1990s. Lastly the new PFI extension, opened in 2006 that rehoused all the clinical services that were in the old section of the hospital. To understand the scale of the

building one end of the main corridor to the other is $\frac{3}{4}$ mile.

The art service has been running since 1992 and now employs 4 part-time members of staff (3.2 whole time equivalent). Including:

- General Manager
- Artist in Residence (permanent contract)
- Exhibition Organiser
- Team assistant

A technician is contracted for 1 day per week to help with installation, maintenance and exhibition hanging.

The art project currently has around 10 volunteers working at the hospital who help to deliver workshop programmes on wards with the artist in residence. None of them work on collection management or maintenance. Most volunteers decide to work on project-by-project basis rather than committing to regular work patterns. Often the art project staff have to react quickly to requests of moving artwork, cleaning or urgent requests which will take staff immediately away from their other work to assist with any problems.

Funding for the art service comes from charitable donations from the Trustees at the hospital. Paying for about 50% of the annual running costs. Other funding comes from capital funds, charitable trusts, funding bodies and exhibition sales. Funders such as the Arts Council fund project work and artists but not core funding and annual running costs.

Duties carried out by the art department include visual arts projects with exhibitions, managing permanent

collection, interior design and commissioning new works.

Performing arts, such as music concerts by the Sarum Orchestra and participatory arts that include a programme of workshops for the Staff Arts Club, patients on wards and writing projects with the poet in residence.

Other duties include fundraising, community collaboration, training, helping with hospital committees and networking within the Trust.

The collection

The art collection at Salisbury District Hospital mostly comprises of contemporary artwork with some historical archive and photographic pieces. Over 1200 pieces of original artwork and further 500 pieces of printed framed prints and posters in ward and bedside areas.

The collection has built up over the past 16 years from participatory arts workshops, commissions, donations and acquisitions.

The hospital underwent a major rebuild in 2006 with a £22million PFI extension to re-house existing clinical services and state-of-the-art laundry. The art project had just less than 1% from capital money and fundraising grants to include art into the new build.

Most of the collection is on permanent display with around 100 pieces in store waiting to be re-sited during refit of departments and some pieces considered disposal items.

The overall collection comprises of:

80% 2D interior artworks

7% 3D interior artworks

4% 3D exterior artworks

3% 2D exterior artworks

6% integrated architectural works (ie. Window & flooring designs)

The collection includes framed photographs, paintings and drawings. Textiles that were originally unframed on open display have been framed over the last 5 years. The new buildings have architectural integrated pieces such as flooring designs and window glass designs that were installed at the time of construction. Outside areas have 3D sculptures such as stone seats or kinetic installation.

Most items in the collection are contemporary pieces of art work but the art department have taken responsibility for the photographic archive of images that document the

history of healthcare in the Salisbury region. There is also a small display and collection of medical equipment and journals.

A collection of video commissions, funded by the Arts Council in 2006, is shown on the screens of the patient bedside entertainment system. The art project manages the archive of these items with a schedule to update hardware and discs in the future.

Items outside the collecting policy include:

- water features - because of health and safety and maintenance issues associated with them
- 3D interior works and furniture are avoided because of the lack of space

Documentation

An inventory has been gathered over the past 8 years and items have retrospectively entered into the catalogue. A Windows Access database has been designed by the art project to hold the specific details about individual artworks.

The art project keeps a database of artist details as up-to-date as possible

and within the guidelines of the Data Protection Act. This database helps if the artist needs to be contacted to help with any specialist knowledge. The art project also keeps a file for each piece of artwork that records artist details, ownership/funding information and maintenance schedules. This may also include special cleaning instructions.

Permanent collection inventory form

Use this form to view the inventory. Do not make alterations on this form.

Collection No: 553 Artist No: 755

Title of Work: Infirmary in 1920s

Qty: 1 media: Photography 2D

description 1: Black and white photograph

description 2: 2D interior

terms/medium: glass framed dimensions: 400x300

total replacement value: £1000

Site area: North Location: level 1 store

maintenance check: 01-Sep-03 maintenance interval: 365

maintenance due date: 01-Sep-10

artmap ☐ av ☐ copyright ☐ labelled ☐ Photographed ☒

risk assessment no: 0 image ref: 204

Owner: SHC Charitable Trustees

Artist: Anon

Address:

Tel Home:

Tel Work:

Mobile no:

FAX:

E-MAIL:

WEB SITE:

EXT:

Screen grab from Collection inventory – ArtCare, Salisbury District Hospital

Information, now collected at commission stage, includes the artist contract (if there is one – not for off-the-peg items), maintenance schedule and handover information for hospital wards.

The artist contract gives details of ownership of copyright and any details about artist returning to fix works if needed within certain period of time after purchase.

The maintenance schedule includes information about materials used in construction. Appropriate ways to clean artwork and technical schedule of specialist parts.

The handover document is a short A4 page that the art project asks ward staff to sign when accepting new works into their area. This acknowledges receipt, has details about how to contact the art department if a problem occurs or if work needs to be moved. It also outlines what requirements are needed for cleaning by housekeeping staff. This document helps to reinforce the idea that the art project manages the art collection on behalf of the Trust.

Works are also labelled next to the artwork with identification details, title, artist and media information. Along with art project contact name and telephone number to contact if work needs to be moved or is damaged.

The hospital Trust has had adopted an official arts policy for the past 15 years. Recently, in 2007, the policy has been updated to include acquisition and disposal. The hospital receives a great deal of offers of paintings and artwork

from the public. It was agreed that works will not display in memorial labels and each piece will be accepted without condition of display. It is easier to enforce rules such as these, during what can be emotional times for the donor, when an official policy is in place. (See appendix for an example of acquisition and disposal policy)

All 2D work is fixed with mirror plates screwed to the wall but not with security fixings. Consideration for future work would be to replace standard screws with security fixings so that only authorised persons can take down work from the wall. Good communication with the Estates Department provides advance notification of repainting and means works that art can be stored safely before works commenced.

Items in the past have been loaned from Paintings in Hospital (PIH). This is a national project to loan works to hospitals that don't have a major art service and want to rent artwork for public areas. Salisbury Hospital has in the past rented up to 15 pieces of works but returned them in 2007 because the collection is large enough to cover main areas of hospital. There was also a financial implication for loaning works that could not be covered. For example, £30 per work (contract minimum 10 works) for 3 years, totals £900, plus transport cost. The renting hospital is also responsible for replacement costs of any work stolen or damaged, below value of £1000 because of PIH insurance excess.

Some works in the Salisbury collection have been assimilated from the now defunct Wessex Regional Health Authority collection. This collection of works, approximately 650 works were loaned out to hospitals across the Wessex Region. An examination of the 1992 catalogue shows works were

displayed from Winchester, Southampton, Swindon, Isle of Wight to Bristol. When the Wessex Regional Health Authority was disbanded in 1996 the collection was broken up and works were given to each of the Trusts that had them on loan.

Maintenance

The project at Salisbury does not allocate any annual funds for maintenance and conservation and reviews each situation as it arises - normally when a piece either needs fixing or reframed. Some hours each week are allowed to work on resiting or documenting new works.

Each artwork is assigned a particular maintenance time interval to check its condition and for any cleaning required. The technician receives a monthly report that gives lists of items that require an audit. Often only the most major pieces are able to be checked because of a lack of time to

carry out a full audit. The housekeeping staff in each department will clean over the tops of frames and glass as part of their work in ward areas but specialist objects are cleaned and maintained by the art project.

There are around 30 large textile pieces that were originally commissioned for open display. Issues regarding infection control and protection for artwork meant that these works have subsequently been framed as repairs and resiting is needed. Only 1 work is now on open display in a staff training area.



Textile by Sarum Quilters 1992, ArtCare – Pathology, Salisbury District Hospital

Stained glass or integrated glass in the building has been used successfully in the older building stock which is damp and open to outside. Glass is an all weather material able to survive in such conditions. Corridor pieces have been strengthened with metal frameworks and toughened, laminated glass covers.

There are a small number of unglazed canvas paintings some of which are in the store (1 damaged and others waiting to find suitable and safe position to install in). Recent commissions, in 2008, of canvases were digital giclee prints that have been laminated to protect the

surface. They have been placed in department areas away from tug traffic and refuse cages.

Accidental damage is a daily threat from tugs, electrical carts that deliver beds, storage cages, laundry and refuse bins across the site.

During the past 5 years at least 15 items of artwork have been damaged from tugs or passing trolleys. In all but 2 cases the damage was to the framework rather than the art and meant that repairs could be made. In such event the artwork has a risk assessment made and either returned to its existing position or placed in more suitable location.



Storage cage next to mural by Alfred Overton

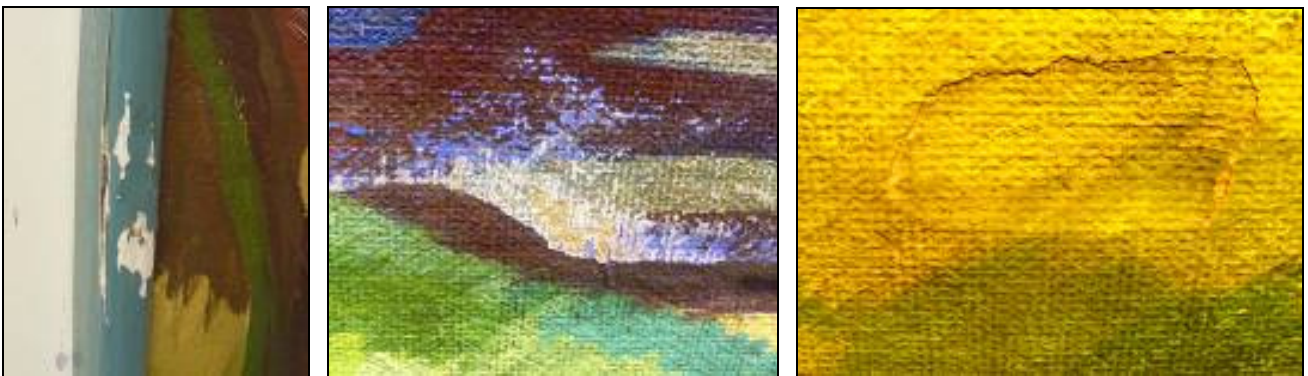


Buffer rail below mural by Alfred Overton

Pictured above is a series of artworks painted by Alfred Overton in 1949 and originally decorated the nurses' dining room in Salisbury Infirmary. The series comprises of 10 large board panels, each over 3m² and are very difficult to house due the large amount of space they take up and not wanting to split the series. They were not placed behind Perspex or glass because of the large size, weight and expense required to do so. They are oil paint on composite board which is not a tough surface to resist knocks. These have suffered several damages during

their time which were recently restored by a painting conservator. As a consequence the artworks are now protected by an extra-wide buffer rail that means if bins are temporarily stored next to them they do not touch the paint surface.

The art project and the hospital as a whole has been fortunate over the past 10 years as there has been only one incident reported of vandalism that has affected the art collection. Theft has also been extremely rare and only one piece of art has been taken in the last 10 years.



Frame damage, scratches and dents caused by storing objects next to mural panels



Electric tugs in hospital corridor

Environmental conditions

The arts project is unable to control some environmental conditions within the hospital. Conditions usually include bright florescent lighting for safety of elderly or visually impaired patients. Heating and air control are also an issue with spaces being often warm and humid.

A small sample reading was taken over a week in the summer to see to what extent daily fluctuations were. Further scope for monitoring is needed to look at year round (day and night) figures but the sample selection does reveal some patterns. Helping to identify what is happening in areas, about to be prepared for artwork display, may help the project manager to rule out certain options because environmental conditions are not controllable and therefore unsuitable for certain types of material.

Recommendations for keeping items without huge fluctuations

- Temperature ideals of 16-20°C
- Relative humidity ideals between 40% - 70%
- Lux levels: 50lux for sensitive materials such as textiles or photographs and under 200lux for moderately sensitive materials such as paintings and modern black and white photographs. Calculations can be made regarding length of time of exposure by lux levels.

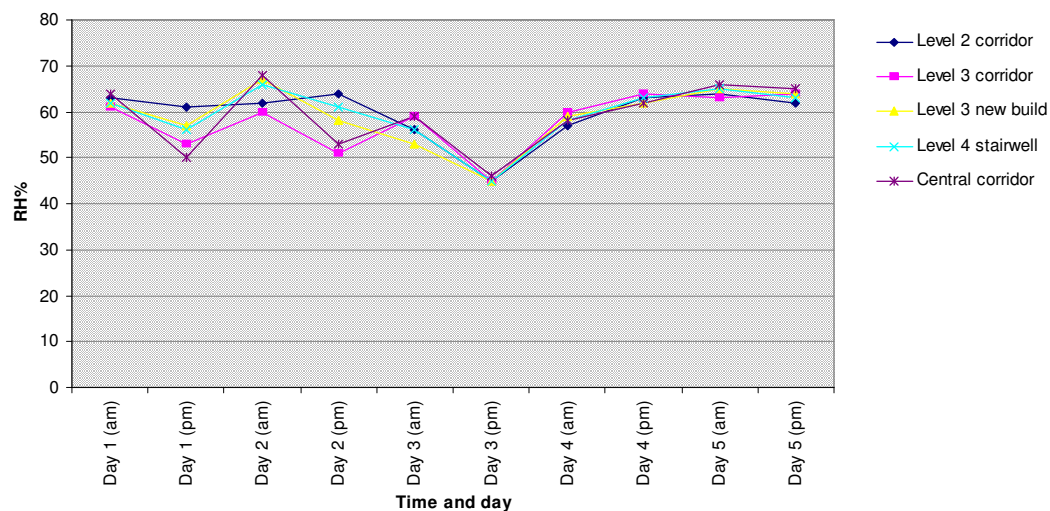
(Useful information for environmental controls is available on the Collections Link website

http://www.collectionslink.org.uk/monitor_my_environment)

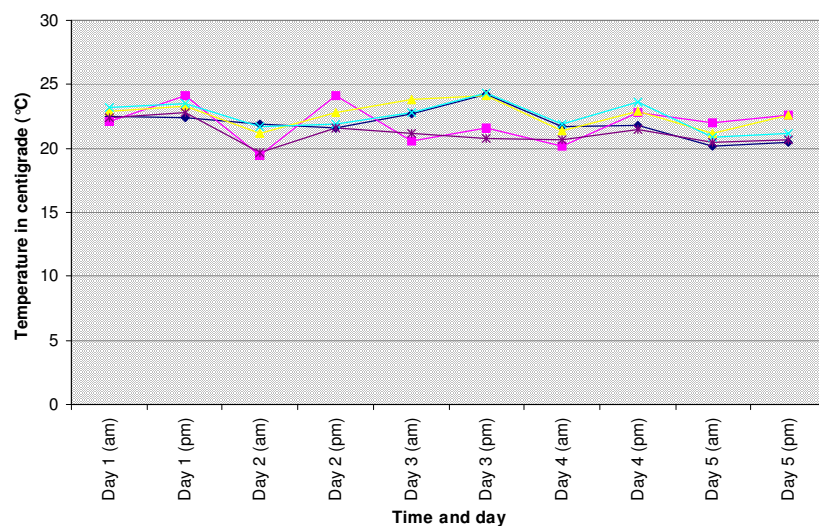
Longer periods of monitoring are required to make judgements about temperature and humidity. During the sample period the fluctuations were not too large and were within recommended boundaries but winter calculations may show larger ranges for areas nearer large entrance doors and single skin buildings.

What can be seen from the Lux recording is that two of the areas tested show very high light levels and large ranges of fluctuations throughout the day. When placing artwork in those areas materials such as stone, ceramics, glass and metal should be considered because of insensitivity to light (Scottish Museums Council, 2004)

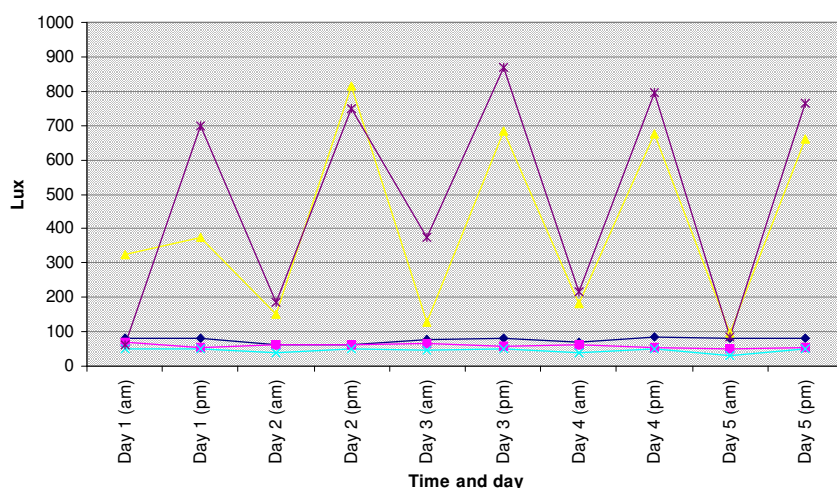
Results of sample daytime Relative Humidity (RH) - over 5 day period in August 2008



Results of sample daytime temperatures - over 5 day period in August 2008



Results of sample daytime lux levels - over 5 day period in August 2008



Results of sample environmental testing

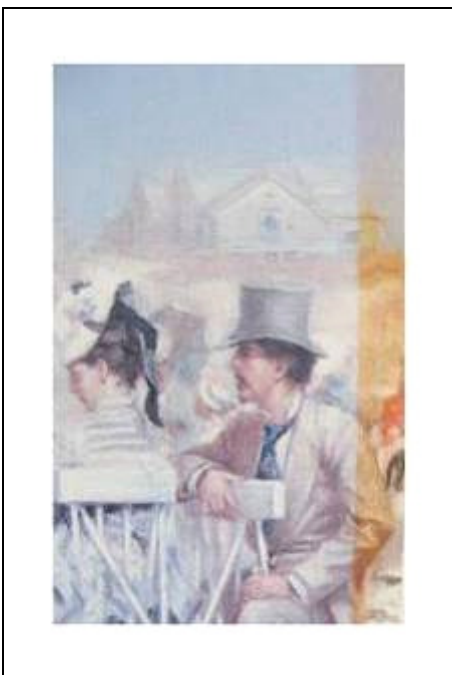


Context and detailed view of glass artwork by Sif Wolthers, ArtCare - Salisbury District Hospital.

Light damage effects printed material, such as poster prints, quickly and have a life span of only a few years. Watercolours and more prone items should get placed in areas without direct sunlight and checked regularly to see if they need attention.

Temperature and humidity can be a difficult problem to overcome with large fluctuations in heat throughout the day. Paper and card often buckles in the mount when it gets damp or the reverse of the frame get

mildew. Some of the older corridors and ward spaces only have a single skin wall and open ended to the outside. This means that damp can come through the back of the pictures by being absorbed through the blockwork. Suitable materials have been chosen for these areas with paper and card not being used. Impervious materials such as acrylic painted panels or glass artworks are used in these places and are able to withstand extremes in temperature and humidity.

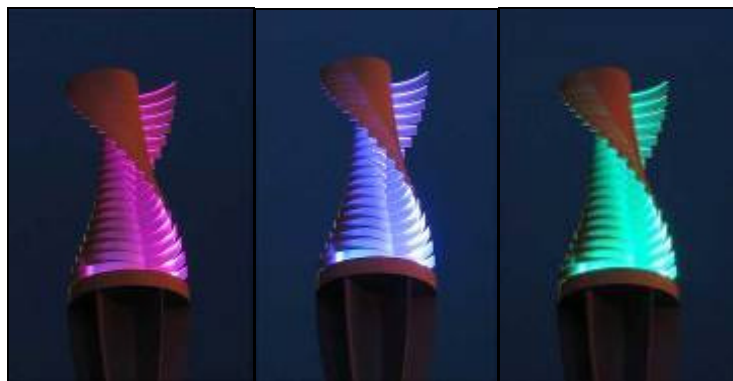


Detail of damage to a poster print from light exposure – Salisbury District Hospital

Technical failure is often a reason why art co-ordinators do not commission works with moving parts. In the Salisbury collection there is only one artwork of kinetic sculpture with electrical lighting. During the commission process a contract was drawn up with the artist to agree how to maintain moving pieces and lighting timings. A detailed schedule of maintenance was drawn up and an on-site technician was trained in checking and repairing if needed.

The first year the artist provided a guarantee of work.

There are no water features on site because of previous experience has shown that the maintenance is not kept up. Concerns regarding of health and safety and infection control (ie. Legionnaires Disease) have outweighed the benefits of water features.



Context and detailed view of wind powered kinetic sculpture by Tom Wilkinson, ArtCare – Salisbury District Hospital

Change of use within the hospital is another regular feature of collection management with works being moved or resited because wards and departments change location or layout. A typical situation was when the Estates Department wanted to create a new doorway in a wall that had a 3m mural panel displayed in the area. The exhibition organiser and technician work regularly on site and

liaise with the Estates Department so that work can be moved during refurbishments and is handled appropriately. The art project also has a policy that all murals are produced on board so that when a situation like this arises the work can be moved without destroying it. The panel was finally relocated, with some help from the artist, to a space further up the corridor.



Stourhead, mural panel (detail) by Diana De Vere Cole moved during corridor refurbishment, ArtCare – Salisbury District Hospital

Visits to other hospitals:

City Centre hospital

A visit was made on the 13 May 2008 to look over the main public artworks in the corridor spaces and reception areas. A team member was not available for a guided tour at that time because of staff shortages. However a large proportion of the collection was available to see and record during the visit.

The hospital has a large collection, on permanent display. The building is an original and modern design and the art service has used this large space to its advantage by displaying some major pieces of artwork.

Children's hospital

Careful commissioning meant that high impact materials were used making interactive artwork easily cleanable and durable to withstand heavy use. After three years it didn't show any signs of wear and tear.

Some other works installed at the same time have had some maintenance issues. These were the interactive video and multi-media works and were out of order waiting to be fixed by specialist contractors.

Some works were waiting in storage because rooms have had a change of use and were now inappropriate for display. Protecting the artwork and issues of health and safety for patients meant that it has not been installed.

External sculptures that stand outside the main entrance are well loved and climbed on by visiting children. Like

However what was observed, during the visit, was that many works were dusty and displayed with old dirty labels. Information boards were also bare and dusty. Several larger pictures at lower level were also scratched or damaged and pictures mounted on water damaged walls.

The hospital has a large and valuable collection but lack of maintenance and immediate care for the collection makes the building look scruffy and uncared for.

the internal works they too are made from durable materials of fibreglass and resin. The painted surface is the same hard wearing paint used is resistant to sunlight exposure and cleaning. It also means that they can cope with public display and being touched.

Another outside piece was commissioned to stand at the entrance of the road to serve as a way-marker and signify the arrival at the hospital. However shortly after it was installed the Trust installed their standard hospital sign directly in front of it. This not only hinders the view of the sculpture from a distance it creates a cluttered view from the roadside. Better internal communication between the arts department and estate services may have avoided this issue and meant installation of the sculpture and the sign were co-ordinated.

Historic and science collections

The art project has provided a display of historic material in public waiting rooms. These original spaces effectively display the collections of medical equipment, historical photographs and paintings that have been assimilated into the art collection. These displays have proved a favourite with visitors.

During the visit some resiting of some valuable and historic artwork was underway and only because of the championing presence, of the arts project manager, a more suitable site was found to show the series together.

New build commissioning artwork

This hospital's old Victorian buildings were demolished and replaced with modern and purpose built accommodation. During the redevelopment a programme of arts commissions were carried out by the arts in health service. Works include sculpture, glass etching, furniture, paintings and mobiles.

Shortly after the opening of the new hospital units the Trust faced financial cutbacks for staffing on the site. The artwork became a focus for the discontent felt by staff on the site.

Most of these major staffing issues have been since resolved however

the art commissioning project ended once the pieces were installed and the hospital does not have an art service. Regular funding of £1500 per annum for a small service agreement was withdrawn.

During the visit of the 9 June 2008 some of the artworks were inspected and they are in good condition with some natural weathering to the outdoor pieces. However staff sticking notices and posters over the displayed artwork has compromised the visual impact of some of the etched glass works. It has not been damaged but shows little respect for the original project.

Overview of literature

The Arts Council have only recently ratified their position on arts in health, during 2007, and published several documents that set out a framework of good practice and national policy. In *The Arts, Health and Wellbeing* report of April 2007 they define the term arts in health that may be useful:

as arts-based activities that aim to improve individual and community health and healthcare delivery, and which enhance the healthcare environment by providing artwork or performances. (2007b:5)

There has been a significant amount of research and literature published that examined how arts have enhanced the environment and as part of the provision of care given in hospitals.

A comprehensive overview of arts in health literature was completed by Staricoff in 2004. Staricoff examines the numerous studies and reports that have been published giving evidence of the value of arts in health. The works studied show how the provisions of arts in healthcare settings give proven benefit for health of the patients in these environments.

Publications by the Arts Council since Staricoff's report, such as *A prospectus for Arts* in April 2007, state that the therapeutic nature of art in health can:

- Humanise the environment
 - Reduce aggressive behaviour
 - Improve staff retention
 - Provide new skills
- (2007a:16)

The Art Council consider that by providing a framework for arts in

health their aims is not only 'integrating the arts into mainstream health strategy and policymaking' but also:

to increase, and more effectively deploy, resources for arts and health initiative, through funding, quality assurance of artist' work and advocacy. (2007a:16)

This call for a framework is relevant to the aims of this paper as this research could produce effective methods of collection management that can improve communication, policy and efficiency of services.

The Arts Council also want their framework to:

develop robust advocacy campaigns to change attitudes among the public, policy makers, the health sector and funders, including government' (2007:16)

This is a long list of people to convince. As the public art collections, on display in our hospitals, are one of the most visible aspect of what arts in health projects do; making a case for collection management must be a high priority in order to promote the arts activities in hospital settings.

The Arts Council also want projects to ultimately become 'sustainable' (2007:17). In order to do this good management of collections will be needed to convince regular funders that work has a long-term future and a valuable part of health care provision.

Most of the current literature being produced by NHS Estates, in association with the King's Fund, looks at how to commission artwork for permanent display.

The main focus of these recent good practice guides has been to provide project management teams information on how to successfully commission artists and integrate works into PFI (Private Finance Initiative) buildings. For example, *Enhancing the Healing Environment*, gives a step-by-step guide, from concept to installation, of commissioning artwork for public buildings. These are concerned with creating quality work, that will last, so we need to put strategies in place to consider the long term future of these collections.

More recent literature from the Art Council (2007a:41) discusses case studies that included Barts & London Breast Care Centre project and states:

The long-term integrity of the programme should be consistent beyond the initial refurbishment-related commissions. (2007a:41)

This is not simply about maintenance of the artwork but advocacy of art projects in the healthcare and includes future patient involvement in the project work. The study goes on to state with specific regard to artwork care:

The artworks needed to be sustainable and the Trust needed to accept responsibility for long-term care and maintenance of the artworks. (2007a:41)

The Arts for Health, undated, publication for North Western Regional Health Authority gives a larger consideration about 'managing a quality environment' (Arts for

Health:11) and the objects within that environment. It calls for a 'Systematic approach to review the estate, its departments and other spaces' and emphasis that art collections 'requires constant vigilance by managers and staff' (Arts for health:11).

This publication looks at the wider picture of caring for buildings and art in the NHS and states that staff must be prepared and take ownership if work is to be cared for in the long term along with provision to make regular checks for damage to art collections.

Much of the work arts in health projects do are convincing others that there is a benefit to having art in hospital buildings.

In recent years many media articles have been printed questioning the money spent on art when stories of NHS troubles make daily headline news. Examples of these debates include the BBC article, *What is the point of public art?*, dated 25 August 2005 (Available from <http://news.bbc.co.uk/1/hi/uk/4184104.stm> accessed 8 August 2008) or BBC Northern Ireland, *Hospital criticised over art move* dated 10 August 2007 (available from http://news.bbc.co.uk/1/hi/northern_ireland/6939888.stm accessed 15 August 2008)

Aston, in 2006, examines this relationship between the NHS art projects and media stating that:

The question of NHS funding is highly politicised and the UK press are quick to pick up on any suggestion that NHS funds have been diverted from patient care.' (2006:5)

Aston's work describes how money is raised and spent on art collections in the NHS and provides evidence that much of the resources comes from outside NHS by grant making trusts and donations. To put this into perspective, Aston writes, the £9 million spent annually on arts, as quoted in the media, is 1/10,000 of 1% of the overall NHS budget of £90 billion (2006: 9).

Aston goes on to state that hospital collections are of benefit to the funder as they can reach a vast audience of people who may not ordinarily experience art in more conventional settings (2006:10)

Aston discusses the need for professional management of collections and states that:

It is the role of the hospital arts committee or arts co-ordinator to match the right artwork to the right location, funded by the most appropriate source, after consulting all the interested parties, and then to take care of the artwork collection so that staff and patients can continue to enjoy it in the long term. (2006:16)

In a media article, from the Amesbury Journal dating 15 December 2004 entitled 'Hospital cash spent on art, not patients' it is reported that staff accuse management of 'wasting money on expensive artworks – instead of using it to fund more nurses and provide a better service for the mentally ill'. The article goes on to say that 'management continue to talk proudly of their expensively-designed buildings, despite the fact they have invested so much money in art and sculpture that they have no money left for nurses to staff them'. Concerns were also raised over the £50,000 artwork 'will just be left to gather dust if

proposed cutbacks are given the go-ahead'

To reply to this situation the Director of Mental Health Services, Malcolm Sinclair, stated that the 'money spent on artwork equated to less than 0.29% per cent of the total £17.8m spent on redeveloping the site.' This money was from a one-off capital allocation to be spent only on arts projects and not available to be spent in other ways. 'The money was not available on a recurring, year-after-year basis and therefore could not have been used for ongoing costs such as staffing'. (available from <http://archive.gazetteandherald.co.uk/2004/12/15/98707.html> accessed on 23 October 2009)

When considering the life span of objects, should the art collections in the NHS be seen in the same light as objects in museums? The main feature of museum policy is to care for its collections. Whilst the NHS main focus is patient care and the artworks are secondary resource within these busy buildings. In order to continue to justify arts projects a case needs to be argued for caring for art as money well spent.

Francis writes, in 2006, of a recent hospital development project for a set of PFI buildings in the Bristol, South Gloucestershire and North Somerset. The budget was just under 1% of the capital budget, raised from charitable funds and Strategic Health Authority, was £630,000 (available from <http://www.hdmagazine.co.uk/story.asp?storyCode=2038439> accessed 18 August 2008)

The commissioning project was lead by arts consultants, Willis Newson, and

a steering group that included services users, PFI partners and construction agents. Of the original 3 stage plan only the public artwork went ahead and due to budget cuts the proposed ongoing programme was shelved.

The art group had to negotiate through 'polarisation of views between staff and patients'. Their involvement in the process meant that after installation 'staff proudly demonstrated' their artwork (HD Magazine, 2006).

By having staff take a responsibility in the creative process they are more likely to feel ownership of the art displayed in their areas and treat it with greater respect.

Also good aspect of the process was 'pinning down firm commitments about responsibilities for fixing and maintenance' (HD Magazine, 2006) at the early stages of the programme. This meant that the long-term prospects for the care of the artworks were improved.

Aston also describes art commissioned during the improvements of hospital buildings in particularly PFI buildings in *When the architects leave* (available from www.publicartonline.org.uk accessed 5 November 2007). Aston writes how a hospital is tied to a contract with PFI provider, who owns the building up to 30 years, and that consideration for the long-term prospects of art (particularly integrated architectural pieces) must be considered at the commission brief stage. Aston provides an excellent checklist of recommendations that help projects focus on the issues of environmental, accidental and wear

and tear damage that should be expected in these buildings.

The Museum Accreditation Scheme is a framework for museums to provide minimum standards for the care of their collections. Accreditation status benefits museums for not only by preserving and documenting collections but by providing better opportunities through funding grants. Can hospital collections be accredited or have their own version of service best practice measures?

Accreditation brings benefits to museum because it:

- encourages museums to reach minimum levels in museum management, user services, visitor facilities and collections care
- offers a shared ethical basis for all bodies that meet the definition of a museum
- fosters public confidence in museum as institutions which hold collections in trust for society and which manage public resources responsibly, for both present and future generations
- provides a benchmark for grant-making bodies, sponsors and donors wishing to support museums.(MLA,2004:5)

These minimum standards can help service providers to look after their collections more efficiently. By sharing information and understanding what can be expected hospital art services can better manage assets. By looking after collections responsibly they can provide assurances to public and media and also good practice will help with funding future service.

Glossary of terms

Acute care – hospitals that deal with urgent cases and emergency admissions. They also have around the clock services, specialist services, surgery and provision of short-term close observation of patients.

Accreditation - is a set of national standards for museum collections to show commitment to managing their collections and help identify opportunities and areas for development. See http://www.mla.gov.uk/what/raising_standards/accreditation

Foundation Trust status – New type of status that the best performing hospitals can apply for. Because the power is decentralised they can manage their own finances and have more flexible, local control over provision of care (more patient-led services) More information is available from Department of Health website: <http://www.dh.gov.uk/en/Healthcare/Secondarycare/NHSfoundationtrust/index.htm>

PFI – Investment in building works that are funded by private companies. Leasing buildings to Trusts normally for around 30 years. More information is available from Department of Health website: <http://www.dh.gov.uk/en/Procurementandproposals/Publicprivatepartnership/Privatefinanceinitiative/index.htm>

Also acknowledgements for the input and information given by the following arts in health services:

- Alex Coulter, Arts Co-ordinator, Arts in Hospital, Dorset County Hospital, Dorchester
- Grete Dalum-Tilds, Curator, MK Arts for Health, Milton Keynes
- Hetty Dupays, Arts Programme Manager, RUH Arts Strategy Group, Bath
- Guy Eades, Director, Healing Arts, Isle of Wight NHS Primary Care Trust,
- Trystan Hawkins, Director, Zest Arts for Health, Plymouth
- Damian Hebron, Arts Co-ordinator, Addenbrookes Arts
- Ruth Jacobs, Bristol Royal Hospital for Children
- Emily Malins, Arts Co-ordinator, Arts in Trust, Gloucestershire Hospitals NHS Foundation Trust
- Paula O'Malley, Art Co-ordinator, Promoting art in Aintree 'Partia'
- Karen Sarkissian, Director of Art and Heritage, Guy's and St Thomas' Charity, London
- Nancy Strike, Arts Co-ordinator, State of Guernsey, Health and Social Services Department
- Christine Wood, Capital/Environment Manager, The James Cook University Hospital, Middlesbrough

Bibliography

- ADAMS, E., 1997, *Public Art, People, Projects, Processes*. London Arts Board
- AMERICAN ASSOCIATION OF MUSEUMS (AAM), 2006, *Accreditation Commission Statement on Best Practices: Loaning Collections to Non-Museum Entities*. AAM: Washington
- ANGUS, J., 2001, *A Review of Evaluation in Community Based Art for Health Activity in the UK*, (NHS Health Development Agency). Centre for Arts and Humanities in Health and Medicine (CAHHM): Durham
- ARTS COUNCIL ENGLAND, 2006a, *Our Agenda for the Arts in the South West 2006-2008*. London
- ARTS COUNCIL ENGLAND, 2006b, *The Power of Art, Visual Arts: Evidence of Impact*. London
- ARTS COUNCIL ENGLAND & DEPARTMENT OF HEALTH, 2007a, *A Prospectus for Arts and Health*. London
- ARTS COUNCIL ENGLAND & DEPARTMENT OF HEALTH, 2007b, *The Arts, Health and Wellbeing*. London
- ARTS COUNCIL NORTHERN IRELAND, 2005, *Public Art Handbook*. Belfast
- ARTS FOR HEALTH, *Arts and Health the North Western Regional Health Authority*. NWRHA.
- ASTON, J. 2006, *Arts in Hospital: Handling the Media*.
- BBC NEWS, 2005, *What is the Point of Public Art?*, (Available from <http://news.bbc.co.uk/1/hi/uk/4184104.stm> accessed 8 August 2008)
- BBC News (Northern Ireland), 2007 *Hospital criticised over art move dated* (available from http://news.bbc.co.uk/1/hi/northern_ireland/6939888.stm accessed 15 August 2008)
- CARTIERE, C., 2008. *Curating in Public 1: Notes on the Power of Place and the 'Success' or 'Failure' of Public art*. (available from <http://www.axisweb.org/dlFull.aspx?ESSAYID=125> accessed on 8 August 2008)
- COLQUHOUN, H., 2006 *Be prepared! Decommissioning Public Art* (available from Public Art South West online <http://publicartonline.org.uk/practical/commissioning/decommissioning.html> accessed 8 August 2008)
- DEPARTMENT FOR CULTURE MEDIA AND SPORT (DCMS), 2003, *Government Art Collection Acquisition Policy 2003-2007*. (available from <http://www.gac.culture.gov.uk/home/index.asp> accessed 8 August 2008)
- DEPARTMENT OF HEALTH (DoH), 2007, *Report of the Review of Arts and Health working group*. DoH: Leeds
- FRANCIS, S., 2006, *Hospital Art: Art Movement*. Hospital Development (available from <http://www.hdmagazine.co.uk/story.asp?storyCode=2038439> accessed 8 August 2008)
- GREENE, L., 1989, *Art in Hospitals*. King's Fund Publishing: London
- KAYE, C. and BLEE, T. (eds), 1997, *The Arts in Health Care: A Palette of Possibilities*. Jessica Kingsley Publishers: London
- KIRKLIN, D. and RICHARDSON, R. (ed), 2001, *Medical Humanities: A Practical Introduction*. Royal College of Physicians: London

- MATARASSO, F., 1996. *Defining Values, Evaluating Arts Programmes (The Social Impact of the Arts Working Paper 1)*. Comedia: Stroud
- MCKENNA, G., and PATSATZI, E. (eds), 2007, *SPECTRUM: The UK Museum Documentation Standard*. MDA: Cambridge
- MUSEUMS LIBRARIES & ARCHIVES COUNCIL (MLA), 2004, *Accreditation Standard*. MLA: London
- MUSEUMS LIBRARIES & ARCHIVES COUNCIL (MLA), 2004, *The Museum Accreditation Scheme*. MLA: London
- NHS ESTATES, 2002a, *The Art of Good Health. A Practical Handbook*. TSO: London
- NHS ESTATES, 2002b, *The Art of Good Health. Using Visual Arts in Healthcare*. TSO: London
- NHS ESTATES, 2003a, *A New Generation of Healthcare Facilities*. DoH: Leeds
- NHS ESTATES, 2003b, *Evaluation of the King's Fund's Enhancing the Healing Environment Programme*. TSO: London
- NHS ESTATES, 2004a, *Design for Health: The Impact of new hospital environment on children, families and staff*. TSO: London
- NHS ESTATES, 2004b, *Friendly Healthcare Environments for Children and Young People*. TSO: London
- NHS ESTATES, 2004c, *The Environment for Care: An NHS Estates Symposium*. DoH: Leeds
- PUBLIC ART SOUTH WEST, 2007, *The Private Finance Initiative*, (available from Public Art South West online <http://publicartonline.org.uk/practical/healthcare/pfi.html> accessed on 8 August 2008)
- PUBLIC ART SOUTH WEST, 2007, *When the Architects Leave*, (available from Public Art South West online http://publicartonline.org.uk/practical/healthcare/hospital_artwork_maintenance.html accessed 8 August 2008)
- REDSHAW, M., 2004, *Design for Health*. TSO: Norwich
- SCOTTISH MUSEUM COUNCIL, 2005, *What is environmental monitoring?* (available from www.scottishmuseums.org.uk)
- SENIOR, P., and CROALL, J., 1993 *Helping to Heal, The Arts in Health Care*. Calouste Gulbenkian Foundation: London
- STARICOFF, R. L., 2004, *Arts in Health: a Review of the Medical Literature*. Arts Council England: London
- SUSSEX UNIVERSITY, 2001, *Conference Report, Joined Up People the Creative Arts in Public Health*. South East Arts: Tunbridge Wells
- ULRICH, R., AND ZIMRING, C., 2004, *The role of the physical environment in the hospital of the 21st Century*. The Centre for Health Design:
- VINE, R., 1995, *Futuristic Baroque: Grand Central Station* (available from <http://www.encyclopedia.com/printable.aspx?id=1G1:17309682> accessed 8 August 2008)

Online resources:

www.24hourmuseum.org.uk
www.aam-us.org/museumresources/accred/standards.cfm
www.artcare.salisbury.nhs.uk/
www.artscouncil.org.uk
www.artinhospital.org/
www.artsandhealthsouthwest.co.uk
www.artsforhealth.org/
www.bbhealthcare.co.uk/show.php?page=home
www.chelwest.nhs.uk/aboutus/hospital_arts.htm
www.collectionslink.org.uk/collections_care
www.dur.ac.uk/cahbm/
www.functionsuite.com/home.html
www.gac.culture.gov.uk/about/activities.asp
www.guysandstthomas.nhs.uk/services/managednetworks/childrens/evelina/evelinahome.aspx
www.hi-arts.co.uk/arts_health.htm
www.lahf.org.uk
www.mla.gov.uk/home
www.publicartonline.org.uk
www.rdehospital.nhs.uk/EHCA/report/section3.htm

Appendix

Dear

I am the exhibition organiser and curator of the permanent art collection for ArtCare, the art service, at Salisbury District Hospital.

This year I have been studying an MA in Museum Studies with Bournemouth University, School of Conservation Sciences. I am currently writing a dissertation on the unique challenges that are faced when caring for art collections in an NHS setting.

Overleaf are some brief questions that have a particular emphasis on collection management and maintenance of your visual art.

I would appreciate it if you could take a few minutes to complete the questionnaire to help me gather some valuable evidence.

Thank you for your time – Please return the form to the address below by 31st August 2008

Lesley Meaker
Exhibition Organiser
ArtCare
Salisbury District Hospital
Facilities Directorate
Salisbury
SP2 8 BJ

lesley.meaker@salisbury.nhs.uk
01722 336262 ext. 4884
www.artcare.salisbury.nhs.uk

Study of Collections Management in the NHS

MA Museums Studies, Bournemouth University School of Conservation Sciences

By Lesley Meaker, Exhibition Organiser and curator of visual art at Salisbury District Hospital

July-August 2008

About your collection

How many pieces of art in your collection?		Don't know	
--	--	------------	--

General categories of your collection

Estimate what percentage of your collection is the following:	%
2D interior	
3D interior	
2D external	
3D external	
Architectural integrated Eg. Flooring	

3. Your art collection in more detail

Tick all that apply:

Framed photographs		Textiles framed		Video	
Framed prints		Textiles unframed		Kinetic sculpture	
Framed paintings		3D interior sculpture		Water features	
Unframed canvases		3D exterior sculpture		Glass	
Watercolours		Mosaic		Other (please state)	
Medical equipment		Furniture			
Historic archives		Flooring design (vinyl etc)			

Documentation

a) Is your collection on an inventory?	Yes	No	Partial	state %
Are works on display labelled?	Yes	No	Partial	state %
c) Do you have an acquisition & disposal policy?	Yes	No		

Staff hours

a) How many paid staff make up your team		WTE (whole time equivalent)	
b) How many hours per week for maintenance and collection management			
c) How many volunteer hours per week for maintenance and collection management			

6. Other Duties carried out by your department

Tick all that apply

Fundraising		Performing arts		Administration	
Publicity		Participatory arts		Other (please state)	
Hospital networking		Training			
Community collaboration		Interior design			

Maintenance of your collection

a) Do you have an annual budget for maintenance or conservation?	Yes	No
b) Do you have a regular maintenance schedule?	Yes	No
c) Who does your maintenance?		

8. Collection Management

Give brief details if your artworks have been affected by any of the following:	Action taken
a) environmental conditions	
b) accidental damage or vandalism	
c) Mechanical failure	
d) Area change of use	

9. Lessons learnt

What are your top three tips for curating an art collection in an NHS setting
1.
2.
3.

10. Please use this space to make any other comments on the future of your permanent collection. For example threats, challenges and opportunities (Continue over if needed):

--

Thank you for taking the time to give your comments

Any other comments on the future of your permanent collection. Continued....

Optional:

If you would like acknowledgement for taking part in this survey please complete your name and details below – information given will be treated with strictest confidence

Name	
Position	
Name of art service	

Draft Acquisition and Disposal Policy

This statement of the Acquisition and Disposal Policy of [name of art service], the art service for [name of NHS Trust] , supersedes all previous collecting policies.

Date approved by governing body: [date]

Date at which policy due for review: 5 years from approved date

1. Context

[background information about art service include aims and objectives]

[name of art service], existing collections include:

- a) Permanent acquisitions of contemporary original artwork created by local artists
- b) Commissioned artwork created by local and regional artists in response to site specific requirements. This includes 2D and 3D artwork plus architectural features such as flooring and glass designs
- c) Artwork created by [name of art service], Artist in residence
- d) Artwork created by staff, patients and visitors facilitated by [name of art service], Artist in Residence
- e) Historic material (ie. Photographs, paintings and documents) that relate to the history of healthcare in the [geographic] area
- f) ...

2. Criteria governing future collecting

[name of art service] is looking to reinforce the link between the arts and healthcare and to raise awareness of the importance of a creative hospital environment to patient and staff well-being. Artworks should reflect the objectives in [name of art service] business plan and that of [name of NHS Trust]

Works should fall within the categories listed above 1a) to f) and complement and create coherence within the existing art collection.

3. Limitations on collecting

[name of art service] recognises its responsibility in acquiring additions to its collections. It will take into account limitations on collecting imposed by such factors as adequate display areas available, cost of ongoing maintenance, health and safety of buildings users, and infection control issues.

Acquisition of individual artworks priced over [spending limit] will be appraised by the [Arts committee....]

4. Policy review procedure

The Acquisition and Disposal Policy will be published and reviewed from time to time, at least once every five years. The date when the policy is next due for review is noted above.

5. Acquisition procedures

- a. [name of art service] will exercise due diligence and make every effort not to acquire, whether by purchase, gift, bequest or exchange, any object unless the governing body or responsible officer is satisfied that [name of art service] can acquire a valid title to the item in question.
- b. Donated artworks will not normally be accepted with conditions attached
- c. Loaned artworks will only be accepted with a contract agreement between [name of art service] and owner artist. The loan contract will be reviewed on an annual basis and be subject to insurance arrangements.

6. Disposal procedures

- a. [name of art service] will establish that it is legally free to dispose of an item. Any decision to dispose of material from the collections will be taken only after due consideration.
- b. When disposal of an artwork is being considered, [name of art service] will establish if it was acquired with the aid of an external funding organisation. In such cases, any conditions attached to the original grant will be followed.
- c. Decisions to dispose of items will not be made with the principal aim of generating funds.
- d. Any monies received from the disposal of items will be applied for the benefit of the collection. This normally means the purchase of further acquisitions but in exceptional cases improvements relating to the care of collections may be justifiable.
- e. A decision to dispose of a specimen or object, whether by gift, exchange, sale or destruction (in the case of an item too badly damaged or deteriorated to be of any use for the purposes of the collection), will be the responsibility of the arts committee of [name of art service] acting on the advice of professional curatorial staff, if any, and not of the curator of the collection acting alone.
- f. Once a decision to dispose of material in the collection has been taken, priority will be given to retaining it within NHS art collections, unless it is to be destroyed. It will therefore be offered in the first instance, by gift, exchange or sale, directly to other NHS art collections likely to be interested in its acquisition.

Mailing Database

Please return the completed form to
[reply name and address]

Thank you for taking the time to complete this form.
Don't forget to sign and date the form as proof of your consent!

Your name:

I am a member of staff ☐

Your address:	
<i>Staff members can put their work address here</i>	
Town:	
County:	
Postcode:	

Home Telephone:	
Work Telephone:	Extn:
Mobile Telephone:	
Fax:	
Email:	
Website:	

Please tick the categories you'd like information about:

☐ ALL Art activities ☐ Staff Arts Club ☐ Exhibitions ☐ Commissions

☐ I am an ARTIST and want to
join your artists' database ☐ I'd be interested in
Private views ☐ Art Newsletter

Any other notes: Please include any special requirements eg Wheelchair access information in
Large Print

Please Sign and date this form:

Signature:.....Date:.....

We will hold this information for 15 months after the date of signing.

Information provided by you will be held in accordance with the 1998 Data Protection Act.

Artist's Details:

Please tell us about you and your work: (this is a brief summary of about 100 words to help us when we search our database, you can include a CV *in addition* to completing this section)

Details of the work:

Your main media:

Please match **one** of the choices

Pastel; Watercolour; Painting; Drawing; Photography; Mosaic; Silk Paint; Printmaking; 2D Other; Furniture; Wood; Jewellery; Willow; Ceramics; Stone/Sculpture; 3D Other; Crafts Other; Storytelling; Theatre/Drama; Clowns; Dance/Movement; Music; Puppet; Other Performance; Workshops; Installation Art; Writing; Other;

Main subject matter:

Average size:

Width:

Height:

Depth:

Price range:

Min:

Max:

Please tick as appropriate:

☐ I am interested in a solo exhibition (approx. 100 pictures)

☐ I am interested in group / Open exhibitions

☐ I am available for performances / to run workshops

We can store up to 3 pictures of your work

Please send photos, or supply a floppy disc with images stored as **TIFF** files (max 100kb per file)

Image One:	Title: Media: Dimensions:
Image Two:	Title: Media: Dimensions:
Image Three:	Title: Media: Dimensions:

Entry form to art collection at [art service name] the art service for
[name of NHS Trust]

Depositor name:	
Address:	
Telephone	
Email	

Artist name:	
Artwork title:	
Media:	
Quantity:	
Further description:	
Type of entry:	Loan/gift/purchase/other
Any other information:	

Depositor signature:	
ArtCare signature:	
Date:	

Copyright of the Work (including in any preliminary designs) shall remain at all times with the Artist.

The art service shall be entitled without payment to the Artist to make (or authorise others to make) any photograph, film or video of the Work and to include this in any advertising, brochures, or other publicity material or film, video or television broadcast provided that any such reproduction is intended to promote or record the making of the Work (or the project of which it forms part) or to promote the objectives of the art service.

For office use only:			
Collection number		Artist No.	
Copyright:		Risk No.	
Labelled:		Photographed:	
Location:			

[ART PROJECT NAME/LOGO]

Title: [artwork title]

By: [artist name]

Media: [artwork media]

Further description: [artwork context, project information, artist information etc]

Permanent location: [location information]

Acquired: [date]

Collection ref: [accession/inventory number]

Enquiries about this artwork should be made to: [art project contact details]



Caring for NHS Art by Lesley Meaker, 2009
www.artcare.salisbury.nhs.uk