

Case studies: How have culture and creativity been supporting people in health, care and other institutions during the Covid-19 pandemic?

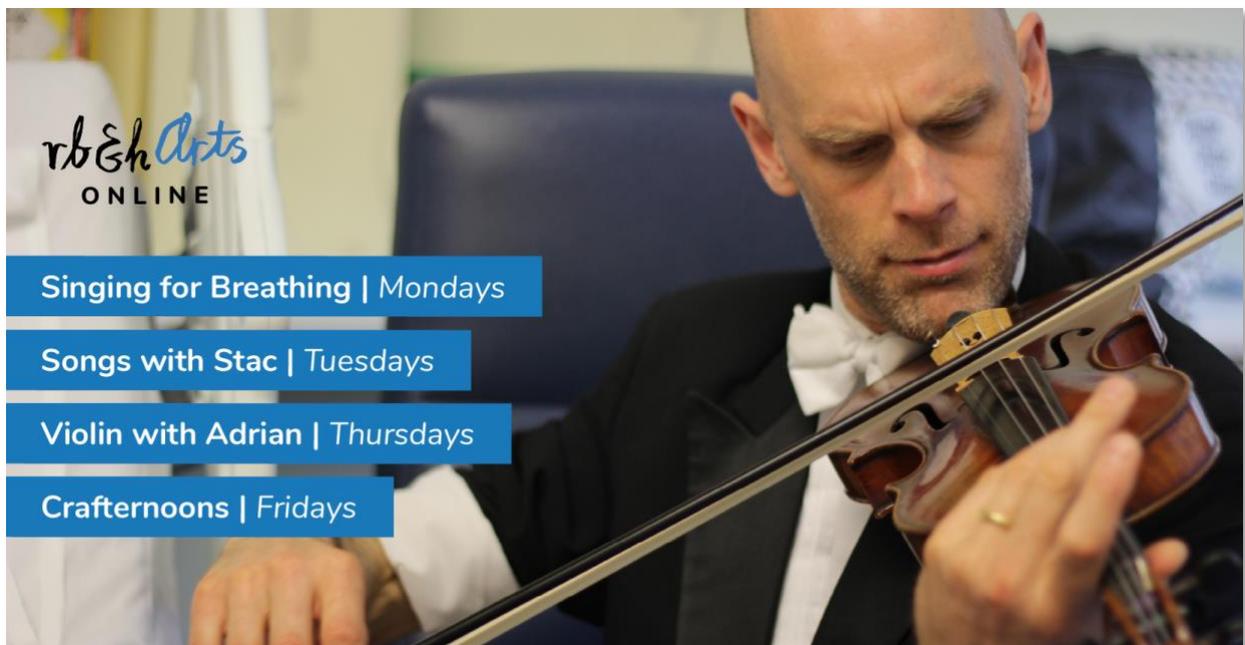
Project: rb&hArts Online

Organisation: rb&hArts, Royal Brompton & Harefield NHS Foundation Trust

Region: London

Designed for: Hospital staff and patients

“We are missing out on opportunities to meet other transplant outpatients at clinic where we’d usually make friends and meet people in the same boat. Now with covid we don’t have that, and we need opportunities to have a laugh and not think about our health. We have lost two transplant friends over the past few months and this has been really helpful”



Introduction

Royal Brompton & Harefield NHS Foundation Trust is a partnership of two specialist heart and lung hospitals: Royal Brompton Hospital in Chelsea and Harefield Hospital near Uxbridge (both in London). It treats patients with the most complex diseases and conditions throughout their lifetime, from all over the UK.

rb&hArts was set up in 2002 thanks to financial support from Royal Brompton & Harefield Hospitals Charity. The Arts Programme sits within the Allied Clinical Sciences Directorate and is aligned to the delivery of directorate strategic objectives: Develop, Lead and Thrive.

‘rb&hArts Online’ is a closed Facebook group for in- and outpatients, family members and staff through which rb&hArts offers creative crafts challenges (for example creating a tin foil sculpture). Participants can then post their responses to creative challenges in the group’s discussion page.

Musicians in Residence also offer weekly performances via Facebook Live, with participants able to chat in the comments. Musicians read and respond to in real time, creating an interactive and communal experience.

We set up our programme in this way with the intention of making contact with a pre-existing Facebook group for transplant patients at the trust. The group requested that they keep their own page for discussion but sign-posted members to our page. As many had previously received sessions from resident musicians Adrian Garratt and Stac Dowdeswell, they were eager to see them again and a new community of post-transplant outpatients shielding in the community began to emerge and demonstrate a real need throughout lockdown. We have since engaged 100 participants over 54 sessions, with over 200 comments on each video.

Funders

Royal Brompton & Harefield Hospitals Charity's Patient Amenity Fund.

Who is it for?

Inpatients and staff at Royal Brompton & Harefield NHS Foundation Trust.

Are these people you have worked with before, or new participants?

Both

How many people took/are taking part?

100

Where is it happening?

Primarily London (Chelsea and Hillingdon) although as we are a tertiary Trust we are reaching outpatients across the UK.

For how long has it been happening?

The project began in its digital form in March and is coming to a pause in November.

What were/are the main outputs?

We are aiming to support inpatients on hospital wards both in person (where possible) and via zoom as one-to-one and group sessions.

What outcomes were/are you aiming for?

Our intended outcomes are increases in wellbeing, distraction and reduction of boredom, reduction in feelings of loneliness and isolation, and enhancing the patient experience. This applies to all in- and outpatients and their families, and staff.

Have you adapted existing work to make this happen? If so, how?

Prior to the Covid pandemic the Musicians in Residence programme saw professional musicians performing live on hospital wards, in particular those treating patients waiting for transplant, who often on wards for longer periods of time. We also led a participatory arts programme called Crafternoons which saw a different visual artist deliver two afternoons of a craft activity in wards and waiting areas.

Does your work support people who identify with one or more of the protected characteristics¹?

Royal Brompton & Harefield NHS Foundation Trust is a leading tertiary trust for cardiorespiratory diseases, meaning all patients we encounter are living with complex and/or life-limiting conditions.

¹Protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation (Equalities Act 2010).

This includes cystic fibrosis which requires that patients of the same condition cannot mix, leaving them at greater risk of loneliness and isolation. Developing our digital offer has given us the opportunity to reach participants who would not usually be able to attend our group activities in person.

Evaluation & Feedback

Each session receives over 200 comments on average every week with feedback being overwhelmingly positive. Sessions are monitored by a core staff member to ensure the safety of participants and to take a register of those commenting, with an average of 15 participants each week, many of whom are returning. We created an initial feedback survey which was posted in the comments each week. With the announcement that the project would soon be coming to a close, we were able to host a consultation meeting with participants via zoom to gather further feedback and explore ways music sessions could continue with a greater emphasis on inpatients and with fundraising support from community members.

Reaching inpatients who have not already engaged with the arts team has been a challenge that we have yet to solve, however, what we have inadvertently done is created a community engagement space for post-transplant outpatients living in the community who are isolated due to shielding. When asked what they felt the purpose of the sessions was, they reported feeling connected and that it gave structure to their week, giving them something to look forward to when they would otherwise be feeling bored and isolated.

“It lifts my mood and is an important part of my week; I haven’t needed to shield but have mainly stayed in throughout lockdown”

“It gives me something to look forward to”

“It has given me structure and I don’t want to lose it”

“New group of people I have built up friendship with...I was really isolated throughout lockdown because I am immunosuppressed and have needed to care for my elderly mum”

“I love Stac...Godsend...I’ve been shielding since March and haven’t stopped. This has been my lifeline”

“All the days roll into one...the arts programme gives me a lifeline”

“We are missing out on opportunities to meet other transplant outpatients at clinic where we’d usually make friends and meet people in the same boat. Now with covid we don’t have that, and we need opportunities to have a laugh and not think about our health. We have lost two transplant friends over the past few months and this has been really helpful”

“Stac and Adrian have helped bring some joy during some pretty difficult times, and now that we are mostly at home it would be amazing for that to still continue. I think that needs to be stressed”

“I have enjoyed these sessions especially during the lockdown time. Stac’s singing is so soothing and relaxing and Adrian’s sessions are lively and fun. Nice to have a time of the week when its live. Even if I miss the sessions, I usually catch up later. Many thanks to both”

What is your own impression of how it has worked? What have been the challenges and successes for you?

Community: the sense of community developed through this project has been overwhelmingly positive, with participants voluntarily joining a focus group to feedback their desire to see the programme continue sustainably. As discussed, we have so far been unsuccessful in accessing our inpatient communities due to limited contact with clinical staff.

Platform: this programme has solely taken place on Facebook in the form of a closed group with discussion page and music sessions delivered via Facebook Live stream. This has provided musicians with a strong platform for continuing to deliver high-quality music provision, developing their own artistic practice to perform to a digital audience, responding to comments in real-time with a slight lag. This has ensured that artistic quality has not been compromised.

Safeguarding: the use of social media as the platform for our engagement with patients and staff brings with it issues of anonymity and visibility. The primary reason for creating a *private* Facebook group was so that participants could speak freely to each other and limit risk of publicly releasing confidential information regarding one another's health. Likewise, when requesting to join rb&hArts Online, participants are asked a short series of entry questions and sent a code of conduct, with all interactive session comments monitored by a member of rb&hArts staff. Because of this, promoting the sessions has been difficult as it risks compromising the safeguarding put in place. Many participants have found the platform straightforward and easy to use although some have reported struggling to access it. As the project depends on participants having their own Facebook profile, this naturally excludes those who do not use social media. Engaging staff in this manner has also been challenging because it requires them to use their personal Facebook profiles and we are conscious of maintaining professional boundaries between staff and patients.

Whilst we continue to face challenges, a surprising impact of the coronavirus pandemic is that it has accelerated our digital engagement offer, which we had outlined as an intended outcome in our 3-year action plan. We are currently applying for R&D grants to continue testing different online engagement models, including moving away from Facebook to a different platform where we can establish an online hub that provides all of our creative programmes whilst meeting safeguarding needs.

Are you reaching more people/fewer people/different people?

Our primary concern is that we were not accessing inpatients who, with visitors currently unable to come onto the hospital site, are at greater risk of isolation and increased anxiety. However, we have begun to receive positive feedback from clinical members of staff who have been voicing the need for a return of the arts programme and have requested both 121 craft activities for patient bedside, and for a live streaming to a waiting room television, as a result.

What new skills have you or your colleagues had to develop to deliver this work?

We have developed new skills in hosting online events including Facebook Live and managing technological aspects including a time-lag. We have also increased our skillset in creating online content such as social media assets for marketing purposes.

What would you say has made this project possible?

Pre-existing online patient communities, and agreement from our funder Royal Brompton & Harefield Hospitals Charity to continue paying our freelance creative staff so that we could test different engagement models.

What would have made it easier?

Having the arts team recognised as key members of multi-disciplinary clinical teams, allowing us to have direct contact with clinical staff and access non-covid wards in person to promote our work would likely have resulted in further inpatient engagement.

Further information

<https://www.youtube.com/watch?v=Z2P4ZRFQHY>

<https://www.youtube.com/watch?v=8ZSCyWvKfIE>