

Breathe Arts Health Research
at Guy's & St Thomas' NHS Foundation Trust

COMPASSIONATE CARE IN A YEAR OF CHANGE

Performing Arts Programme Evaluation 2020
February 2021
supersum



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BREATHE ARTS HEALTH RESEARCH IMPACT 2020

Breathe Arts Health Research
at Guy's & St Thomas' NHS Foundation Trust

COMPASSIONATE CARE IN A YEAR OF CHANGE



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With 12 years' experience delivering arts programmes at GSTT, Breathe AHR is deeply integrated into Trust culture.

237

events for staff, patient and visitor delivered during 2020, totaling 5800 individual engagements.

Breathe AHR's programmes succeed because they consider the needs of the whole person

90%

of participants across all programmes reported a positive impact on wellbeing in the period before COVID-19

(n=71)

Breathe AHR's programmes continued to enhance patient and staff wellbeing during COVID-19, both in hospital and home environments.

88%

of participants across all programmes reported a positive impact on wellbeing during COVID-19

(n=61)

Digital and online activities open up new opportunities, but also challenges. This knowledge will lead to better 'hybrid' programmes in the future.

74,847

YouTube views of Breathe Harmony's multi-track single, recorded during COVID-19

Providing activities that support staff wellbeing is going to remain a priority after COVID-19.

97%

of current Breathe AHR participants would recommend their programmes to others

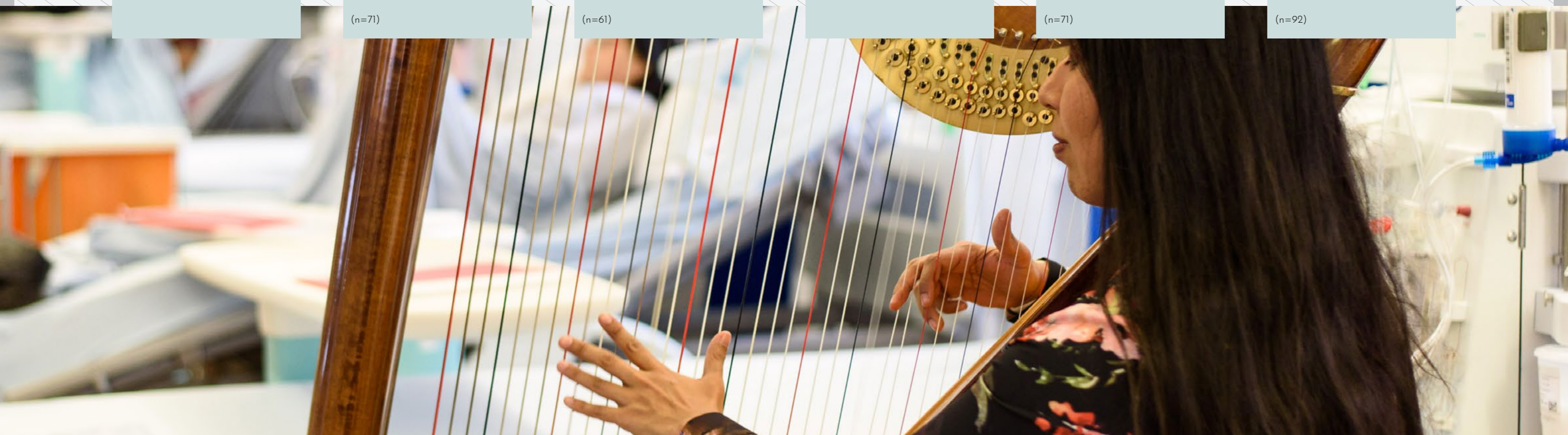
(n=71)

Breathe AHR's work can contribute to compassionate care across the whole of the Trust ecosystem and into the community.

61%

of all respondents across GSTT believe arts programming to be an essential part of good care

(n=92)



EXECUTIVE SUMMARY

Introduction

Breathe Arts Health Research (Breathe AHR) is a multi-award winning organisation that designs and delivers creative programmes that meet clinical and wellbeing needs. Their work is co-designed with artists, healthcare staff, scientists and patients. Their activities take place at the hospital and community sites of Guy's and St Thomas' NHS Foundation Trust (GSTT), as well as at other NHS Trusts, community settings and cultural venues nationally.

During 2020, and in response to the COVID-19 global pandemic, Breathe AHR redesigned its services from the ground up. This independent evaluation looks at the impact of both performance-based and participatory programmes delivered by Breathe AHR during this period. It provides analysis of data from surveys and in-depth interviews, alongside existing feedback and monitoring data.

Enabling Compassionate Care

"[Breathe AHR's programmes are] one of the things that gives the Trust a bit of an edge. Hospitals can be distressing for patients and tough places to work for staff - the arts counter that in no small way. It is a very very important part of caring for patients and staff."

(Sir Hugh Taylor, GSTT Chairman)

With its 12 years' experience of working within GSTT, the team at Breathe AHR has shown itself ready and able to respond to the needs of a complex, caring health environment.

In the first three months of 2020 (before COVID-19), Breathe AHR delivered 90 individual performances, Resident Musician sessions, and participatory workshops across a range of GSTT sites, reaching over 3650 staff, patients and visitors.

Breathe AHR's programmes succeed because they consider the whole person. Tools and techniques drawing from the arts are developed to support physical, mental and social health needs in the environments in which those needs occur. The impact on staff and patient participants is clear:

90%

reported a positive impact on their wellbeing

95%

reported a positive impact on their connection with others

88%

reported a positive impact on their sense of being cared for

83%

reported a positive impact on their experience of the healthcare environment

(n=71).

"You hardly think of it as health, and you don't think of it as physiotherapy. But if I analyse what they do, it's all things they would have given me in physiotherapy to do at home, but I would never do it."

(Breathe Dance for Strength & Balance participant)

Staff and volunteers involved indirectly with programmes also report the positive impact of Breathe AHR's work across the hospital community and its care environments.

Working in a Changing Health Environment

Striking a balance between GSTT integration and autonomy, Breathe AHR has shown itself able to respond in an agile fashion to a constantly changing healthcare environment. These qualities have been fully tested during the COVID-19 pandemic.

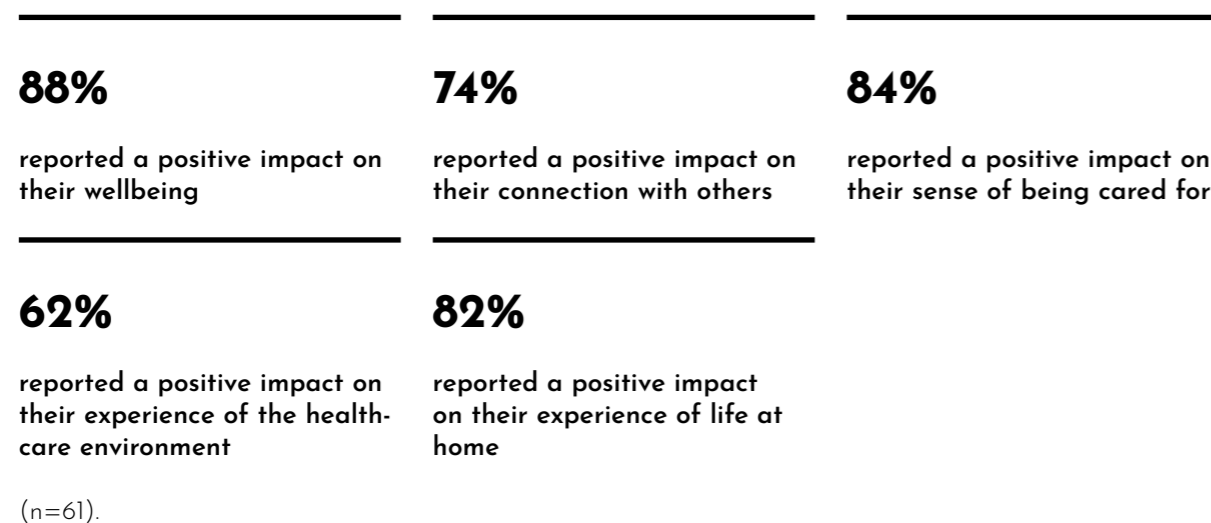
Throughout 2020 Breathe AHR worked closely with its team of creative practitioners and GSTT staff to adapt, innovate, substitute and expand its activities. All programmes were either adapted for online or, where possible, socially-distanced in-person delivery. During COVID-19, these activities directly resulted in over 2200 encounters with patients and staff across GSTT sites or in their own homes. The success of online formats depended on the type of interaction and activity required of participants. Our evaluation highlights examples of where these new formats have proved successful or encountered challenges in delivery.

In addition to modifying existing activities, two new participatory programmes were developed for staff wellbeing and a digital resource of 44 artist videos commissioned for use in hospital staff wellbeing zones as well as online. Where Breathe AHR's work could not be delivered on site, its absence at the height of the first lockdown was noted, with staff reporting that arts activities were not only missed but also needed during this period.

"When I visited St Thomas' Hospital for the first time since the virus, the staff were absolutely over the moon to see me. The patients on the ward were so unwell and had no visitors. Playing music to the ward lifted the atmosphere hugely."

(Breathe AHR musician)

Breathe AHR has continued to deliver value during COVID-19 through its adapted and new programmes, working hard to ensure that those in need could access opportunities as fully as possible. For example, responding to the needs of a particularly vulnerable group, Breathe AHR increased the frequency of its Sing for Lung Health sessions three-fold. In a survey of patients and staff who participated in the programmes between April and December 2020:



What next for Breathe AHR?

The mental and physical toll of COVID-19 on hospital staff and patients has been considerable, driving an increased demand on wellbeing services. Beyond the pandemic, however, this demand is not likely to decrease.

"That greater appreciation for the role of the arts, culture and other community programmes in health is likely to continue far beyond this pandemic as we're facing a health service that's going to be struggling to cope with a backlog of medical work in the months and years that follow. There's going to be a greater need for those support services that can deal with the broader social and psychological issues that the NHS has to tackle."

(Dr Daisy Fancourt, Associate Professor UCL)

Our evaluation suggests there is a demand for continued - and even increased - arts for wellbeing activities across Trust sites and beyond into the community. 97% of current participants would recommend Breathe AHR activities to others (n=71).

The same participants place future priority on activities that can be delivered online (70%), at the hospital (65%) and community sites (51%). From the perspective of programme practitioners (n=28), 79% emphasised that hybrid programmes combining online and in-person activities will be key in the future, a route to expand reach, access and inclusivity. Finally, our snapshot survey of GSTT staff, champions, and volunteers (n=21) suggests a place for Breathe AHR activities across the Trust ecosystem, including public (90%), clinical (85%), staff (75%), and community sites (71%).

What does the bigger picture show? When asked if arts for wellbeing programmes are unnecessary, an added extra, or an essential part of good overall care, 61% of respondents (n=92) said they felt the arts to be essential - part of a well-rounded healing environment. In this report we turn to a model of compassionate care developed at GSTT (The Circle of Care) to demonstrate how further scope, adaptability and resilience might be built into arts for wellbeing programming at the Trust in the future.



1. INTRODUCTION TO BREATHE AHR & EVALUATION

1.1 About Breathe AHR

Breathe Arts Health Research is an established not-for-profit Community Interest Company working in the arts for health field. Its programmes are designed to have a positive impact on the health and wellbeing of staff, patients and visitors in care environments. It uses creative approaches that are supported by clinical research. Its award-winning programmes and its consultancy services have been commissioned across a range of UK healthcare contexts.

Since 2012 Breathe AHR has delivered arts programming at Guy's and St Thomas' NHS Foundation Trust (GSTT), funded by Guy's and St Thomas' Charity (GSTC). Across different hospital sites, it delivers participatory and performance-based projects and activities.



"We don't have to do [arts for health programmes], but something in the creative artistic experience matches with human instinct. It is visceral, physical and emotional, and, therefore, there are obvious links with good healthcare."

Sir Hugh Taylor, GSTT Chairman

1.2 About this Evaluation

This independent evaluation examined the work delivered by Breathe AHR for GSTT in 2020. It was commissioned by Breathe AHR, funded through GSTC and conducted by Wicked Problems agency supersum in association with evaluator and researcher Dr. Karen Gray.

Evaluation Areas

The following three areas have been the focus of this evaluation:

Enhancing the Healthcare Environment (section 2)

During 2020, how did Breathe AHR programmes enhance staff and patient wellbeing, contribute to an improved healthcare environment, and support clinical and caring work within the Trust? Here, we have looked at how programme adaptations under COVID-19 were made and insights into methods, delivery, and evaluation gained.

Breathe AHR Integration at GSTT (section 3)

What does Breathe AHR's work (both before and during COVID-19) tell us about the organisation's integration into life at GSTT? Here we consider, for example, evidence on the speed and agility of programme adaptations made during COVID-19 and the working culture at Breathe AHR that have made those adaptations possible.

Compassionate Care in Action (section 4)

In the final section, our attention turns to how Breathe AHR's activities (both before and during COVID-19) speak to a general model of compassionate care. Here, we explore a model already developed within GSTT (The Circle of Care), and ask how it can point to an adaptive and resilient future for Breathe AHR at the Trust.

Methods

This is a mixed methods evaluation. We conducted in-depth interviews and surveys with patients, staff, volunteers and Breathe AHR staff, and analysed these alongside existing monitoring and survey data. The evaluation includes qualitative interviews with 15 Breathe AHR programme participants and stakeholders. Survey responses were gathered from 71 programme participants, 21 staff and volunteers and 28 artist facilitators. These activities were designed and delivered by a team of experienced external evaluators.

The strengths of this evaluation lie in its consideration of programme impacts on participants before and during COVID-19, as well as the process through which programmes were adapted to continue delivering value at the Trust. Key limitations emerge in that the evaluation was conducted retrospectively (rather than at the time of programme activities), and in the challenges faced in reaching out to programme participants and stakeholders during COVID-19.

Further detail on methods can be found in the Appendix to this report.

1.3 The Evidence for Arts Programming

There is a growing recognition across the UK that health and wellbeing policies can be well served through an alignment with the arts and creative practice.^[1,2] Indeed, the evidence on the benefits of participatory and performance-based arts programmes for patients and staff in complex healthcare environments increases year on year.^[3] Here we briefly highlight some relevant examples from this evidence base, demonstrating the potential reach and impact of arts programmes across the healthcare ecosystem:

Arts activities and live music at patient bedsides have been shown to reduce anxiety and pain, and to improve mood and compliance with medical procedures for both children and adults.^[4,5,6] In addition, hospital arts programmes have been found to predict patient satisfaction and the likelihood that patients will recommend a hospital to others.^[7,8]

For older people, music sessions in hospital have been associated with decreased risk of falls,^[9] alongside – for people with dementia – reduced lengths of stay and decreased need for antipsychotic drugs.^[10] People with Parkinson's Disease can derive physical benefits from dance programmes, which also have high compliance rates, low dropout and encourage continued activity.^[11] Arts activities, including regular live concerts, can reduce anxiety and depression and promote hope for patients with cancer.^[12,13] For people with poor lung health, singing in a group can improve physiological measures and support mental health and wellbeing, with these benefits extending to patients' wider lives^[14] and – indications suggest – continuing when groups are delivered online.^[15]

For healthcare staff, research suggests that arts engagement can help develop clinical skills, foster empathy, and support effective communication and collaboration.^[16] It can enhance mental health and wellbeing,^[17] help staff feel they are themselves being supported,^[18] and it has been linked with lower stress, reduced burn-out and higher resilience.^[19]

COVID-19 has introduced additional stressors to the everyday lives of staff and patients in healthcare environments and in their own homes. During the pandemic substantial indicators of common mental disorders and post-traumatic stress disorder have been found among healthcare workers.^[20] Amongst the general public, people with pre-existing mental and physical health conditions were found to be at greater risk of developing symptoms of depression.^[21] However, people who spent 30 minutes or more each day on arts activities – such as reading, listening to music, or engaging in a creative hobby – had lower reported rates of depression and anxiety, and found the activities helpful in dealing with emotions and stress caused by the pandemic.^[22]

1.4 About Breathe AHR's Programmes

Breathe Arts Health Research (Breathe AHR) is a multi-award winning organisation that designs and delivers a wide variety of creative programmes that meet clinical and wellbeing needs. Their work is co-designed with artists, healthcare staff, scientists and patients. Their activities take place at the hospital and community sites of Guy's and St Thomas' NHS Foundation Trust (GSTT), as well as at other NHS Trusts, community settings and cultural venues nationally. In an NHS Trust the size of GSTT - with over 22,000 hospital staff - the delivery of arts for wellbeing activities is a considerable undertaking.

In this evaluation we look at five of Breathe AHR's programmes delivered at GSTT in 2020. This includes four programmes that pre-date COVID-19 and were adapted for continued delivery during that period, as well as one programme (Dance for Staff Wellbeing) that was newly introduced during COVID-19. A second programme introduced for hospital staff during COVID-19 ('Creative Breaks') is briefly discussed in Section 3. Data below refer to January-December 2020, unless otherwise stated.

BREATHE HARMONY NHS STAFF CHOIR

A non-auditioned choir open to all GSTT staff members led by a highly experienced vocal coach and musical director. It rehearses weekly and performs in high profile public venues including the Southbank Centre, Brunel Museum and St John's Smith Square. During COVID, rehearsals continued online using Zoom. In April 2020 the choir recorded and released a version of Mariah Carey's 'Anytime You Need a Friend' to show appreciation of the NHS and to raise money supporting continued delivery of arts and health projects for patients and staff. This received national and international press coverage online and on television. A Christmas song and film message was recorded and released on YouTube in December

35 rehearsals (8 in-person, 27 online)

644 participant attendances

Attendance online high at start, variable during summer / autumn, rising again at Christmas.

74,847 views of the Breathe Harmony single on YouTube

Over **3700** downloads of the Breathe Harmony single

2850 views of Breathe Harmony's Christmas Message on YouTube

BREATHING SPACES

Professional musicians and other creative practitioners (including poets, magicians and visual artists) deliver regular live performances and 'pop-up' interactions in public spaces across all hospital sites. Resident musicians engage daily with patients, staff and visitors in clinical units, wards and waiting areas across both hospital and community sites. During COVID-19, Breathe AHR commissioned artists to create bespoke video performances, themed music playlists and workshops introducing creative and mindful wellbeing activities. Videos are hosted online on YouTube and Instagram and publicised to staff using hospital communications channels and externally through social media. They can also be accessed directly from GSTC-funded 'Wellbeing Zones' within the hospitals, supporting staff mental and physical health during the pandemic. In the autumn of 2020, resident musicians returned to hospital spaces, delivering COVID-secure sessions on wards and in outpatient areas.

Before COVID-19 (January - March 2020):

64 performance events or resident musician sessions across GSTT sites

Over **3300** patients, staff and visitors engaged.

During COVID-19 (April - December 2020):

816 in-person staff or patients engaged

34 resident musician sessions

Breathing Spaces online series reach of **86,500** on social media and YouTube, Dec'20

Wellbeing Playlists combined reach of **22,800** on social media and YouTube, Dec'20

BREATHE DANCE FOR STAFF WELLBEING

A weekly online dance class for GSTT staff, aiming to relieve stress, improve mood and increase physical activity in an enjoyable and supportive environment. Led by an experienced dance practitioner, hour-long weekly sessions are delivered on Zoom in the early evening. This programme was developed during the pandemic in response to concerns about staff wellbeing and changing work patterns including more sedentary home working routines and increased physical demands arising through redeployed roles. The programme launched in June 2020.

391 participant attendances

25 online sessions

16 participants attend each session, on average

Session attendance very high at start, dropping after lockdown restrictions were lifted in the autumn, then rising back to an average of **12**

BREATHE SING FOR LUNG HEALTH

A singing group for people with respiratory conditions developed in collaboration with the GSTT respiratory team and led by a vocal coach with singing for lung health training. Participants are both referred and self-referred, and there are no limits on how many sessions they can attend. Participants are guided through physical and vocal warm-ups, breathing exercises, songs and cool-down activities. Before COVID-19, sessions were held biweekly on hospital sites and in a rehearsal space in the Southbank Centre. In-person and virtual social activities have been encouraged. During COVID-19, Breathe Sing was adapted for online delivery once a week and innovations include a mid-session 'Open Mic' element.

456 participant attendances

42 sessions, (4 in-person, 38 online)

Participation remained steady, reaching the sector-recommended group limit of **15** online

BREATHE DANCE FOR STRENGTH AND BALANCE

A service for older adult GSTT patients experiencing problems with balance and at risk of falls. This is a 10-week programme delivered in the hospital as a clinical service that aims to support participants towards greater confidence and physical movement through dance exercises. It was developed in collaboration between the physiotherapy team at Guy's Hospital and a trained dance practitioner. Patients are offered the choice of attending dance classes or a standard physiotherapy course as part of their treatment. The sessions could not be delivered during the first lockdown period in 2020, but socially distanced classes restarted in the hospital in October with simultaneous online delivery.

122 participant attendances

25 sessions delivered in person (15 delivered simultaneously online)

Majority of patients showed statistically significant improvements in 'Timed Up and Go', chair stand and gait speed clinical assessments

In this section, we report on the findings of our interviews and surveys with participants and artists involved in Breathe AHR programmes, and with staff, Breathe Charity Champions and volunteers at GSTT.

GSTT's stated values include the desire to put patients first, take pride in its work, act with respect and integrity, and to strive for the best. The organisation also has a focus on staff wellbeing and development, the importance of which has been highlighted during 2020. Patient and staff experience and engagement scores in 2019 demonstrate its success in putting these values into practice.^[23,24]

Our findings show that Breathe AHR's programmes in 2020 continued to align well with these values. Before and during the pandemic these services and activities were perceived by patients and staff as improving wellbeing, helping members of the hospital community to connect and interact with each other, supporting and complementing the care patients receive, and improving patient and staff experiences of the healthcare environment.

2. ENHANCING THE HEALTHCARE ENVIRONMENT



"[Breathe AHR's programmes for staff] give you the sense of yet another community within the community of the hospital. They give you the sense from the wider Trust management that it's important to provide those options in order for staff to feel valued, and, therefore, for staff to feel that they can then provide better care. It works both ways."

GSTT staff member

2.1 Summary Findings

Breathe AHR delivered over 230 different activities and events across GSTT hospital and community sites and online during 2020. These resulted in over 5800 individual encounters by patients, staff or visitors with the programmes.

Before COVID-19

In the first three months of 2020, Breathe AHR delivered 90 different activities or events, resulting in over 3600 individual patient and staff encounters with its programmes. In a survey of patients and staff participating in Breathe AHR programmes during this time (71 participants: 45 staff and 26 patients):

- 90%** reported a positive impact on their wellbeing
- 95%** reported a positive impact on their connection with others
- 88%** reported a positive impact on their sense of being cared for
- 83%** reported a positive impact on their experience of the healthcare environment

21 GSTT staff and volunteers responded to a survey asking about their perceptions of Breathe AHR programmes and activities taking place across GSTT hospital and community sites before COVID-19:

- 100%** reported programmes having a positive impact on staff wellbeing
- 95%** reported programmes having a positive impact on patient wellbeing
- 86%** reported programmes having a positive impact on visitor wellbeing
- 90%** reported programmes having a positive impact on the healthcare environment

During COVID-19

During COVID-19 restrictions from April to December 2020, Breathe AHR delivered 147 different activities (online and in-person), resulting in over 2250 direct patient and staff encounters with its programmes. In addition to these live activities (with simultaneous participation), 44 pre-recorded video performances, playlists and workshops designed to support patient, staff and public wellbeing were commissioned and made freely available online (see 1.4).

When comparing the first quarter (pre-COVID-19) and the last three quarters (COVID-19) of 2020, there is a 50% reduction in the frequency of live activities and a 60% reduction in the number of participants per activity. However, this should be understood in terms of the loss of frequent, 'large audience' activities in hospital spaces due to COVID-19, and the concentration of activities into small-group facilitated programmes in the same period. Breathe Harmony, for example, was adapted into a new online format with little overall effect on either the frequency of events or the number of attendants per event. Breathe Sing for Lung Health not only maintained attendance levels per activity but increased the overall frequency of activities three-fold.

From our survey respondents, there was a high level of continued participation from pre-COVID-19 into COVID-19 periods (at 76%). 42% of respondents were new to Breathe AHR programmes during COVID-19, principally an increase in staff uptake. Overall, the drive to support staff wellbeing can be seen in the greater proportion of staff participants in Breathe AHR's work during COVID-19 compared to pre-COVID-19: a rise from 36% to 57% of all encounters. In a survey of patients and staff participating in Breathe AHR programmes during this time (n=61; 44 staff and 17 patients):

- 88%** reported a positive impact on their wellbeing
- 74%** reported a positive impact on their connection with others
- 84%** reported a positive impact on their sense of being cared for
- 62%** reported a positive impact on their experience of the healthcare environment
- 82%** reported a positive impact on their experience of life at home

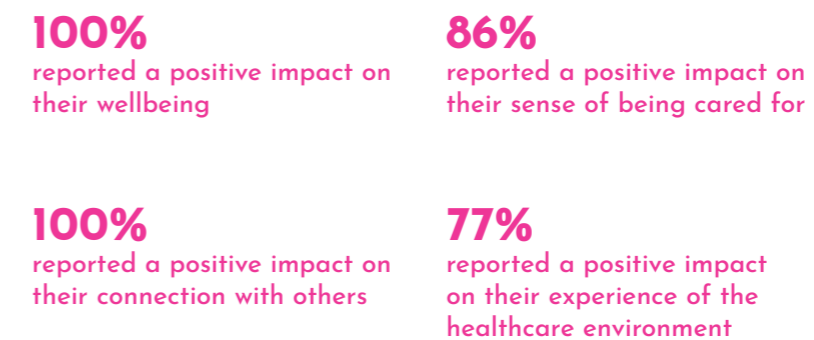
2.2 Individual Programmes

Our reporting in this section draws from our in-depth evaluation interviews and the quantitative / qualitative elements of online surveys for programme participants, staff and artists. These data have been analysed alongside existing monitoring and feedback.

BREATHE HARMONY

Throughout 2020, Breathe Harmony staff choir contributed positively to the wellbeing and social connection of its members, supporting them in their caring (and other) work. Participation had a positive effect on the experience of healthcare environments for staff. Online rehearsals during COVID-19 have maintained connections and continued to boost wellbeing for members, but many of the key benefits derived from singing together in person and on the hospital site have been lost.

Before COVID-19



n=22 (staff participants)

Breathe Harmony members reported a range of wellbeing benefits that they link to singing in the choir. They enjoyed and felt emotionally engaged by the activity. Singing and performing together as a group with a trusted facilitator built their confidence. They reported feeling less stressed and also more energised after rehearsals. The facilitator described what he sees as the reasons for this:

"...they sit there, they meet their friends and you are connecting on a much deeper level than you would if you were just meeting in the pub for a drink. Then the whole singing process creates all those endorphins; you start to feel good, you start to hear the harmonies. Then you energise, even after a long day, you suddenly have this energy."

(Breathe Harmony facilitator)

Members told us that participation had helped them feel more socially connected. They described, for example, meeting people from different parts of the organisation and the benefits of making friends when starting a new role. One interviewee described Breathe Harmony as 'a community within a community', whilst other participants used the word 'family'.

Staff members express support for each other, and they have a clear sense of being cared for. One interviewee explained feeling her work was being valued within the wider structure of the Trust as a result

"So it makes you feel that you are being rewarded, in a sense, for what you're doing. And then when you have that feeling that your work is being appreciated, it boosts your motivation to continue."

(Breathe Harmony participant)

Boosting the wellbeing and motivation of staff members may have wider consequences:

"Obviously, when your confidence is being improved in one area, you can often feel it has an impact in other aspects of your life as well."

(Breathe Harmony participant)



In the work environment, but leaving work behind

Many things about Breathe Harmony are designed to spark connections and active engagement across the hospital community.

The choir rehearses and performs in public spaces. The singers' enjoyment and enthusiasm is obvious. Patients get to see hospital staff in a different light. Staff sing with others they would never normally meet. Songs are often chosen because they are motivational or fun, because they spark memories or associations, or because they might simply encourage everyone to clap, tap their feet, or join in.

"People are passing by on hospital beds or on wheelchairs [as we sing], and you can see their facial expressions change. Even hospital staff stop in and, sometimes, because our songs are familiar, have a little sing-along", a participant says.

Because rehearsals and performances before COVID were held in public spaces in the hospital, there was the opportunity for them to lead to spontaneous connections with patients and other members of the hospital community. Survey respondents and interviewees commented on positive ripple effects across the hospital environment, supported by feedback from patients and staff.

"My wife was in ICU at St Thomas' hospital and our new born in Children's Intensive Care. Every day for two weeks, the journey between the different units took me past [Breathe Harmony choir rehearsals in] Central Hall. It's moments like this that helped me through the darkest times [...] the power of your music can't be measured."

(hospital visitor)

During COVID-19

88%
reported a positive impact on their wellbeing (4% reported negative impact)

88%
reported a positive impact on sense of being cared for

83%
reported a positive impact on their experience of life at home

n=24 (staff participants)

75%
reported a positive impact on their connection with others (13% reported negative impact)

50%
reported a positive impact on their experience of the healthcare environment (4% report a negative impact)

During the pandemic, rehearsals moved online. Some participants continued working on site, whilst others have been shielding or working from home. During COVID, the rehearsal routine has provided something to look forward to during the week. Some members note feeling energised after taking part in a rehearsal, sometimes after a long and exhausting day.

Creating and releasing the Breathe Harmony single was a motivational highpoint. It brought pride and pleasure to those involved, providing a distraction from the stress of working life.

"...for people to be able to do that as an outlet, in terms of a distraction and managing the stress of the work situation: Yeah, it was phenomenal."

(Breathe Harmony participant)

While highly appreciative of the continued rehearsals during the pandemic, many have missed the easy physical and social connection with others in the group as well as the experience of performing and singing together in person. A small number of participants reported a negative impact of the adapted online format. From interviews and open text comments in the surveys, these effects are principally linked to feelings about the pandemic and its effects on their working lives, to logistical challenges (such as online-working and scheduling), and to a negative comparison with pre-COVID in-person participation (a reminder of, rather than remedy to, disconnection caused by the pandemic).

"COVID has made me realise how much being with other people for the [choir] means to me from a psychological point of view."

(Breathe Harmony participant)



'Anytime You Need a Friend'

Recording a single might have seemed the last thing any health worker would have energy for during a global pandemic. But, that is not what choir members report about the making of Breathe Harmony's cover of Mariah Carey's 'Anytime You Need a Friend'. It felt good to work towards something ambitious together. It helped other people understand how it feels to sing in a choir. It raised awareness of the work of NHS colleagues.

The song was played at an all staff briefing, participants appeared on television in the UK and internationally, messages poured in on social media, and Mariah Carey herself tweeted her thanks.

"I'm very proud of us all, and this is something to treasure with all my other lovely memories of the choir", a choir member says.

Survey respondents reported wanting to meet together in person as soon as possible and, the effects of participation continue to be transformative for some individuals.

"I would never want it to stop... Everyone is hoping that at some point we can get together physically and perform again."

(Breathe Harmony participant)

It's good, but it isn't the same

Choir members appreciate the online Breathe Harmony rehearsals during the pandemic. They can take part even if isolating or working from home. It is a chance to see colleagues, to sing, a powerful reminder of normality and a link to better times.

But it isn't the same. Singing on your own, at home, on Zoom, with the family or the dog in the next room. None of this is like singing as a choir.

"It can become quite stressful. It can almost do the opposite to what it's supposed to be doing, which is empowering and connecting, giving people confidence and allowing them to express themselves", explains the facilitator.

Sometimes it simply reminds participants of how good it will be to sing together again.



BREATHE SING FOR LUNG HEALTH

Those taking part in Breathe Sing for Lung Health are motivated and engaged. They report strong, positive impacts on wellbeing, sense of connection with others and sense of being cared for. Particularly vulnerable during COVID-19, participants have thrived in the online classes, continuing to report positive impacts and benefiting from increased regularity of sessions and creative adaptations to the format.

Before COVID-19

100%
reported a positive impact on their wellbeing

92%
reported a positive impact on their sense of being cared for

100%
reported a positive impact on their connection with others

83%
reported a positive impact on their experience of the healthcare environment

n=12 (patient participants)

Participants found the sessions enjoyable and reported a positive impact on their feelings of wellbeing. They commented on how activities have stretched and challenged them physically as well as cognitively, but in a beneficial way. They described how singing together had been helpful in countering some of the stress and tension that may be experienced by those with long-term respiratory problems:

“...you tend to stress and tense up, so just feeling relaxed and doing the exercise softens... it’s like a multi-aspect. It helps.”

(Breathe Sing for Lung Health participant)

Participants expressed pride in their own achievements and in the group. Rehearsing in the professional arts settings of the Festival Hall in addition to hospital sites had felt particularly special to some:

“I am very proud of it. I do say to people ‘I’m doing this.’”

(Breathe Sing for Lung Health participant)

Participants described the group as close knit and supportive. Face to face social interactions in and outside of sessions contributed to this sense of connection. In a closely bonded group with long-standing members, it is possible that new recruits could feel like outsiders, but one interviewee described the efforts to ensure sessions were inclusive by the enthusiastic and supportive class facilitator.



Finding a voice

Breathe Sing members make an active choice in support of their own health and wellbeing. This may help them to make other similar choices. It can give them a voice.

A patient spots a poster about the group in a hospital waiting room. She draws the attention of her consultant to it. She is pleased to bring knowledge of her own to their conversation about her treatment.

She finds singing in the group enjoyable and useful. It has helped her feel more in control of her condition. She would like other people, including her GP, to know about it.

When the classes go online, she learns songs from her childhood and sings them to everyone in the Open Mic section. She builds her own step exercises into the sessions.

“I really thought ‘this is my voice; this is me,’” she says.

Participants reported that the facilitator had created a safe space in which they felt comfortable to take part, regardless of health concerns or their level of singing experience:

“Going to an ordinary choir, I don’t think I’d have the confidence, and that’s what made me realise I liked being linked to this health-related choir.”

(Breathe Sing for Lung Health participant)

They noted ways in which singing had been helpful to them in managing their own conditions, including medication-use:

“When you feel relaxed you don’t take so many puffs; you take less steroids.”

(Breathe Sing for Lung Health participant)

One interviewee described how her involvement in the group had helped her feel in control over the way in which she received care:

“...it was so nice that I was proactive. I felt that I had found something [...] The fact that I could say ‘this is what I want to do’...”

(Breathe Sing for Lung Health participant)

There is a strong sense that the provision of the Breathe Sing group marks a special kind of healthcare environment:

“I’m aware that it’s special. I’m aware that it’s not in other places, that it’s not a standard.”

(Breathe Sing for Lung Health participant)

During COVID-19

93% reported a positive impact on their wellbeing

80% reported a positive impact on their connection with others

87% reported a positive impact on their sense of being cared for

87% reported a positive impact on their experience of the healthcare environment

93% reported a positive impact on their experience of life at home

n=15 (patient participants)

Breathe Sing for Lung Health was quickly moved to an online format because of the pressing need to support a particularly at-risk, and potentially very isolated, group of individuals. The group has thrived online.

Singing while muted on Zoom has helped enhance the existing 'failure-free' environment for participants:

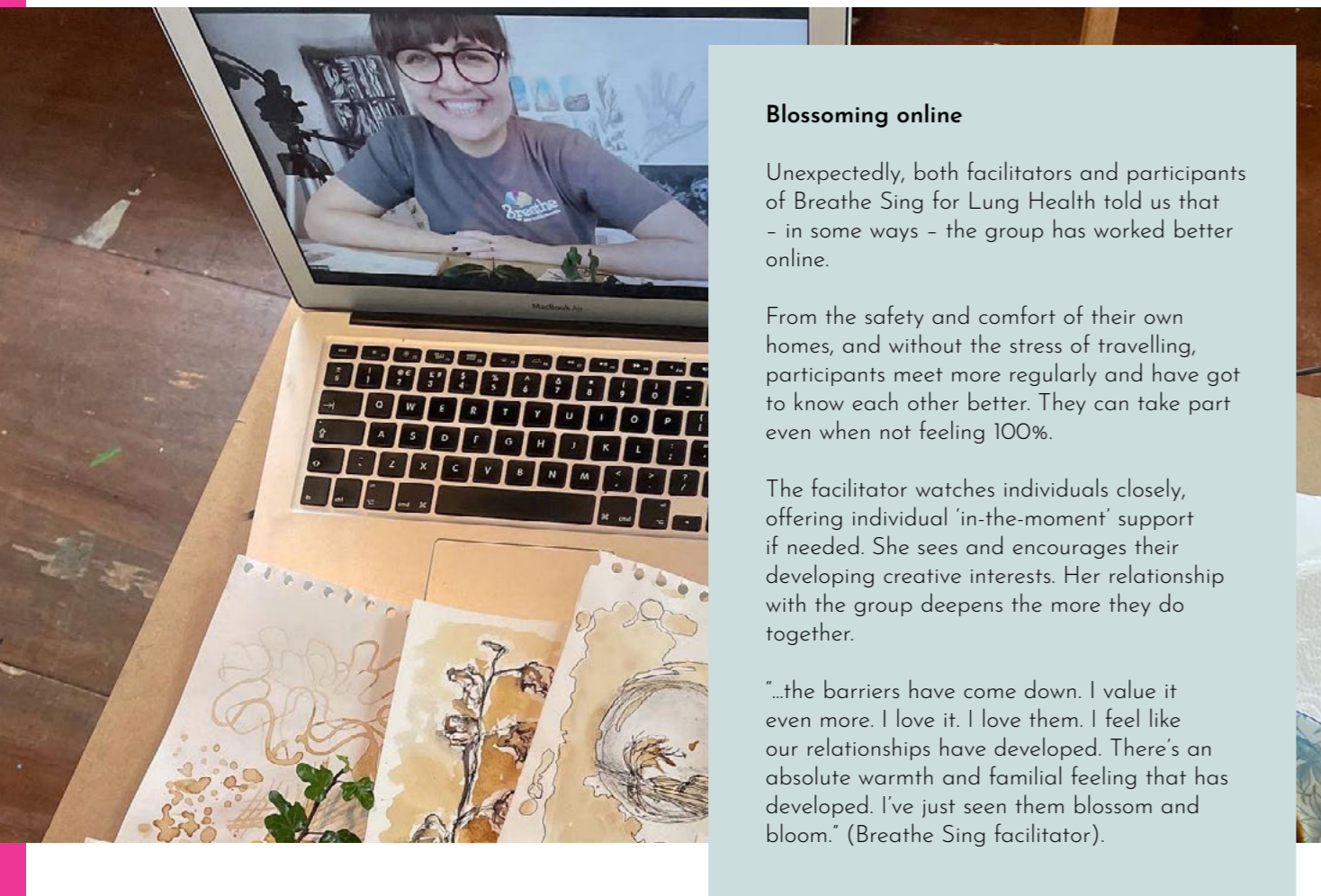
"You can make mistakes at home. And just sing out... and so I do!"

(Breathe Sing for Lung Health participant)

Individual creative endeavours have been shared, encouraged and celebrated, including through the new 'open mic' element to the session:

"When [the facilitator] introduced the Open Mic, I really thought 'this is my voice, this is me', and it was something I could share. It forced me to do it, and I created a couple of songs as well."

(Breathe Sing for Lung Health participant)



Blossoming online

Unexpectedly, both facilitators and participants of Breathe Sing for Lung Health told us that - in some ways - the group has worked better online.

From the safety and comfort of their own homes, and without the stress of travelling, participants meet more regularly and have got to know each other better. They can take part even when not feeling 100%.

The facilitator watches individuals closely, offering individual 'in-the-moment' support if needed. She sees and encourages their developing creative interests. Her relationship with the group deepens the more they do together.

"...the barriers have come down. I value it even more. I love it. I love them. I feel like our relationships have developed. There's an absolute warmth and familial feeling that has developed. I've just seen them blossom and bloom." (Breathe Sing facilitator).

Some group members have been shielding, reporting how important it was for them to be able to take part from the safety of their home. Freed from having to travel in central London during the working week, online participation has been easy and inexpensive. Some told us it would be their preferred option in future. The weekly routine and structured sessions also helped in marking time during lockdown restrictions.

Bonds formed within the group have continued in the virtual space:

"It's the exercise and the breathing and the singing, but it's the physical support too. We have that obviously when we're together, but we've still got that [online]; we've still got that physical support."

(Breathe Sing for Lung Health participant)

Mutual support both in and outside sessions has grown in importance, particularly with some members unwell and spending time in hospital. This has been partly enabled through an active What's App group, supported by Breathe AHR. Interviewees suggested that connections may have been strengthened as a result of shared experience during the pandemic.

Sustained provision of the programme has meant that regular participants continue to feel that others care about their health. Many are strongly attached to the sessions, and anxious that they should continue:

"I really love it, I really do. If they ever take it away, I shall go on strike!"

(Breathe Sing for Lung Health participant)

BREATHING SPACES

The performing arts and resident musician programmes within GSTT are well-liked and appreciated by staff, delivered by skilled artists, and perceived as contributing positively to the healthcare environment for patients, staff and visitors. They were missed on site during COVID-19. Adaptations made for video presentation online during COVID-19 are harder to assess, but the resources, skills and processes required to develop them will have long-term future use at Breathe AHR.

Before COVID-19

A previous evaluation has demonstrated how Breathe AHR performances in hospital sites help to support care activities by engaging, surprising, connecting and delighting people in the hospital community.^[25] Interviewed for the current evaluation, a GSTT senior leader commented:

"The concerts in the atrium, the harpist appearing on a landing, these things create a sense of delight that gets through to people. [...] You need very visual aspects of the programme that work to create a sense of delight, and then people buy into it culturally."

(Sir Hugh Taylor, GSTT Chairman)

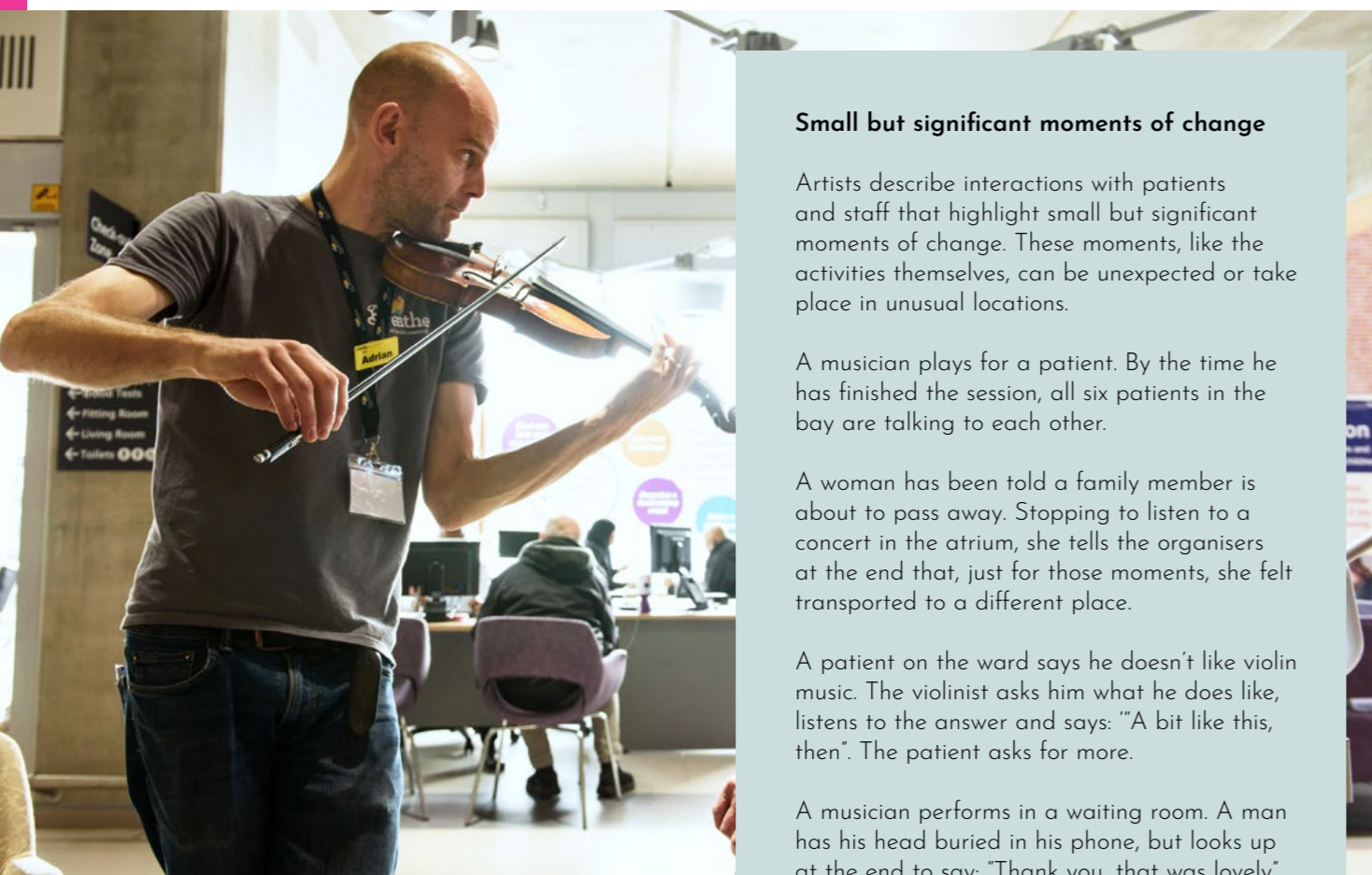
Artist facilitators told us how the resident musician programme has provided opportunities for meaningful connection and interaction between staff, patients and visitors:

“A lot of the nursing staff [...] use it to bond more with their patients; it’s like a catalyst to ‘let’s have a dance’ [...] while I’m playing”

(Breathe AHR musician)

Analysis of surveys, interviews and reflective feedback show that artists are regarded as highly experienced performers and practitioners, each bringing additional skills to facilitate interactions during sessions. These include listening and conversational skills as well as the expertise required to improvise and adapt repertoire to individual needs.

Reflective feedback journals and our survey of artist facilitators provided examples suggesting that both performances and the more intimate resident musician sessions distracted and entertained patients. Staff and volunteers report on the programme using terms such as ‘calming’, ‘comforting’ and ‘uplifting’, and suggest that these effects support staff in their clinical and caring roles:



Small but significant moments of change

Artists describe interactions with patients and staff that highlight small but significant moments of change. These moments, like the activities themselves, can be unexpected or take place in unusual locations.

A musician plays for a patient. By the time he has finished the session, all six patients in the bay are talking to each other.

A woman has been told a family member is about to pass away. Stopping to listen to a concert in the atrium, she tells the organisers at the end that, just for those moments, she felt transported to a different place.

A patient on the ward says he doesn’t like violin music. The violinist asks him what he does like, listens to the answer and says: “A bit like this, then”. The patient asks for more.

A musician performs in a waiting room. A man has his head buried in his phone, but looks up at the end to say: “Thank you, that was lovely”.

“Pre-surgery is an anxious time for patients, it is a noticeably pleasant and relaxed atmosphere when we have the pleasure of [Breathe AHR] visits.”

(Staff member)

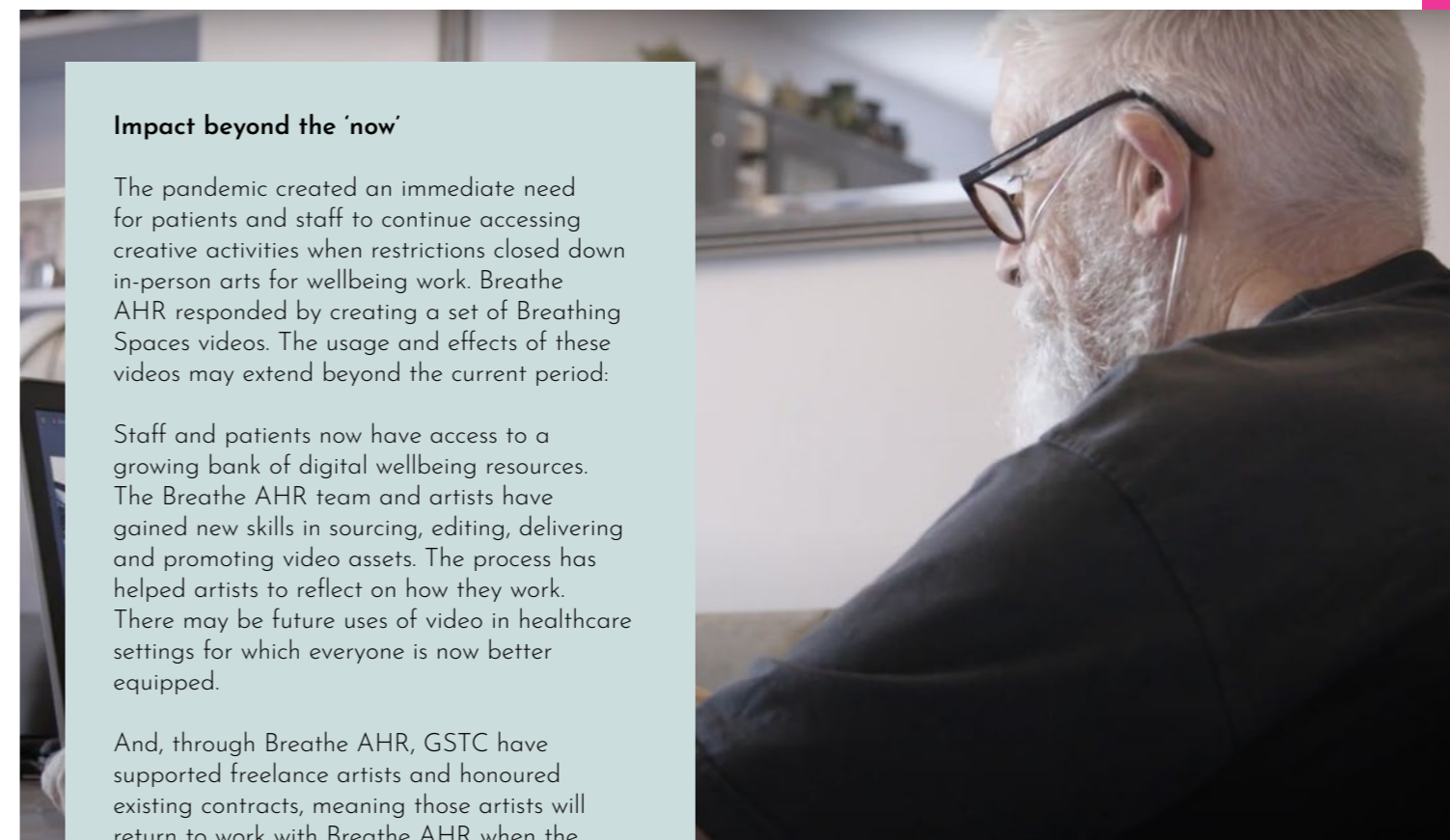
“Musicians in the clinical environment are a pleasant change for staff and patients. [There is a] reduction in patient call bells during performances.”

(Matron)

During COVID-19

During the first COVID-19 lockdown, and for much of 2020, no in-person performances were possible at GSTT sites. During a difficult time for the whole hospital community, staff and volunteers in our surveys reported missing the programme and feeling it was needed.

A wide range of newly commissioned, pre-recorded video performances, playlists and workshops produced by artists have had good online reach, but it is difficult to evaluate their effectiveness in supporting wellbeing or enhancing the healthcare environment. Artists told us they missed the two-way and spontaneous interactions that enable them to engage directly, and in meaningful ways, with patients and staff.



Impact beyond the ‘now’

The pandemic created an immediate need for patients and staff to continue accessing creative activities when restrictions closed down in-person arts for wellbeing work. Breathe AHR responded by creating a set of Breathing Spaces videos. The usage and effects of these videos may extend beyond the current period:

Staff and patients now have access to a growing bank of digital wellbeing resources. The Breathe AHR team and artists have gained new skills in sourcing, editing, delivering and promoting video assets. The process has helped artists to reflect on how they work. There may be future uses of video in healthcare settings for which everyone is now better equipped.

And, through Breathe AHR, GSTC have supported freelance artists and honoured existing contracts, meaning those artists will return to work with Breathe AHR when the opportunity arises.

Returning to the wards in the autumn, one artist reported being greeted with joy:

"When I visited St Thomas' Hospital for the first time since the virus, the staff were absolutely over the moon to see me. The patients on the ward were so unwell and had no visitors. Playing music to the ward lifted the atmosphere hugely."

(Breathe AHR musician)

BREATHE DANCE FOR STAFF WELLBEING

A core group of staff have taken part in this new online programme, with many reporting positive impacts on wellbeing and their sense of being cared for, and praising its warm and engaging facilitator. However, with the programme taking place first online, some have found it harder to connect with each other, with participation having less of an impact on their experience of the hospital environment. Some of the benefits of an in-person dance class remain difficult to replicate online.

During COVID-19

73%
reported a positive impact on their wellbeing

62%
reported a positive impact on their connection with others

73%
reported a positive impact on their sense of being cared for

50%
reported a positive impact on their experience of the healthcare environment

69%
reported a positive impact on their experience of life at home n=26 (staff participants)

Those taking part in this programme included staff who were shielding and working from home. Many talked of prioritising 'self-care' during the crisis, describing a need to be attentive to both mental and physical health:

"It was starting to have a noticeable effect on my mental health, and attending these sessions has really helped to feel good to have done something for myself and interacted with others."

(Breathe Dance for Staff Wellbeing participant)

A desire to maintain physical fitness was the most common reason prompting staff to join the classes. Respondents to monitoring surveys reported positive effects on wellbeing, including increased energy, improved mood and a greater motivation to engage in other activities.

For most, the opportunity to engage online was highly appreciated, if not even essential. It made the classes accessible to them at home or in between shifts. Participants commented positively on the knowledge, enthusiasm and warmth of the class facilitator.

They also noted how important it was that the activity involved other members of staff from the hospital community, including those they might not usually meet in their day-to-day activities:

"I am grateful [...] for the opportunity to see a few familiar and new faces."

(Breathe Dance for Staff Wellbeing participant)

However, while many survey respondents reported positive impacts, participants in Dance for Staff Wellbeing were more likely to report (compared to those in other programmes) no noticeable impact on their sense of wellbeing, connection with others and sense of being cared for. One respondent described feeling more isolated as a result of seeing opportunities to participate in in-person arts activities vanish. Although a high initial interest and uptake was not sustained over time, a core group of participants now participate regularly.

"It has been a tough year"

COVID-19 has been hard for everyone. There is a need for activities that help support the wellbeing of staff, whatever their role within the hospital.

A clinician working with older adults described the stress of having to constantly deal with the unknown.

A member of non-medical staff talked of colleagues feeling uncomfortable at being asked to return to the office, and of others struggling with isolation while working from home.

A senior nurse noted increased sickness levels among staff and increased anxiety and complaints from patients who could not receive visitors.

Nursing staff told us they were exhausted. One said that the workplace felt noticeably more stressful and less enjoyable.

BREATHE DANCE FOR STRENGTH AND BALANCE

Those taking part in Breathe Dance for Strength and Balance described the programme as having a positive, and sometimes transformative, impact on their physical health and mental wellbeing. Programme adaptations that enabled it to continue in a socially distanced in-person form during COVID-19 were appreciated by this group of vulnerable patients.

Before COVID-19

67%

reported a positive impact on their wellbeing

83%

reported a positive impact on their connection with others

92%

reported a positive impact on their sense of being cared for

92%

reported a positive impact on their experience of the healthcare environment

n=12 (patient participants)

In Breathe Dance for Strength and Balance, participants gain an element of control over their own care, choosing to take a dance class rather than the standard exercise programme provided by the hospital's physiotherapy team.

Participants report enjoying and looking forward to sessions:

"I really look forward to every week. And, I mean, I am a very busy person, but I just longed for that date to come."

(Breathe Dance for Strength and Balance participant)

They noted gradually increasing physical confidence and took pride in their own successes and the improvements of others in the group over the course of a 10-week programme.

They experienced a strong sense of togetherness as a result:

"It's a communal thing. It's lovely."

(Breathe Dance for Strength and Balance participant)

Monitoring data show that attendance was sustained and regular, supporting suggestions that the use of dance movements may increase motivation to engage with the exercises.

One interviewee commented that the incorporation of music with movement made the activity feel more 'meaningful':

"It's a very different movement"

A dance facilitator explains her sense of why dance might work differently to a standard exercise class:

Dance engages the whole person and makes you aware of your body, even if you only move one small part of it. Each movement has breadth, and it can be expressive. It engages the brain as well as the body. Imagery is important. It involves thinking about your movement in relation to others and the space around you. It can be a collective and shared activity.

"It gives them a sense that their bodies could be somewhat different [to what they are now], or could move in a different way," she says.



"You hardly think of it as health, and you don't think of it as physiotherapy. But if I analyse what they do, it's all things they would have given me in physiotherapy to do at home, but I would never do it."

(Breathe Dance for Strength & Balance participant)

Comparing the dance classes to the regular Strength and Balance programme, a member of the clinical referring team described a distinctly different and collaborative atmosphere:

"There is a joy in the dance class that you don't quite get in the regular Strength and Balance group."

(Lead physiotherapist)

Preliminary results from an ongoing clinical study show statistically significant improvements for a majority of participants in clinical assessments taken before and after the 10-week programme.

During COVID-19

There were significant barriers to adapting this programme for remote delivery during COVID-19. Although an online programme was developed, and made available from late 2020, it has had limited take-up. Participants must be assessed and referred by clinical staff who need assurances that they can participate safely. Participants are older and many have significant frailties. Digital access can be a problem, and the current class uses a platform (BlueJeans) that is specified by the NHS but unfamiliar to many.

However, those able to take part in a new programme of sessions delivered in person in the hospital setting under social distancing guidance were particularly positive and appreciative of the efforts made to get the programme up and running again:

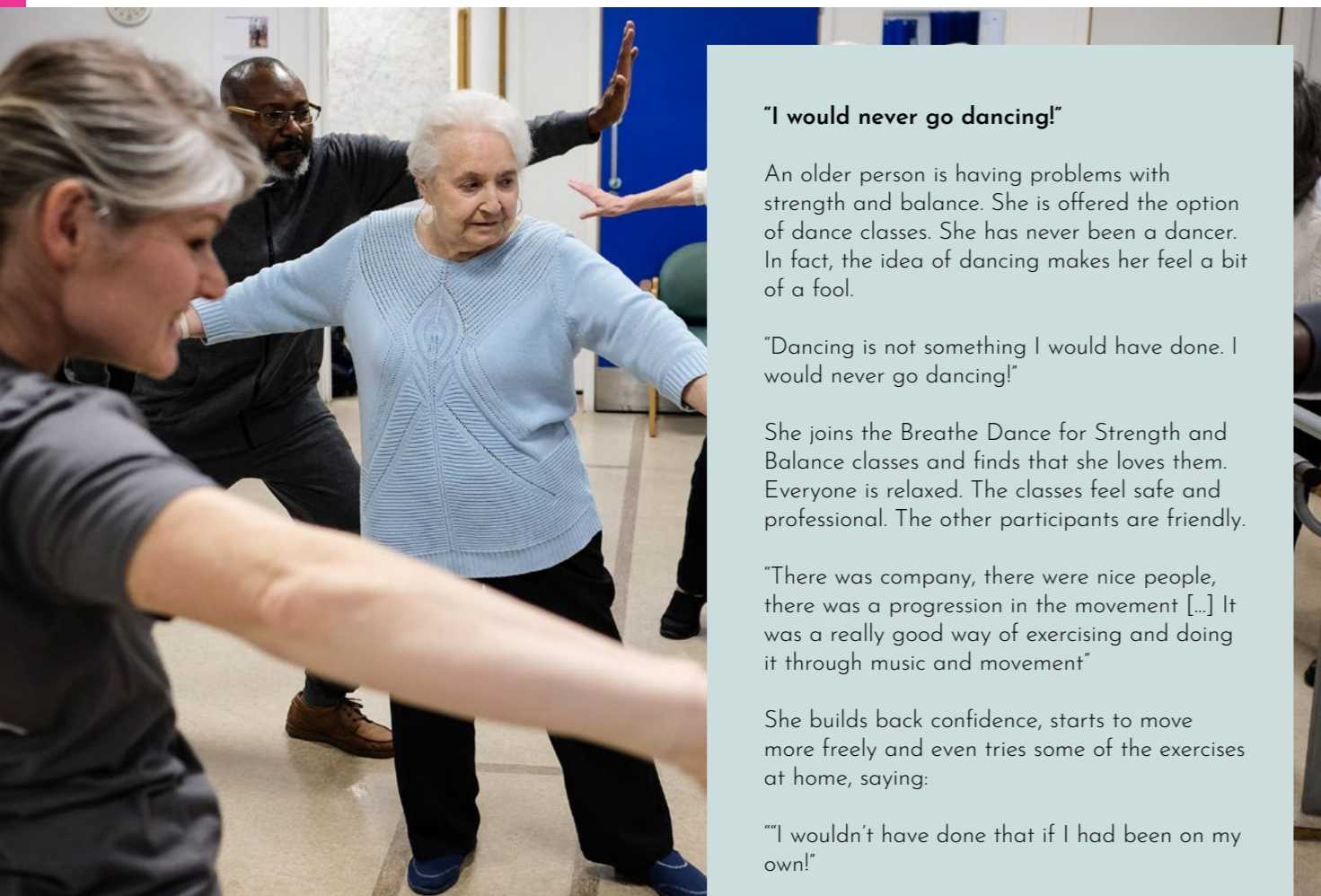
"I still do things I want to, and the hospital has made it safe to do so."

(Breathe Dance for Strength and Balance participant)

One interviewee told us how a lengthy stay in hospital earlier in 2020 had stabilised her health but left her unable to walk, sit comfortably or stand from a chair. Participating in the programme helped turn the situation around:

"It's really helping me get back to normal. The two weeks have given confidence. I'm amazed at how a little dance session can do this, but it's done it."

(Breathe Dance for Strength and Balance participant)



"I would never go dancing!"

An older person is having problems with strength and balance. She is offered the option of dance classes. She has never been a dancer. In fact, the idea of dancing makes her feel a bit of a fool.

"Dancing is not something I would have done. I would never go dancing!"

She joins the Breathe Dance for Strength and Balance classes and finds that she loves them. Everyone is relaxed. The classes feel safe and professional. The other participants are friendly.

"There was company, there were nice people, there was a progression in the movement [...] It was a really good way of exercising and doing it through music and movement"

She builds back confidence, starts to move more freely and even tries some of the exercises at home, saying:

"I wouldn't have done that if I had been on my own!"

The dance classes had made her feel differently about the hospital and its environment:

"It did change my idea about hospitals. Hospitals are quite formal. They're all very nice and all the rest of it, [but] somehow this was a much more relaxed and easy way [to receive care]."

(Breathe Dance for Strength and Balance participant)

For this participant, the clinical care provided in face-to-face sessions by the physiotherapists, in combination with the friendly professionalism of the dance facilitator, was key in creating an environment in which she felt safe and confident to engage.

3. BREATHE AHR INTEGRATION AT GSTT

In this part of the report, we reframe our findings from section 2 in terms of the integration of Breathe AHR's work at the Trust (before and during COVID-19). Here, evidence is drawn from primary data collected during this evaluation, coupled with secondary material and previous Breathe AHR evaluation reports. Focusing on depth of knowledge, organisational agility, responsiveness to demand, adaptability in a crisis, and future readiness, this section reaffirms many of the characteristics previously identified in Breathe AHR's work. ^[25]

3.1 Active Knowledge

Breathe AHR has both historically-informed and up-to-date working knowledge, enabling it to respond to the Trust's needs.

Working within GSTT since 2012, Breathe AHR has built a deep understanding of the Trust's culture and the structures and systems that sustain it. This knowledge - ranging from staff and their shift-patterns to patient demographics and the working of specialist clinical areas - has helped it develop programmes that respond to the needs of the Trust and its staff, patients and visitors. This knowledge is mirrored in its understanding of the strengths and skills of the artists it works with, as well as the evidence base that informs arts for wellbeing activities.

Breathe AHR has achieved this understanding through its strong presence on the ground, engaging directly with patients and staff. Here, the Breathe AHR champions (including porters, administrative and clinical staff) play an important role, reporting on activities at the hospital, such as ward changes and ongoing capital projects, so

"Our knowledge is deep on so many levels, and we've got partnerships across every layer of the Trust. [...] I think we have good institutional memory, that we are respectful and knowledgeable about what everyone else needs."

Yvonne Farquharson, Breathe AHR Director

that Breathe AHR remains up-to-date. It is this mixture of spontaneous, informal and formal interactions – connecting on-the-ground activities through to emerging priorities from the GSTT board – that sustains its working relationship with the Trust.

No hospital-embedded programme is reducible to its surface activities alone; without certain kinds of knowledge, barriers to programme development and successful implementation will be considerable. (Consider a short-term programme parachuted into a hospital by an external organisation, facing the risk of operating clumsily and only at the surface of hospital culture). A high level of integration is necessary for any organisation aiming to deliver the strongest possible clinical, social and psychological benefits from arts programming.

Its working knowledge has enabled Breathe AHR to iterate, test and evolve its programmes and means that GSTT staff trust Breathe AHR to work effectively and with sensitivity, even with the most vulnerable health groups.

3.2 Agile Working

Breathe AHR operates between integration and autonomy, enabling it to respond in an agile fashion to a constantly changing hospital environment.

Whilst its knowledge of the hospital ecosystem enables Breathe AHR to respond effectively to the Trust's needs, its status as an independent not-for-profit CIC empowers it to respond in an agile fashion – able to spot emerging opportunities and act decisively. An important link between Breathe AHR and its work at the Trust (binding integration and autonomy together) is the funding role played by the independent Guy's and St Thomas' Charitable foundation (GSTC).

"I think we've got the perfect balance of being integrated and autonomous..."

(Yvonne Farquharson, Breathe AHR Director)

The new Creative Breaks programme (see 1.4) exemplifies this agility: a weekly online creative drawing class for staff developed during COVID-19 in response to staff wellbeing needs, it took two weeks from conception through development to launch. It had 54 staff attend in the first 8 weeks. A strong relationship with the Trust's communications department has meant that new programmes such as this can be swiftly promoted, building on an established understanding that Breathe AHR will deliver quality programming. A similar case can be built for other programmes rapidly adapted or newly devised under COVID-19 (see below), or the on-demand development of more informal staff-wellbeing activities as and when required (such as a tailored dance activity for the Speech Language Therapy team's virtual away day).

"They were really quick to respond to the COVID pandemic and to start doing the virtual singing group sessions. I think that was a very good idea and they acted quickly [...] that was really beneficial to the patients. [...] Advanced thinking."

(Clinician involved in Breathe Sing for Lung Health)

"It's been great working with them over the last couple of years. The relationship has really improved. We've got some really good stories out of it, which I think benefits the hospital and Breathe."

(Member of GSTT communications team)

Overall, the Breathe AHR team reports feeling confident in working across the Trust's many layers, enabling it to meet needs as they arise

3.3 Responding to Demand

Breathe AHR has seen increasing demand for its work, driving an expansion and diversification of its programmes.

Breathe AHR's ability to integrate into the Trust ecosystem is evidenced by the expansion and diversification of its programmes in response to demand. These programmes serve an increasing variety of user groups and, partly as a result of COVID-19, are being delivered in more diverse formats than previously. This makes it more likely that staff, patients, and visitors will encounter a service or experience that works for them. This response to demand is perhaps best captured in the creation of two new programmes and activities for staff wellbeing since March 2020. Breathe AHR's engagement with potential participants in the design of programmes and an ongoing process of feedback and observation (e.g. through patient ambassadors) helps to ensure programmes continue to align with those needs.

"Before, the idea was helping patients with breathing problems, but I think now it is doing a lot more than just that, because a lot of them are quite elderly or frail, so they can be isolated during the shielding time. So, I think [the programme] can help not just physically but also with mental health."

(Clinician involved in Breathe Sing for Lung Health)

As reported in section 2 above, the value of these different programmes is marked and can be, for some participants, transformative. Across all programmes, 97% of participants (n=71) said they would recommend Breathe AHR's activities to others. When it was not possible to deliver in-person programmes at hospital sites, our small snapshot of Trust staff, champions and volunteers (n=21) suggests that activities were both 'missed' and 'needed' during this period.

How missed were Breathe AHR activities on site during COVID-19?

71%
reported Breathe AHR's activities were missed on site during COVID-19

81%
reported that these programmes were needed in the same period

n=21 (staff, champions and volunteers)

The findings of this evaluation suggest that amongst programme participants, Trust staff and volunteers, arts for health programming is not viewed as an "added extra", but as an "essential part" of delivering

good care at hospitals. This may reflect an increasing recognition of the value arts programming brings to healthcare environments, as well as the current emphasis within the NHS on providing patients with personalised care^[26]

"I just know that doing these things that add value to people's lives - whether they are patients or staff - it makes a difference..."

(Sir Hugh Taylor, GSTT Chairman)

How essential is arts programming to the delivery of good care?

61%
essential to good care

34%
an added extra

5%
unnecessary

n=92 (participants, staff, champions, and volunteers)

3.4 Adapting in a Crisis

Breathe AHR's deep integration and agility enables it to adapt rapidly in a crisis.

A characteristic of Breathe AHR's work at the Trust is its ability to adapt in a crisis. Under COVID-19, its working environment has been transformed. Social-distancing measures have forced the team to re-think all aspects of their programming, while undercutting their ability to engage directly with staff, patients and facilitators. In addition to adapting old programmes and developing new ones, Breathe AHR has also had to rethink how programme changes could then be implemented. This has involved finding new ways to advertise, recruit and reach out to potential participants; helping participants access unfamiliar online platforms and mobile technologies; and developing a different working relationship with programme facilitators and artists.

Its response has been rapid and creative. Rather than providing uniform solutions, the team has developed multiple adapted formats (e.g. online working, new digital and physical resources, reworking in-person activities to respect social distancing guidance). They have also created new programmes (e.g. Dance for Staff Wellbeing or Creative Breaks), substituted programmes where adaptation was not possible (e.g. Wellbeing Playlists), and even raised programme ambitions (e.g. through the Breathe Harmony Single).

"The way that Breathe has adapted to COVID has been excellent and admirable."

(Sir Hugh Taylor, GSTT Chairman)

For the Breathe AHR team, this has increased workload considerably. In addition to the staff time needed to develop new formats and content, the reduction in reach of many of their programmes (through the loss of public venues and audiences) has meant more work to reach 'equivalent' audience numbers. This has forced Breathe AHR to ask new questions about the reach and depth of experience its programmes offer:

"What has been amazing during COVID is that we have had to rethink and re-imagine the entire [performing arts]

programme from scratch and I'm not sure there would be any other time that we would have done this"

(Yvonne Farquharson, Breathe AHR Director)

3.5 Future Ready

Demonstrating its commitment and agility throughout 2020, Breathe AHR is well placed to forge a resilient and adaptive future at GSTT.

The mental and physical toll of COVID-19 on hospital staff and patients has been considerable. Beyond COVID-19, it is likely that the demand for wellbeing services is only going to rise. An increasingly strong case is being made for arts programming to deliver those wellbeing services,[1] for strengthening models of compassionate care in healthcare settings (see section 4), and aiding the transition of patients from tertiary care into community-embedded primary care (through activities including social prescribing)^[1, 25] This will put further pressure on organisations like Breathe AHR to deliver and adapt its services.

Breathe AHR has demonstrated that it is "future ready", but will require the funding and multi-year support needed to sustain and future-proof its services.

"That greater appreciation for the role of the arts, culture and other community programmes in health is likely to continue far beyond this pandemic as we're facing a health service that's going to be struggling to cope with a backlog of medical work in the months and years that follow. There's going to be a greater need for those support services that can deal with the broader social and psychological issues that the NHS has to tackle."

(Dr. Daisy Fancourt, Associate Professor UCL)

Our evaluation suggests there is demand for arts for wellbeing activities that operate across and beyond Trust sites. Offered a range of options for how Breathe AHR activities should be accessed in future, current participants (staff and patients; n=71) placed priority on online (70%), hospital (65%) and community venues (51%). Similarly, for programme facilitators and performers (n=28), the development of blended programmes that combine online and in-person activities was a key future priority (79%) - a route to increasing reach, access and inclusivity for participants. Finally, our small snapshot of GSTT staff, champions and volunteers (n=21) felt that Breathe AHR activities have a place across the Trust, including public (90%), clinical (85%), staff (75%), and community healthcare sites (71%).

Where should Breathe AHR activities be delivered in the future?

70%
Online


65%
In the hospital

51%
In a community venue near my home

41%
In my home

34%
In a hospital community site

n=71 (staff and patient participants)



4. A MODEL OF COMPASSIONATE CARE

In a hospital ecosystem as complex as GSTT, no single arts for health programme can do justice to all health needs. That this is the case is clearly demonstrated by the diverse needs to which Breathe AHR's programmes respond.

These programmes, however, should not be understood as independent of each other (a mere collection of programmes). Rather, we argue they constitute a singular approach to compassionate care. This is an approach that reaches beyond traditional care models in terms of what constitutes care (from clinical to wellbeing), who is being cared for (from staff and patients to visitors), and where care takes place (from hospitals to homes).

As Breathe AHR develops its programmes further, adopting a framework for compassionate care may prove a helpful step in understanding what works best in existing programmes, where adaptations might be made, where new programmes might be developed, and how 'the whole' can be continually integrated into GSTT life.

For this, we have turned to the Circle of Care developed by the Simulation and Interactive Learning Centre (SaIL) at Guy's and St Thomas' NHS Foundation Trust (GSTT) in collaboration with Clod Ensemble's Performing Medicine programme.^[27] The 2018 evaluation of Breathe AHR's work recommended a closer appraisal of how their activities and the Circle of Care might be brought into useful synergy.^[25] Breathe AHR's work in 2020 - encompassing both 'business as usual' and adaptive responses to the COVID-19 crisis - now makes that appraisal even more valuable.

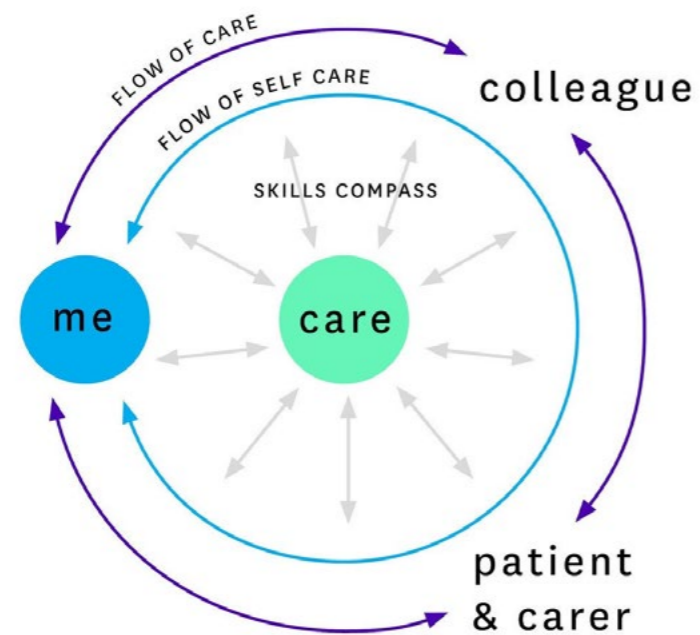
4.1 The Circle of Care

The Circle of Care "re-envision[s] compassionate healthcare by placing it in a broad social and interpersonal context, describing a multi-directional flow of care between healthcare professionals and their colleagues, patients."^[27] With its focus on how techniques, practices and ways of thinking from the arts can play an important role within healthcare education, it offers a strong foundation, and commensurate values, from which to look at Breathe AHR's work as a whole.

The Circle of Care embeds the idea that compassionate care goes beyond a linear, one-way interaction between a member of staff (care giver) and a patient (care receiver). Compassionate care arises when all involved - individual staff, colleagues and patients - interact well together. This is grounded in improved staff self-care: where staff report high levels of wellbeing, patient care and outcomes are improved. From another perspective: "If I feel supported by colleagues, I am more likely to provide high quality care".

The Circle of Care describes a Skills Compass that can equip staff to sustain (or reconnect with) core care values that not only enable a 'flow of care' between themselves, colleagues and patients, but empowers them to navigate obstacles in the provision of quality care. With the Skills Compass in action, the Circle of Care is strengthened and staff are better equipped to carry out core tasks (such as performing surgery, setting goals, appraising staff etc...).

Circle of Care



Above: The multidirectional flow of care between staff (Me), colleagues and patients/carers in the Circle of Care (outer circle). Supporting better self-care for staff (inner circle) strengthens the outer circle and reinforces Care (centre) as a core value. Image courtesy of Clod Ensemble / Performing Medicine and Guy's and St Thomas' NHS Foundation Trust. All Right reserved. © 2018.



Above: The nine 'spokes' of the Skills Compass: 1) better strategies for self-care; a stronger understanding of verbal (2) and non-verbal (3) communication; 4) greater appreciation of other people's perspectives and values; 5) improved spatial and situational awareness; 6) active learning from success and error; 7) improved decision-making; 8) building leadership qualities; and 9) improving teamwork. Image courtesy of Clod Ensemble / Performing Medicine and Guy's and St Thomas' NHS Foundation Trust. All Right reserved. © 2018.

Breathe AHR's work further demonstrates how techniques, practices and ways of thinking from the arts can bring the Skills Compass to life. We argue here that Breathe AHR's programmes for staff principally deliver in relation to spokes one and nine of the Skills Compass: self care and teamwork.

Spoke 1 - Self-Care focuses on supporting staff to manage stress, helping them find ways to cope with fatigue and develop physical strength and stamina. Developing strategies for self-care before, during and after work is essential. Breathe AHR's programmes can deliver in all of these areas. For example, participation in the Breathe Harmony choir supports mental wellbeing 'in the moment', whilst also helping some staff transition out of shiftwork (calming and relaxing) and others into it (energizing and motivating). Breathe Dance for Staff Wellbeing, with a core focus on the body, is better placed to enable physical wellbeing benefits, such as improving neck and upper-back movements, relaxing impacted joints, or delivering targeted stretching and strengthening activities.

Spoke 9 - Teamwork focuses on establishing shared values within a team, facilitating team decision-making and coordination, and recognising the challenges facing other teams. Here, Breathe AHR activities add a broader dimension to the strengthening of the hospital community. For example, Breathe Harmony - which involves working purposefully and creatively together, listening carefully to each other, pulling together when things go wrong or celebrating when things go right - helps participants establish shared values, work as a team and build trust with others. The Breathe Dance for Staff Wellbeing programme (launched only during COVID-19) has great potential in the post COVID-19 period to enable partner- and trust-building activity (through interactions built on balancing, supporting, lifting, call-and-response, and mirroring) when delivered in-person.

4.2 The Patient Perspective

Breathe AHR's programmes for patients reveal the Circle of Care in action from their own perspective (and the perspective of their peers). The Circle of Care framework was initially developed with hospital staff in mind, but the Skills Compass can also be applied to patient experience - to help patients participate fully in a model of compassionate care. In other words, as a patient: 'If I feel more connected with others sharing my condition, then I am better able to receive care'. Revisiting the same Skills Compass:

Spoke 1 - Self-Care: Breathe AHR's activities can help patients see themselves first and foremost as a whole person receiving care rather than as a 'medical condition' being treated. This is achieved, for example, through activities that enable broader physical and mental wellbeing outcomes as part of care, that make it easier for patients to receive care as part of everyday activities and interests, and that create a stronger image for individuals of what overall health "looks and feels like".

Spoke 2 - Verbal Communication: Breathe AHR's activities can ease patients into verbal communication about their condition. This is achieved through creating new, supportive contexts (outside of conventional hospital environments) to talk about health, by providing a catalyst for health conversations, by making it easier to talk about illness, and by providing new channels for conversation (including Zoom, WhatsApp groups, etc...). This concerns interactions between patients, peers, activity facilitators and healthcare staff.

Spoke 3 - Non-verbal Communication: Breathe AHR's activities generate meaningful ways to engage with others and around particular health conditions, generating a shared experience without even having to name the condition or discuss symptoms. Participatory activities have helped patients to feel 'heard' (when they can't talk about their condition), to no longer feel invisible to others, and to become more sensitive and aware of what others are going through.

Spoke 4 - Valuing Others: Breathe AHR's activities can help 'reconfigure' healthcare environments for patients. This might be through making hospital environments feel less about illness and more about people, by opening up partnering cultural venues (such as the Southbank Centre) and online spaces to a health and wellbeing focus, or through widening access to wellbeing programmes for those who might otherwise be excluded.

Spoke 5 - Health Environments: Breathe AHR's activities can help patients appreciate the experiences, perspectives, and needs of others with the same condition – a route to valuing others and building trusting relationships. Under COVID-19, some online activities have helped deepen those relationships further through, for example, revealing health and illness in the context of family life. Entering into more trusting and equal relationship with healthcare staff (and appreciating what they do) also helps patients better receive care.

Spoke 6 - Health Insight: Breathe AHR's activities can help patients better understand and reflect on their health condition. This might be, for example, through helping patients become more mindful about their bodies, using their bodies beyond conventional physiotherapy routines, encouraging greater compliance and engagement with health-giving activities, or by helping patients incorporate arts elements into everyday physical activity (or vice versa).

Spoke 7 - Decision Making: Breathe AHR's activities have demonstrated how patients can be given greater choice in choosing a route to health better suited to them. For example, patients experiencing problems with balance can be referred either to conventional physiotherapy or the Dance for Strength & Balance programme, choosing whichever best works for them. There is room to explore how arts for wellbeing programmes might further strengthen the relationship between health insight and decision making.

Spoke 8 - Leading on Health: Breathe AHR's activities can help patients gain a new degree of control over their health. For example this may be through choosing a different type of health routine (see 7 above), through being more proactive in managing their own health (e.g. taking responsibility where they might not have otherwise), or through gaining confidence to seek other routes to mental and physical wellbeing.

Spoke 9 - Teamwork: Breathe AHR's activities can help patients progress with care because of the mutual support they receive from their peers. This may take the form of sharing experiences around a health condition, engaging in new experiences together, sharing resilience stories, providing 'clerical' support (e.g. in correspondence with healthcare staff), and offering encouragement, consolation and affirmation as part of a health journey.

Developing the Skills Compass from a patient perspective could have tangible consequences for how patients engage with care around and beyond their condition. From our analysis, we would tentatively suggest the following five impacts:

- 'feeling more confident in doing everyday activities and hobbies'
- 'feeling better equipped to understand my condition and its characteristics'
- 'feeling better able to talk about my condition with others, including family'
- 'feeling more confident to seek other wellbeing-promoting activities'
- 'feeling motivated to recommend wellbeing activities to others'

4.3 Building a Resilient Future

The Circle of Care framework offers a comprehensive model of compassionate care and can support an organisation such as Breathe AHR to reflect on its work at the Trust. This may help them make prudent decisions around the adaptation (or introduction) of programmes in the future, as well as develop evaluation strategies that better reflect the value of participation for service users and funders.

Programme coverage:

The framework may help ask how comprehensively a programme delivers compassionate care. For example, the Breathe Dance for Strength and Balance programme delivers across the whole Compass (see 2.2). A particular innovation here is the choice patients can make of following a physiotherapy or a dance health routine (spoke 7. Decision Making). Each programme's coverage of the compass will be different.

New opportunities:

Each spoke of the compass is a prompt for further programming possibilities. For example, if participation in a programme helps someone feel better equipped to understand their condition and its characteristics, then might participation also help them set goals that keep their health 'in check' or avoid triggers and situations that worsen their condition? Or, if the impact of participation is to help someone regain the confidence needed to resume a hobby, then how might a social prescribing agenda be used to direct those interests for impactful health and wellbeing outcomes?

Successful adaptations:

The consequences of programme adaptation might also be observed in more detail through use of the compass. For example, Breathe Sing for Lung Health continued to deliver impact in its online form during COVID-19 (see 2.2). It might be argued that this format was able to sustain (or even intensify) key aspects of verbal and non-verbal communication, whilst reconfiguring 'health environments' in a positive way (e.g. by improving access and generating an 'emotionally safe' space). In short, the online format continued to deliver health impact within a model of compassionate care.

Adaptation challenges:

Equally, whilst Breathe AHR Wellbeing Playlists may prove an important digital resource for the future, the compass reminds us that 'performance' without interaction only captures one facet of the performing arts programme. For example, the role of performance choice, tailoring and spontaneity (reconfiguring self-care and health environments), the importance of human interaction, personal connection, and routes into conversation (verbal and non-verbal communication), and the social impact of performance on a ward (valuing others and teamwork); all are lost when the programme is experienced individually through a pre-recorded video.

Evaluation futures:

Finally, if each spoke of the compass defines one 'significant change' ^[28] that is expected of compassionate care, then together they could define a comprehensive evaluation space. From here, different evaluation strategies might be developed for each (or across) compass spokes and embedded into ongoing programme activities. This provides an opportunity to think more creatively about evaluation methods, while tackling real challenges around the reach, reporting fatigue, and frequency of evaluation activities.

We suggest a working partnership between Clod Ensemble's Performing Medicine programme, GSTT and Breathe AHR would be a fruitful next step in articulating the value of the Circle of Care for patients and staff at the Trust.

4. CONCLUSION & A VISION FOR THE FUTURE

Our evaluation suggests that, prior to COVID-19, Breathe AHR continued to deliver considerable value at GSTT through its arts for wellbeing programmes. These services were perceived by patients and staff as improving wellbeing, as helping connect people within the hospital community, and as enriching caring relationships at the Trust. For all involved, these impacts were viewed as improving the experience of the healthcare environment.

In response to COVID-19, Breathe AHR's deeply embedded operation at the Trust enabled it to respond to an unprecedented crisis quickly and with agility. Existing programmes were adapted to continue supporting participants, and new programmes developed in response to emerging needs around staff wellbeing. These adapted programmes continued to deliver a high level of wellbeing and care support for participants.

Learning from this period, Breathe AHR have come to understand their programmes, participants and practitioners in new ways. The development of innovative formats (for example online) have expanded the range of methods available to them for bringing highly valuable arts for wellbeing activities to those who need them most - when and where that need occurs. The development of new hybrid formats (those combining in-person and online elements) will be worth pursuing in the future.

We have proposed that the Circle of Care (developed at GSTT) might strengthen an understanding of the Trust-wide reach and impact of arts for wellbeing activities in the future. In what we all hope are the final stages of the current COVID-19 lockdown, a period of consolidation and reflection will now be needed at Breathe AHR. Its model of operations should help ensure that the right composition of programmes (combining both established and new work) can be put in place to continue delivering value at the Trust.

A Vision for the Future

Breathe AHR is uniquely positioned to support a health and wellbeing recovery at GSTT post-COVID-19 and embed that support in the long-term.

- Applying lessons learned in the delivery of hybrid formats will help increase the reach and accessibility of arts programmes responding to the needs of staff, patients and visitors.
- Adopting the Circle of Care framework in the development and delivery of arts programmes will help maximise their impact and articulate that impact to others.
- Innovation in evaluation methods is now needed if those impacts are to be observed as part of a deep and seamless integration into life at GSTT.

Such ambition will require stable, multi-year funding if Breathe AHR is to consolidate its achievements and plan strategically for the future with GSTT.

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7. Appendix: Evaluation Process

This is a mixed methods evaluation. Primary data collected for this purpose included participant and stakeholder surveys, in-depth semi-structured interviews, focus groups, and observation of online sessions. In addition, Breathe AHR provided the evaluation team with access to additional survey responses, feedback and monitoring data, and web/social media analytics collected during 2020.

Prior to the collection of primary data, and guided by key performance indicators from GSTT, an initial analysis of data collected by Breathe AHR during 2020, past evaluations, active models at the Trust (e.g. The Circle of Care) and relevant literature was conducted to identify the most significant reported impacts of participation in arts for wellbeing activities.

Through this mapping process, a series of dimensions were developed (focused on individual wellbeing, social capital, and the nature of formal/informal relationships to care and care environments) for initial survey and interview activity. These dimensions were iteratively tested for the quality of their fit to experiences reported in our primary data. They structure our reporting in section 2 and our exploration of the 'Circle of Care' from the perspective of patients engaging in a model of compassionate care (in section 4).

Monitoring data reported in this evaluation were collected by Breathe AHR throughout 2020. Our reporting of this includes estimates for 'numbers engaged' based upon, for example, ward size and footfall within public performance areas. We have reported programme engagement figures for patients, visitors and GSTT staff participating directly in activities (i.e. excluding facilitators, session supervisors or other observers).

7.1 Surveys

Three online surveys (SurveyMonkey) were developed for this evaluation. Survey web links were emailed to potential respondents by Breathe AHR in October 2020. This included participants in programmes, GSTT staff, champions and volunteers with an involvement in Breathe AHR programmes, and artist facilitators. Those participating in the Breathe Dance for Strength and Balance programme prior to COVID-19 were sent a paper survey in the post along with an SAE for return. All results were collated and analysed by the

evaluation team. **The surveys focused on:**

1. Participants in Breathe AHR programmes. (n=77 responses, of which n=71 were complete - a 44% response rate)
 2. GSTT staff, Charity Champions and volunteers with knowledge or involvement in Breathe AHR programmes. (n=21 responses, a 38% response rate).
 3. Artist facilitators working on Breathe AHR programmes (n=28, a 53% response rate)
- Survey questions are provided in full below:

Survey 1: Participants in Breathe AHR programmes (staff and patients)

1. Tell us about yourself
I'm a member of GSTT staff
I am or was a patient

2. Did you participate in Breathe's programmes before March 2020?
Yes / No

Before COVID-19

3. Which of the following Breathe programmes were you

involved in before March 2020? (Select all that apply)
Breathe Harmony (GSTT staff choir)
Breathe Sing for Lung Health
Breathe Dance for Strength and Balance

4. What was the impact of taking part on your personal sense of wellbeing?
Negative / No noticeable impact / Positive / Don't know
5. What was the impact of taking part on how connected you felt with other people?
Negative / No noticeable impact / Positive / Don't know
6. What was the impact of taking part on your sense of being cared for?
Negative / No noticeable impact / Positive / Don't know
7. What was the impact of taking part on your experience of the healthcare environment?
Negative / No noticeable impact / Positive / Don't know

8. Have you also been taking part in Breathe programmes during the COVID-19 period?
Yes / No

During COVID-19

9. Which of the following Breathe programmes have you been involved in during COVID-19? (Select all that apply)
Breathe Dance for Staff Wellbeing
Breathe Harmony (GSTT Staff Choir)
Breathe Sing for Lung Health
Breathe Dance for Strength and Balance

10. What is the impact of taking part on your personal sense of wellbeing?
Negative / No noticeable impact / Positive / Don't know

11. What is the impact of taking part on how connected you felt with other people?
Negative / No noticeable impact / Positive / Don't know

12. What is the impact of taking part on your sense of being cared for?
Negative / No noticeable impact / Positive / Don't know

13. What is the impact of taking part on your experience of the healthcare environment?
Negative / No noticeable impact / Positive / Don't know

14. What is the impact of taking part on your experience of life at home?
Negative / No noticeable impact / Positive / Don't know

15. Has COVID-19 changed the way you feel about taking part in arts activities?
[Open]

The Future

16. I would recommend participation in Breathe's programmes to others
True / False / I don't know

17. If needed in the future, I would like the option of accessing Breathe programmes or activities in the following places. Select any that apply.
In the hospital
In a hospital community site
In a community venue near me
In my home
Online

18. Which of these three statements do you MOST agree with?
I think of arts programmes as essential to good care in healthcare settings
I think of arts programmes as an 'added extra' to good care in healthcare settings
I think of arts programmes as unnecessary for good care in healthcare settings

19. We may want to contact you to follow up this survey with a short interview so that we can learn more about your experiences. If you would be happy to speak with us, please leave your name and contact details below.

Name
Email address
Phone number

Survey 2: GSTT staff, Charity Champions and volunteers

Tell us about yourself

1. Are you a member of GSTT staff?
Yes / No
2. Are you a GSTT Charity Champion for Breathe?
Yes / No
3. Are you a volunteer for Breathe?
Yes / No

Before COVID-19

We'd like to hear about your experiences of Breathe's arts programmes in the year BEFORE COVID-19

4. Which of the following statements about Breathe's arts programmes applied to you during this time? Select any that apply.
I myself took part in them
Patients I work with took part in them
I noticed their presence
I encouraged others to take part in them
I volunteered in them
I had regular engagement with them
I had no awareness of them
Other (please specify)

5. BEFORE COVID-19, what do you feel the impact (if any) of Breathe's arts activities was on:
Patient wellbeing?
Staff wellbeing?
Visitor wellbeing?
The healthcare environment?

[Negative / No noticeable impact / Positive / Don't know]

6. How has COVID-19 affected the day-to-day wellbeing of staff, patients and visitors within the Trust?
[Open and optional]

During COVID-19

We'd like to hear about your experiences at the hospital DURING COVID-19

7. Since March 2020 it has not been possible to deliver many of Breathe's arts programmes (such as lunchtime concerts and musicians on wards or waiting areas) in the hospital. During this time
Were the programmes missed?
Were the programmes needed?

[Very much / Somewhat / Not at all / Don't know]

8. Did you know that Breathe has been delivering arts programmes online and remotely during COVID-19?
Yes / No

The future

Thinking to the future of Breathe's arts programmes, please respond to the following questions:

9. Would you like to see Breathe's arts programmes continue at GSTT?
Yes / No / I don't know

10. In the future, where would you like to see Breathe's art programmes take place? Select any that apply.
public spaces
clinical spaces
patient bedside
staff spaces
community healthcare sites
Online
Other (please specify)

11. Which of these three statements do you MOST agree with?
I think of arts programmes as an essential part of good care in healthcare settings
I think of arts programmes as an added extra to good care in healthcare settings
I think of arts programmes as unnecessary for good care in healthcare settings

12. Are there areas in which Breathe Arts for Health Research might improve their services? Select any that apply.
Better signposting to programmes
More opportunities to participate
More varied programming
More opportunities to influence programming
Sharing patient and staff experiences
More opportunities to volunteer
More evidence to show the benefit
Activities running across more Trust site
Other (please specify)

13. We may wish to follow up this survey with a short

interview in order to understand more about your experiences. If you would be happy for a member of our evaluation team to contact you for this reason, please leave your name and contact details below.
Name:
Email address:
Telephone:

Survey 3: Artist Facilitators involved in Breathe AHR programmes

1. Were you involved in delivering Breathe programmes before March 2020?
YES/NO

Before COVID-19

We'd like to hear about your experiences of delivering work for Breathe in the year leading up to March 2020

2. Please select ONE programme you wish to report on for this period. This should be the programme with which you have been most closely involved.
Resident Musician programme (performing in wards and outpatient units)
Lunchtime Performances (public concerts at Guy's and St Thomas' hospitals)
Pop-up performances (1 min performances in public places in the hospitals)
Breathe Sing for Lung Health
Breathe Dance for Strength & Balance
Breathe Harmony (NHS Staff choir)
Breathe Magic Intensive Therapy
Other (please specify)

3. Please select any of the following areas where you saw a POSITIVE impact on participants in this programme.
Individual wellbeing
Social connection with others
Physical health
Experience of the hospital environment
Other (please specify)

4. Please give an example that demonstrates the impact of your work on participants during this period.
[Open]

5. If there was scope for improvement in how your programme was delivered during this period, please describe it here.
[Open]

6. Did you help deliver an adapted Breathe programme during COVID-19?
YES/NO

During COVID-19

We'd like to hear about your experience of delivering Breathe programmes DURING COVID-19.

7. Please select ONE programme you wish to report on for this period. This should be the programme with which you have been most closely involved.
Breathe Sing for Lung Health
Breathe Dance for Strength & Balance
Breathe Harmony (NHS Staff choir)
Breathe Dance for Staff Wellbeing
Online digital content
Other (please specify)

8. How have you adapted delivery during this period?
Delivered programmes online
Performed or delivered within healthcare settings under socially distanced conditions
Created new resources or content (eg video, audio or printed packs)
Other (please specify)

9. What do you see as the strengths of the adapted format used?
[Open]

10. What do you see as the weaknesses of the adapted format used?
[Open]

11. Please give an example that demonstrates your work's impact on participants during this period.
[Open]

12. What would have made a difference in helping you deliver your work during this period?
[Open]

Thinking to the FUTURE

13. Thinking about future work with Breathe, choose UP TO THREE of the following options that you consider a priority now.
To offer 'blended' programmes that combine online and in-person activities
To find new ways of connecting staff and patients through programming
To return to a pre-COVID-19 'normal'
To share participant experiences more widely within GSTT
To make programmes accessible to new audiences
To expand the range of programmes on offer
To build adaptability and resilience into programming
To share ideas and learning with Breathe and other facilitators
Other (please specify)

14. We may want to contact you to follow up this survey with a short interview so that we can learn more about your experiences. If you would be happy to speak with us, please leave your name and contact details below.

Name
Email address
Phone

7.2 Interviews

Members of the evaluation team conducted semi-structured interviews over Zoom with programme participants, GSTT managers and staff, and artist facilitators purposively selected from a list provided by Breathe AHR. Further interviewees were identified through a request for further involvement during the online survey process.

All interviewees received an Information Sheet about the evaluation project and research process beforehand. Their verbal consent was recorded before interviews began. Interviewees were asked about their experience and understanding of Breathe programmes (both before and during COVID-19) and engaged around ideas for future delivery and programme priorities.

An online focus group was held with the Breathe AHR team and with participants following observation of an online Breathe Sing for Lung Health session.

All interviews and focus groups were recorded. Note-form transcripts of interviews were managed and coded using qualitative data analysis software (NVivo 12). Except in cases where they have specifically agreed otherwise, responses have been anonymised in reporting. All quotes included in this report are from data collected between January 2020 - February 2021.



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