

GOOD HOPE WORKS

A project by Joanna Brinton and staff
at Great Ormond Street Hospital



Good Hope works

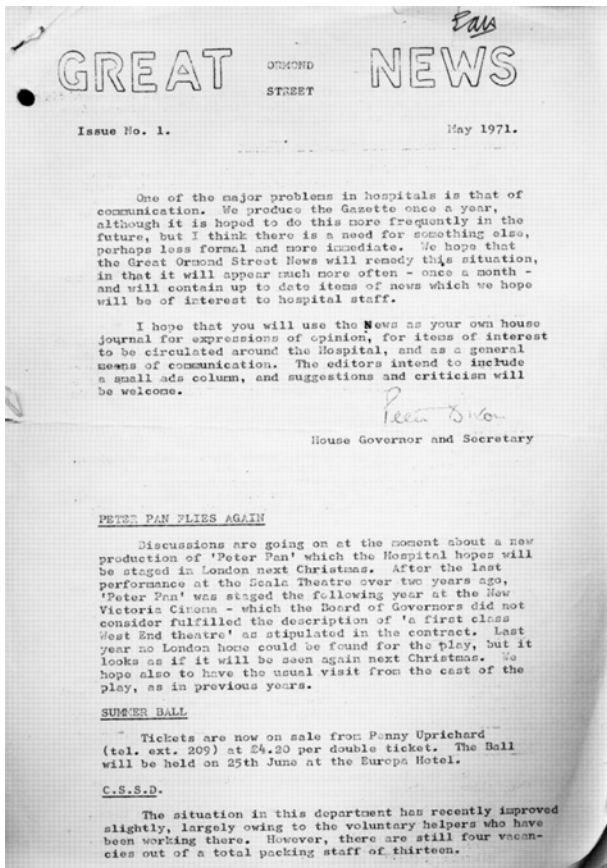
As an arts programme we often celebrate our diverse patients and families, but rarely celebrate the diversity of our staff.

When the idea was first suggested, we knew we needed someone very special and sensitive to realise it. We wanted a concept that made a strong statement of inclusion, but wasn't obvious or literal. Something that truly involved and reflected the breadth and variety of Great Ormond Street Hospital's (GOSH) wonderful staff, but made it clear what unites us in uncertain times.

Joanna Brinton's beautiful work does just this. On her journeys around the hospital, following people in their daily tasks, Joanna gained an intimacy and understanding of how this venerable institution works behind the scenes. What happens backstage, as it were.

Deftly weaving the verbatim words of staff from across the hospital, she translated these interactions into a series of artworks that make a simple but strong impact; clear, but understated. Some situated in staff areas, for internal eyes only. And a flag, proudly flying on Great Ormond Street for all the world to see.

Susie Hall
Head of Arts at Great Ormond Street Hospital



a.

To all who pass this way

Great (Ormond Street) News ran through the 1970s as a yellow facsimile that was distributed to staff. I stumbled on a copy while looking for examples of print and publications in the hospital archive and particularly liked its blocky hand-drawn title text. *GREAT NEWS* spelt out in bold capital letters, had been somewhat carelessly outlined using the type of plastic template you find in schools. Each slip and wobble of the hand that drew it still evident, published and preserved for prosperity.

I took this very human element as a sign of what is important when developing a project about people and what they bring to their work: to ensure their presence is evident and their voice and approach is preserved. This idea underpinned my approach to working with staff at the hospital, in part through their engagement in the production of the work, but more often by their collected voices guiding the projects form.

I was invited to produce a flag for the exterior of the Paul O'Gorman Building which would send a message on behalf of the hospital by its placement over the doors. To raise a flag is to make a statement about intent or ownership, authorship even that goes back to the earliest days of civilisation:

Images:

- Roundabout (*Great News*), 1971, GOSH archives
- Sandstone relief panel by A.J.J. Ayres, National Hospital for Neurology, Queen Square
- 'Rebuilding in Guildford Street' from *PP League Mag*, 1935, GOSH archives

'...it is incumbent on us to try to understand how a piece of cloth can incarnate that power'.¹

The project would involve the staff of Great Ormond Street Hospital across the board; from HR to play workers, cleaners and porters, clinicians and building managers. The design needed to acknowledge their effort, care and diversity but the form presented a challenge of distillation – how could one piece of cloth possibly do so many things?

Undeterred by the seeming enormity of the task, I began by meeting with individual staff and initiating an open conversation on work and care, which they then led. It was important that people weren't asked to take part in their free time, but during hours for which they were paid. To achieve this it was decided that participants would remain on shift where possible and I would be passed from one to another in fifteen minute bursts. We would walk and talk together, I privy to what they would do and see.

To the portering team first, with a notepad and questions to turn to if things were tricky conversationally. People had more than enough to talk about: what brought them to the hospital, their role and the people who kept them there. They described what made care such a core component of their commitment to the patients and to each other. Fragments of these staff conversations began to form a picture of a system that relied on individuals to support each other, and drew on their humanity. It also became clear that people valued this as highly as their technical skills and were rightly proud of these less measurable qualities.

It was important for these ideas to travel beyond our private conversations and they developed into a series of key phrases. Printing these 'workers' words' with the names and job titles of those who uttered them in *Roundabout*, GOSH's current staff magazine, increased their visibility. This embedded the words in the hospital environment and ensured they would be recorded in the archives for posterity. Slowly, the hidden voices were starting to be seen.

The phrases became an edition of prints and a collective opportunity to make. GOSH staff came from across the hospital to hand cut text, share thoughts on work and care, and take part in screen printing the edition. Each phrase was positioned and printed by many hands, with errors and misprints becoming part of the edition. A conversation around colour mixing developed and the group drew parallels between this and their working lives in which multiple elements combine to produce something different and more interesting. The prints were distributed and pasted up by staff on lockers and in kitchens, offices and on the back of doors, and were the beginning of the project extending beyond the original flag commission. It became apparent the words would need to occupy more space than that offered by a rectangle of fabric four by three.

The world outside could take note, a quote from a member of the Haematology team, was a reminder of the importance of sharing the staff's voices with the wider community. The Morgan Stanley Clinical Building's seven-floor staircase with floor to ceiling windows presented a location in which the words of the

staff could be read by those within the hospital and seen by passers-by.

Above the doors of the neighbouring National Hospital for Neurology there is a low relief panel by A.J.J. Ayres which appealed to me. Carved from sandstone, it depicts a pair of hands emerging from the sun and offering a reclining woman the rod of Asclepius. The rod is wrapped with a snake, a symbol of healing and medicine often seen outside pharmacies. Binding, care and the zigzagging path of the stairs prompted the form of the text piece which came to wind its way up the windows of the Morgan Stanley building. Mirroring the passage of staff as they climb from floor to floor is a serpentine of translucent vinyl text that casts multicoloured projections across the corridor when the sun shines.



'Every one, every day', reads the flag; a phrase dropped casually into conversation, but an idea strengthened by repetition as I spoke to the staff at GOSH. 'The child first, and always', the hospital's motto, is a person-centred guiding principle that pushes empathy to the fore. If we think of each and every child as important, then we must also value and care for each other – we have all been that child that we now work so hard for. More than one person mentioned the importance of addressing the individual

rather than their race or religion: 'when you come in here everyone is treated equally'.

The words 'every day' reference the cyclical nature of work in the hospital; of routine and the commitment that was reflected in the staff's longevity. The first member of the team I spoke to had worked for the hospital for 19 years, but this was swiftly capped by those with 35 and 48 years. I found generations working together, in their own words 'like family'.

Flag raising requires an acceptance of forces beyond your control – working in a hospital, however hard one plans, sometimes things won't happen – both rely on an inbuilt flexibility. On the day of our event the wind, which we had been assured predominantly came from the South West, blew from the East so the flag read backwards for all to see. That the team involved were accommodating and good humoured was a reflection of the way people who work in hospitals are trained to be. A system that is inflexible, a workforce without the skills, initiative and autonomy to make decisions would be to the detriment of a place which is in service to society.

In talking to the staff at GOSH, I found the power to adapt and accommodate emerged as central to their approach to working in the hospital, alongside teamwork and flexibility. I also encountered a sense of resistance to structural changes that might undermine this generous autonomy, 'this hope of pleasure in our daily creative skill'.²

b.



c.

The development of an artwork may take many forms and while direct contact with hospital staff was at the heart of this project, there was also an element of formal research behind the scenes with archivist, Nick Baldwin. GOSH's archive contains a wealth of material including photographs, maps and plans that chart the changing face of the building and the people who work within. A photograph of hoardings erected during rebuilding work on Guilford Street in 1935 stood out to me. On them, in large black lettering was painted: 'To those who pass this way we give this message'. With our new flag, the hospital and its staff send a new message for all who take a moment to look up and see.

Together round a table

The following pages contain excerpts from a transcript of a conversation held at Great Ormond Street Hospital on the 30/06/17. Members of staff from across the hospital team were invited to participate in a round table conversation on, among other things, their relationship to work, collaboration and care.

We started with a discussion about sticks.

Key:

JB Joanna Brinton
W Works Team
FM Floor Manager
P Porter
D Dietician
LT Lab Technician
N Nurse
PW Play Worker
AT Arts Team

The conversation

JB: Come on in. We're just choosing a stick.
You choosing that stick?

FM: I don't know they all look so different,
no I like it, it's got force.

JB: Looks like a tricky stick to whittle.

So, I've been meeting people at the hospital.
I started off with the porters and I was taken
for about fifteen twenty minutes on a journey
with them, on their shift, around the building.
I talked to them about their work and their
relationship to the hospital and then they would
lead me to somebody else and pass me on
and the whole thing would start again.
Some people also introduced me to other
people along the way.

P: Me, him!

JB: Yeah!

All: Laughter

JB: Mainly I started all my conversations
by asking people what brought them to
Great Ormond Street Hospital. I thought that
instead today I should start by telling you about
what brought me here.

I am an artist and one of things I do is bring
people together for conversations and quite
often they take place outside. As I didn't plan
far enough in advance to have our round table



Good Hope Works, GOSH staff round table, 2017
Photograph: Caroline Moore

outside, I thought I'd bring a bit of the outside in for us. In the form of sticks. Take a stick!

If you would like to have a go at whittling while we talk then we can also use these sticks when we're having the conversation later on. If you want to make a point or if you feel like you are not being heard and someone is going on for a really long time, just hold your stick up! OK?

You might find that some peelers are better than other peelers. I'm really sorry if you've got a dodgy peeler.

W: A good workman never blames his tools.

P: That's very true.

N: I think it's about being gentle.

FM: My stick is perfect, it's beautiful.

JB: And you purposefully chose a really bumpy stick as well.

FM: I know, it's dedication.

JB: Did I mention in my invitation about bringing an object along?

W: I forgot mine.

JB: You could draw your item on the table in front of you if you forgot it.

FM: I have my item.

JB: Just choose one thing that you either use or the quality that you bring to your job. Don't explain it yet.

W: My swipe pass.
I'm literally walking everywhere.

AT: It's my shoe.

FM: I don't know if it's my shoe or my smile.

JB: The reason I asked you to put your object on the table is so you can write or draw around it... Say why you chose that object.

.....

JB: How are we doing?

P: Doing alright, doing alright.

JB: What've you drawn?

LT: My voice, happiness, giving back.
I used to go on the wards and meet the children and that was like my fun, and because I haven't grown up! I used to sit there and make them laugh. People would ask me and I would come and distract them 'cos I used to be a patient at another hospital. I like to see people smile and make them happy. If I can do that that's half my job.

JB: So was being a patient yourself part of what made you come to work here?

LT: Two reasons. I had no idea what I wanted to do and my mother was telling me I should

become a doctor. I did a work placement for a couple of weeks in Haematology and I always loved blood 'cos of horror films and stuff. The lab where I used to wash up the test tubes was opposite the girls' school and you know that beam of light – it was like my calling!

So that was it. I liked the idea that blood was food of life and you can't be without it. I didn't know that there were so many bits and bobs, so many parts of it. Coming here, knowing you are helping making children better. It doesn't work all the time but I know that's what my job is. I save lives. That's what I do.

JB: So being at the hospital do you feel part of something much bigger? Is that a part of it?

LT: I used to feel part of the hospital when I worked in the main section there. But now I feel like the bum. 'Cos we are at the back. No-one really knows we exist 'cos everything always happens at the top, at the front.

W: No-one sees us down there.

P: Not like the porters, we're seen all the time.

LT: If you ask five people on the street, name five people who work in the hospital, doctors, nurses, porters, no-one sees us there, no-one knows what we do. But the thing is I say we're like the sat nav; the doctor has an idea but they don't actually know where they're going, so we'll direct them. So they know, OK they've got this so I will give them this kind of medicine, but we're the ones actually finding out the stuff.

JB: I definitely didn't know how many roles there were in the hospital. Doing this is such a privilege, discovering how many people are involved and the variety of different things that go on here.

LT: For me, I like to get to know everyone because I feel like we are all an important part of the place. I appreciate what these guys do and what everyone else does. If they don't bring the specimens down to us we would just sit down there and whittle all day, because we'd have nothing to do. So I'm always saying thank you to them. You know, everyone's important here.

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JB: I don't know what you do!

N: I'm a recovery nurse.

JB: You've whittled half that stick beautifully.

N: That's my part, that's W's, we swapped. I did mine gently.

JB: Is that part of what you've written down?

N: I've written down my faith: it's not something I can bring with me but something I carry around with me.

I'm a recovery nurse so I don't work in a specific ward but I move around, and you kind of see every patient that can go through the hospital and sometimes at their sickest after an anaesthetic

as well. I think my faith helps me to do my job better. I know that I got to the point, especially when I first started working, when I was like this is not something I can do on my own, because the children are so sick and in a sense I'm so under qualified even though I'm a nurse. There's only so much you can do within your own skills. So it just helps me deal.

And I would also say my smile, because a smile diffuses a situation that can go either way. Even just asking them how they are, I think sometimes it's just my attitude. Because I work in theatres, there's a lot of scope for creativity and that's helped me as well. I've realised there's more than one way to help a child. It's not just what you would normally think. There are lots of different avenues.

JB: That was a really nice sentence: 'there's more than one way to help a child'.

N: At uni were not taught a holistic approach to treating a child. Everyone thinks you are gonna come into hospital and pump them with medicine. Obviously for some children yes, but sometimes they just want someone to talk to or the mum just wants someone to give her a hug. Just realising they are still human, even though they're sick. If that was my mum, my sister, my brother, how would I want them to be treated? So I try to treat them as if they are my very own. Even though I don't have children, I 'd want someone to treat them how I'd treat them.

Others: Exactly. Me as well.

N: I think in this kind of hospital, rather than a general hospital, or just on the street, there are kids that are the same age and you look at them and think 'You don't know how blessed you are, because you're fully well!'. Because yesterday I saw a kid the same age as you and they are not. It's the contrast, it's crazy.

JB: The luxury of health is that you don't know.

P: Yeah, you're right.

JB: But that holistic thing is something that everyone here plays a part in.

FM: Yeah, especially Play. Play's amazing.

P: It is, it is, I agree with you.

FM: Play Specialists are the best people in the world. Play Specialists are cool.

JB: I haven't met the Play team.

FM: They're crazy!

W: But that's a good thing. I used to be a teacher, a SEN teacher. And coming here is a mixture between the two, because I used to teach interior decorating and industrial design: decorative arts. Here is like halfway between, because you see the sick children, you interact with them, interact with the people who get them better and we are like the glue that sticks everyone together. I know all of these guys separately, like I know everyone here. We know everyone here. We are like the feet – the ones that make everything go. We don't get thanks for it.

All: Laughter.

JB: What do you do to cope with that?

W: I try to manage the guys I'm responsible for; I harass the guys I need to. Although it gets me nowhere. As far as I am concerned, all of these guys will agree, it's not about us, it's bigger than us, imagine if it was your child, your niece your nephew, your loved one and they say 'actually we cannot operate today because your door isn't working' or the ventilation in the theatre isn't right so you don't get seen. How rubbish is that? I would be livid – I wouldn't want to hear that.

JB: Yeah, the thought that something like that could get in the way...

W: It could just be turning the screw on a door. The screw costs a couple of pence for the value of somebody's life. We are all just little wheels in a far bigger thing. We are not that important as individuals but together, if we didn't have all of you together what would be the point. We are not bigger than this, no matter what your band is, what your job is, you could be emptying bins.

FM: I say hello to everyone.

Everyone: We do, we do.

FM: Height, age, sex, religion, doesn't matter. It's like you say, it's a smile, say hello, make people feel better about themselves and it doesn't cost anything.

LT: I may not be a big linchpin, I'm at the bottom, no-one's looking there, but I'm holding up the top.

JB: But no single person could be – I don't think?

LT: Some people look down on you because you're not as qualified say, but without us the top would come crumbling down.

Everyone's job here is important, and that's why I say hello to the person that is cleaning the hospital, cooking, because if they didn't cook, if they didn't clean, they would have to close the hospital down. Everyone's job is important, whatever it is, we're all part of it.

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JB: Can I ask because I don't know enough about the Play Worker aspect, what did you draw?

PW: I drew a trainer, because I'm always on my feet running back and forward, usually to sort everyone out. Just being active or being ready to go whenever, I guess... the other thing was going to be a smile.

FM: It helps!

PW: Being available to just go and have a chat. I think maybe passion and playfulness are two things that are essential.

FM: You've got one of the most involved roles with patients that there is within the Trust. You spend so much time with the patients and their families that you become like a part of them. 'Cos I know how much time you spend

with them and how attached you can become and how difficult it can really be. Depending on how things work out.

All: Yeah!

LT: To begin with it's just Peter Smith, Jane, just a name on a label. When you go round and actually see and you can put a face to the name, it becomes more important.

JB: But you don't have that direct contact any more?

LT: No, I miss that

JB: Do you see many of the others here or do you know any of them?

D: No, I'm hidden, I'm either on the ward or running to the office to do my diet sheets. So I kind of understand where you're coming from because we are literally hidden away. There's a time slot and if we don't get out diet sheets in children don't get fed.

JB: How does that timing issue get in the way of the other side that you [the nurse] mentioned as well, of just talking to parents or the children. Is there a tension between those things?

D: I don't always just do 'my job' – it's sometimes better just to go in, tell parents I'm here to help. Have a smile and say we appreciate what you're doing, but if you do need us we are here to help. It might not be about nutrition.

JB: And that's the same for your job as well. In fact it sounds like it's the same for everyone's job.

All: YEAH, laughter!

PW: I guess it's to make this unnatural environment feel as natural as possible, to make it feel less scary, more warm, especially for children and young people. There are so many sights and smells that you don't know.

W: Plus, it's not a hotel. Not a holiday, you are here because something is wrong.

P: Going back to what D was saying, it's all about a deadline, specimens to the lab, meals to the wards, there's a domino effect.

AT: If one person says 'You know, I can't be bothered' then it will let the whole thing down.

P: Hence I brought my gas key.

JB: Yes, tell us about the gas key!

P: Well, this helps us do our gases, turns them on, turns them off. You need certain keys. It's one of the main parts of my job bringing gases.

JB: But I like the idea of a key. That you chose a key! Do you know why?

P: Like the communication thing, that opening thing...

JB: It's a really good choice! Because earlier you were talking about cogs and how each person works together and that idea of a key is quite an interesting thing.

N: It's like it's all one door and we each have one special lock and so if you don't unlock each one the door's not going to open and you won't get through. It's not going to happen and the child won't get well. Like chi-chi-chi-chi, one of those giant locks. Or like in *Alice in Wonderland* when there are all those doors. We are all the right door but you need to go the right one first.

.....

JB: Can I ask you what you drew?

FM: I drew a brain with a question mark and a lightbulb. My job is 90% problem solving I am there to help wards function better, use their spaces better, deal with any issues that they come across. Anything non clinical seems to get fed through me. No matter how crazy the request is!

All: Laughter.

W: I believe you!

FM: I'm like a one stop shop for information. I'm being serious. If a ward has an issue, I will get a phone or email. Any ward I've worked on. I still get called by those wards to help resolve their issues. I am that crazy middle man who has to deal with everybody, so I'm like everybody's friend or everybody's enemy.

JB: Do you like that though, being in a position where people come to you?

FM: I don't mind it. I'm a helpful person by nature I guess. It's fun. I like solving problems, which is why I chose the interesting stick.

JB: You did choose a really interesting stick and I am so impressed with what you have done with that because I would have got really annoyed.

FM: Nah, I carry on until I'm done. That's what I do.

JB: He choose the hardest stick... did you two swap sticks? Because you choose quite a challenging stick as well!

N: I couldn't do it. He had to help, it's his job.

JB: He had extra tools!

Before you go, do you want to take a print? We took a few of the phrases that kept coming up in our conversations, or that seemed to be quite universal and then worked with a group of people from Culture Club and they hand-cut the letters from the quotes.

We did a printmaking workshop together where we printed an edition which you can chose from. If you had a conversation with me there might be one that you said. The idea is that people will take them and put them up in their workstations or staff areas around the hospital. Could you maybe choose one and tell me why?

LT: I'm going to take this one, but I like this one as well.

JB: Why did you chose *The world outside could take note* – what do you like about it?

P: It's different. When you come onto GOSH turf you get treated equally; it doesn't matter what creed or colour you are you're treated equally.

All: Yes.

P: You get the same service as anyone else.

LT: I don't see colour.

JB: Thank you. And what did you go for?

D: *All different faces and tongues*

JB: Was that for similar reasons?

D: It reminds of the things I do in my day, I see lots of faces, lots of people that come for one thing.

JB: Did you go for the same one?

N: Yes, just because in theatres there are so many different people, the staff, there are so many of us. When the staff have their own mother tongue and a patient comes through to recovery and we can't communicate with them, they can calm them down. We get a lot of Arabic speaking children and we get the Arabic speaking staff to come in and help them.

JB: It's a massive resource really, to have all these people that can do these things – it's not the first reason why they are here.

N: No, but it helps. It helps massively.

JB: AT, we didn't get to hear about your object, do you want to tell them what you've drawn?

AT: My object is a comfy shoe because I spend a lot of time running backwards and forwards between buildings.

JB: Did you expect that when you took the job? Is it different being based in a hospital as opposed to a gallery?

AT: What is so wonderful about it is that visitors to galleries can be self-selecting, not everybody walks through the doors. Whereas illness is not, it doesn't select who gets ill.

W: It could be anybody.

AT: It gives me the opportunity to work with people who wouldn't normally access art and that's so incredible.

JB: But that's the same thing of the whole world being here.

P: The nature of our job, taking pressure away from people. The music, the art, I got involved in the choir and at the end of a stressful day it's so good. You do a fantastic job, doing that for the staff members, its brilliant.

AT: So we do that for patients as well.
That's our primary group we work with.
But if you guys aren't looked after, you can't look after the patients.

P: It's the nature of the job, it's quite stressful,
but it de-stresses us, a bit of music, a bit of art.

JB: But that crossover of skills, means that you
get to encounter different kinds of people.
So you could do your same job in a different
organisation and you wouldn't come across
those people.

W: TBH I'm a building supervisor, carpentry,
building any of those kind of things, but in my
daily run around I have to be a counsellor, I just
got someone out of the lift – name it we do it!
At the end of the day you have to use whatever's
in your basket!

AT: You meet people you would...

FM: Never expect to meet

AT: Exactly! In all my past jobs I've predominantly
worked with women. Here you get everybody.
I think it teaches you so much about the world in
general and who is around. And what people are
interested in, what they do and what opinions
they have and it does make you realise how
insular your world can be. The hospital is not
a bubble, it's a microcosm of everything.

JB: That's the thing that I've picked up a lot, that
thing of it being like a city, or a world.

FM: It is. You meet people from all different
classes or races; you meet everybody here.

FM: It's eclectic.

AT: It's just so special, such a rare opportunity.

JB: Do you think that's why people stay so long?

FM: Every ward and department is like its own
different country.

AT: With its own rules. This is the way we
do infection control here...

W: Woe betide you invade their space.

AT: Yeah, you have to adapt the way you
do things. Everyone has their own president.

FM: I get that with every different manager that
I meet, even going to the same manager –
it just depends who is on shift.

FM: I get that every single second of every
single day.

JB: But do you feel a certain pride in being able
to negotiate those things? And being flexible
enough to go 'OK'?

AT: I think you have to be really good
at listening. Ah ha, sure, OK and then just
doing it. Accept it and adapt.

JB: It was a really good conversation,
has everyone chosen [a print]?
You've got that one.

W: Yeah, Opening the door. Because normally when you see me, even for the children it might be intimidating, big tall man, most times not smiling, business face on. When I'm serious I've got that scary face, but under that I want to get it done. I want to make sure people are happy. So I get some feedback, the human side of it.

AT: When I walk through the hospital I pick up rubbish, because why should anyone else do it other than me? Doing everything that you can rather than just the job.

FM: Opening the door, smiling, that is so valuable.

JB: It's noticing isn't it? When I did my first walk with Adrian he noticed everything. Noticing that person who is lost, that piece of rubbish on the floor. All of those things are about care, or that's what I have seen demonstrated as care.

P: We all play a role in making it a safer, nicer place to work. It makes it nice if we are all sailing together.

W: I don't think everybody follows that. But you don't look at other people and do what they do. It would change you from a good person. I think most departments would say they are understaffed, or they are underpaid, or they are under appreciated.

JB: I imagine everyone across the board feels people don't know what they do. So, you get the reward from what you do, but then there is the feeling of not being recognised.

W: It's true, because someone wants something done and they will be talking to you like you are

best buddies and then the next morning they won't even say hello to you.

JB: So people come into focus when necessary?

W: Exactly. So I always make myself very visible; I make them so uncomfortable that they have to say good morning back!

AT: But I also think there is something there that encourages culture change. I try to be super animated and shout 'Hi' to people down the corridor because if you are a positive influence, you can change things. Not getting downhearted and continuing to be positive.

PW: You say hello to everybody [to P].

P: It helps other people. I can diffuse a situation.

AT: When you were taking about recognition, you were saying 'I don't care about an award. What I actually want is people to say thanks to me. It doesn't matter about the framed bit of paper on the wall'.

P: Yes.

AT: It's more about...

W: Just about a thank you.

PW: For me it's more about knowing I've been a positive moment in that person's day. I don't really mind [about thanks] if I can see the impact.

P: The thanks is just the icing on the cake.

FM: That's what is so strange about my job – I've got to rely on everybody else. I am the focal point if it works, but if it doesn't... We are the face of glory or of disaster all rolled into one! You have to be flexible, you have to make things work and they are all so very, very different.

JB: But I find it's that level of empathy that is so important in everything that we've been talking about – it underlines everything that goes on here.

W: Yeah, it's that joy, you know, when you fix somebody's problem. It can be as small as getting a TV to turn on. Something that could be insignificant.

JB: But that could be massive...

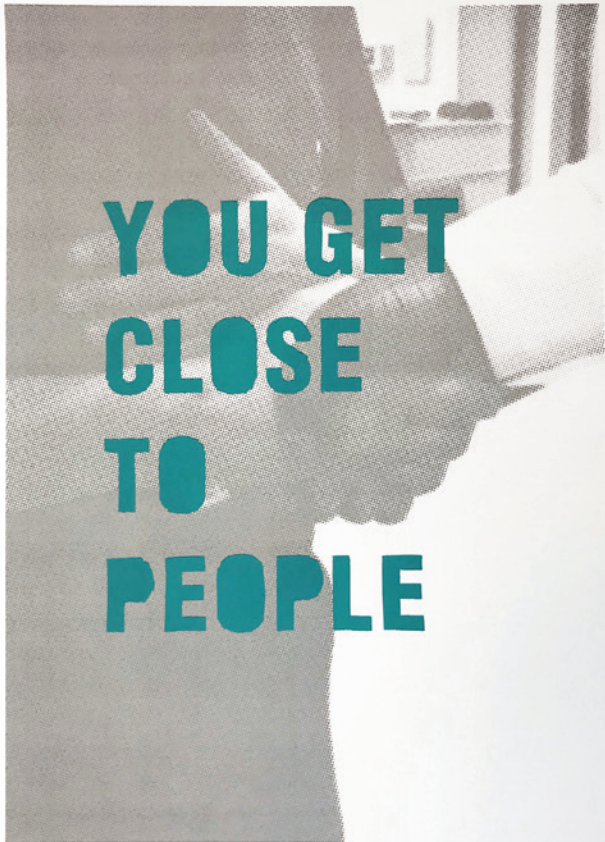
W: Massive! I had a little boy come to me and tell me 'Hey this TV is not working'. He doesn't care if he is sick, if he is hungry, if he needs to go to the bathroom. 'Please fix it'. It's not my job but OK, I'll fix the TV. He's happy as Larry!

PW: It's the little things that really count the most.

All: Guess that's why we do what we do.

The prints

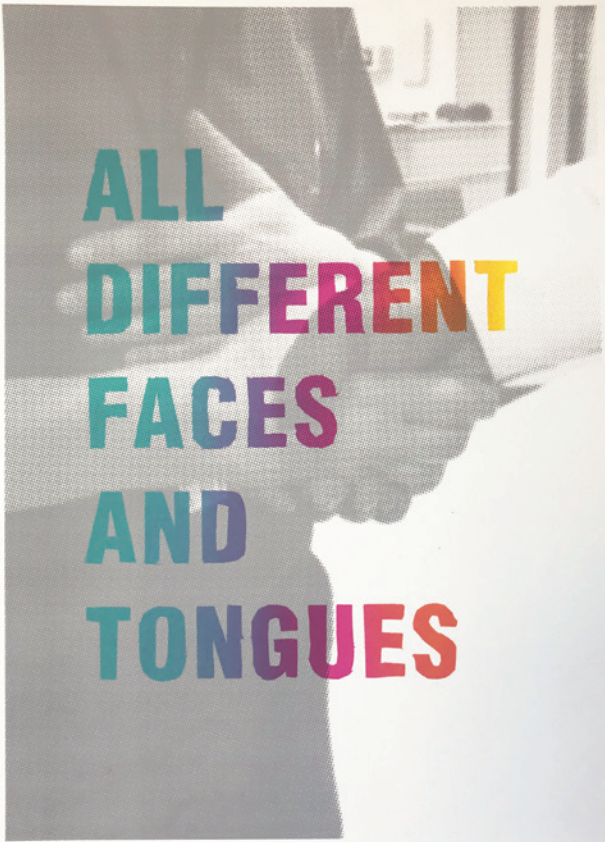
The following series of hand-cut, screen printed poster editions were made, and displayed across the hospital site, by staff.



**YOU GET
CLOSE
TO
PEOPLE**

15 / 50

Good Hope Works: a screen printed edition based on conversations
between Joanna Brinton and Great Ormond Street Hospital staff, 2017.



**ALL
DIFFERENT
FACES
AND
TONGUES**

37 / 50


Good Hope Works: a screen printed edition based on conversations
between Joanna Brinton and Great Ormond Street Hospital staff, 2017.



**THE
WORLD
OUTSIDE
COULD
TAKE
NOTE**

5 / 50

Good Hope Works: a screen printed edition based on conversations
between Joanna Brinton and Great Ormond Street Hospital staff, 2017.



**THEY
SEE ME
EVERY
DAY, IT'S
LIKE MY
HOME**

31 / 50

Good Hope Works: a screen printed edition based on conversations
between Joanna Brinton and Great Ormond Street Hospital staff, 2017.



The Staircase

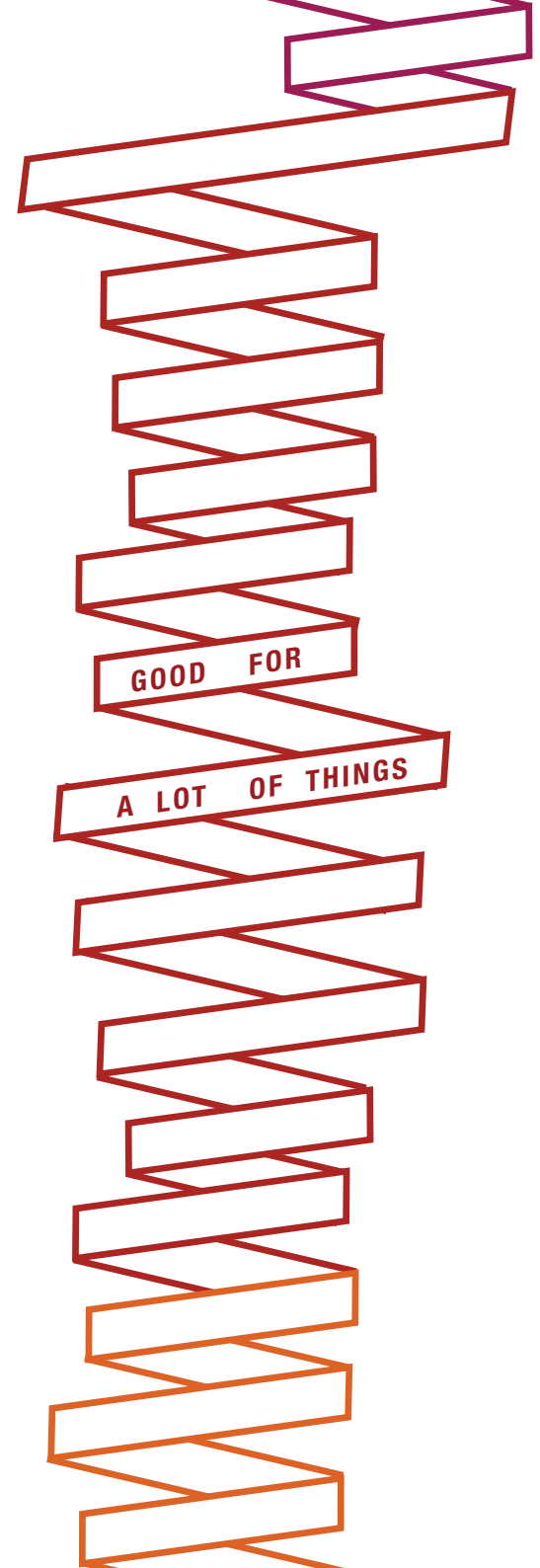
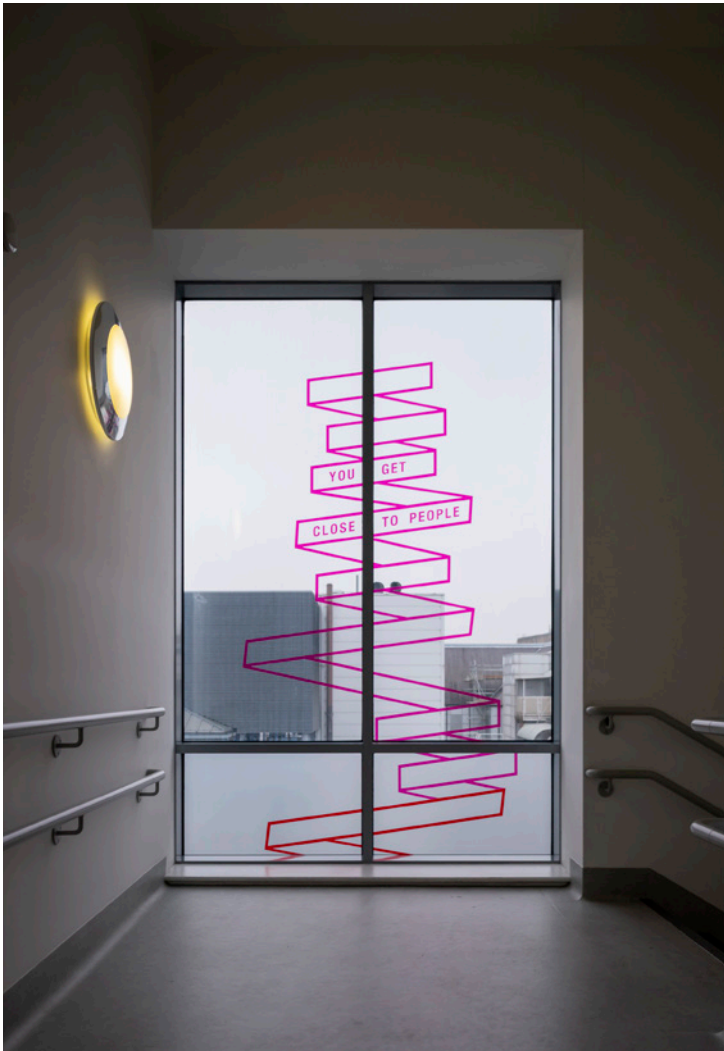
The Morgan Stanley Clinical Building staircase is nestled at the heart of the hospital, a bright white corridor with ceiling-high windows that run the full height of its eight floors.

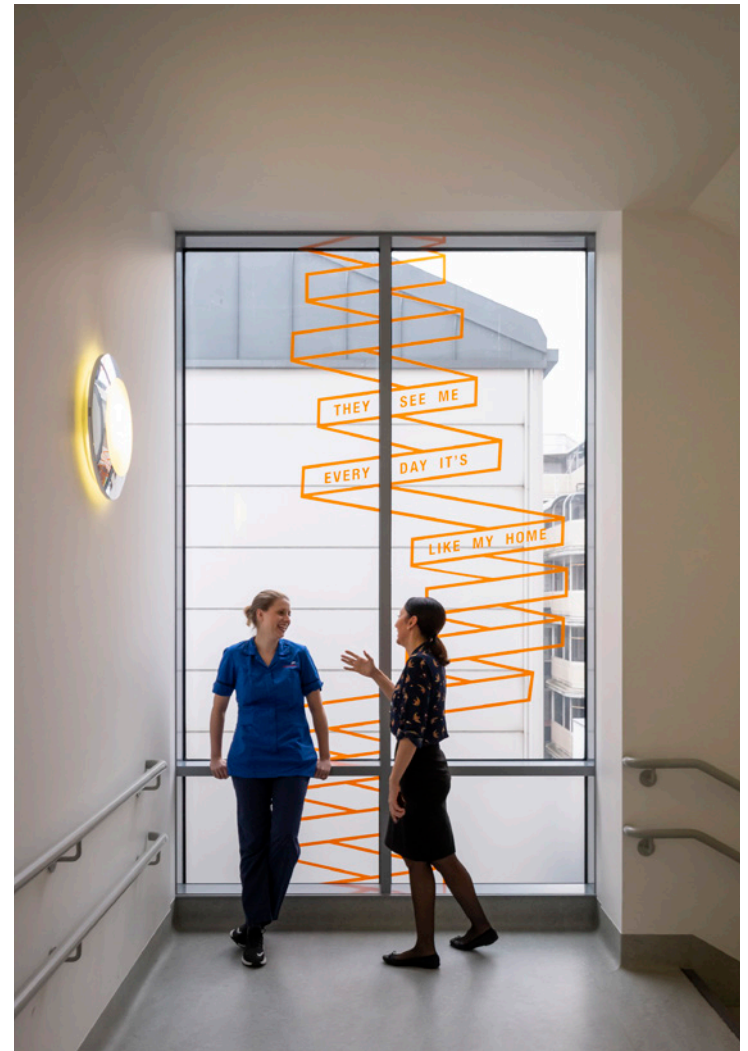
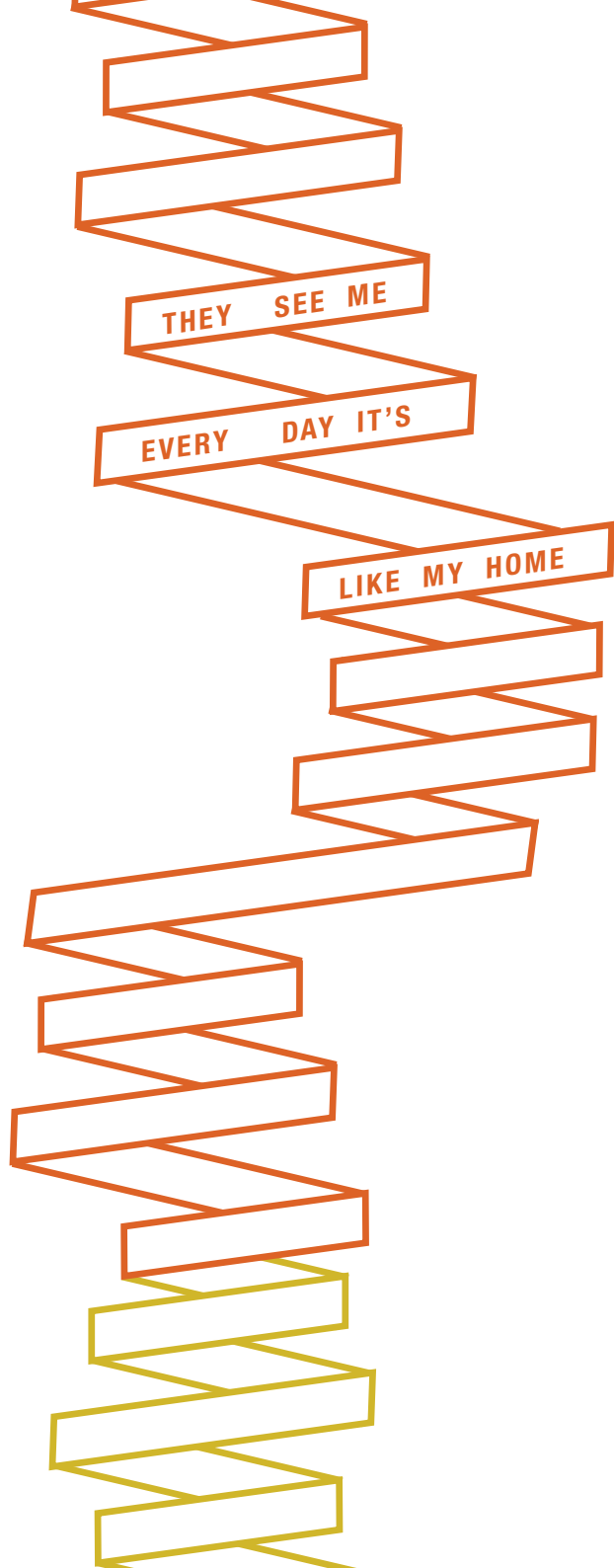
A point for narrative to emerge, for a story to be told, the windows like pages, read one after another by travelling bodies as they traverse the stairs.

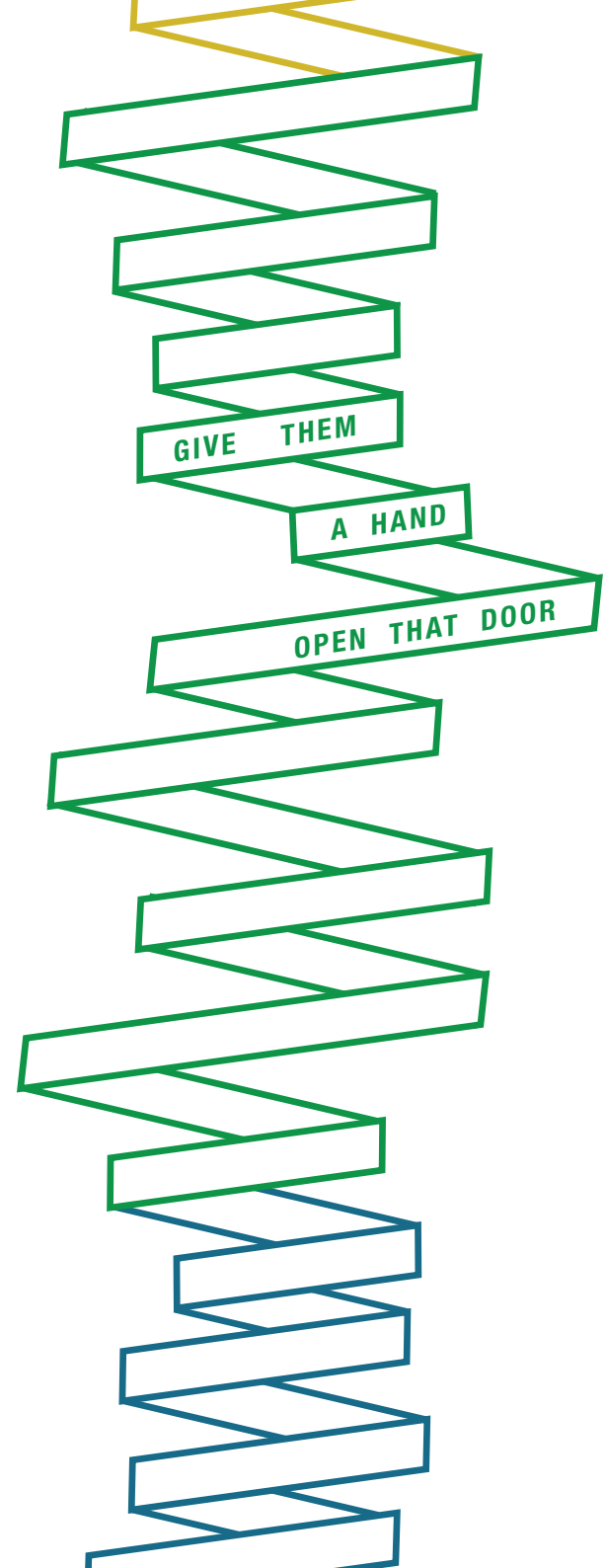
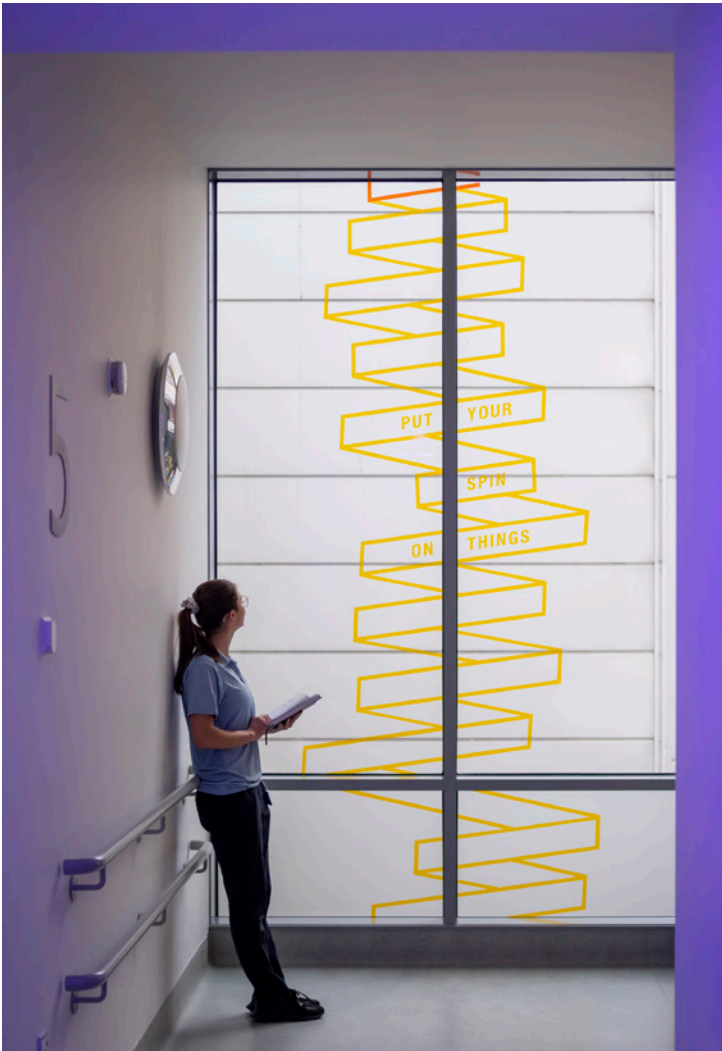
The windows of the upper floors offer a view of the sky, the lower face into a courtyard and frame the other hospital buildings, with their varied materials and structures that reflect building materials and techniques from old to brand new.

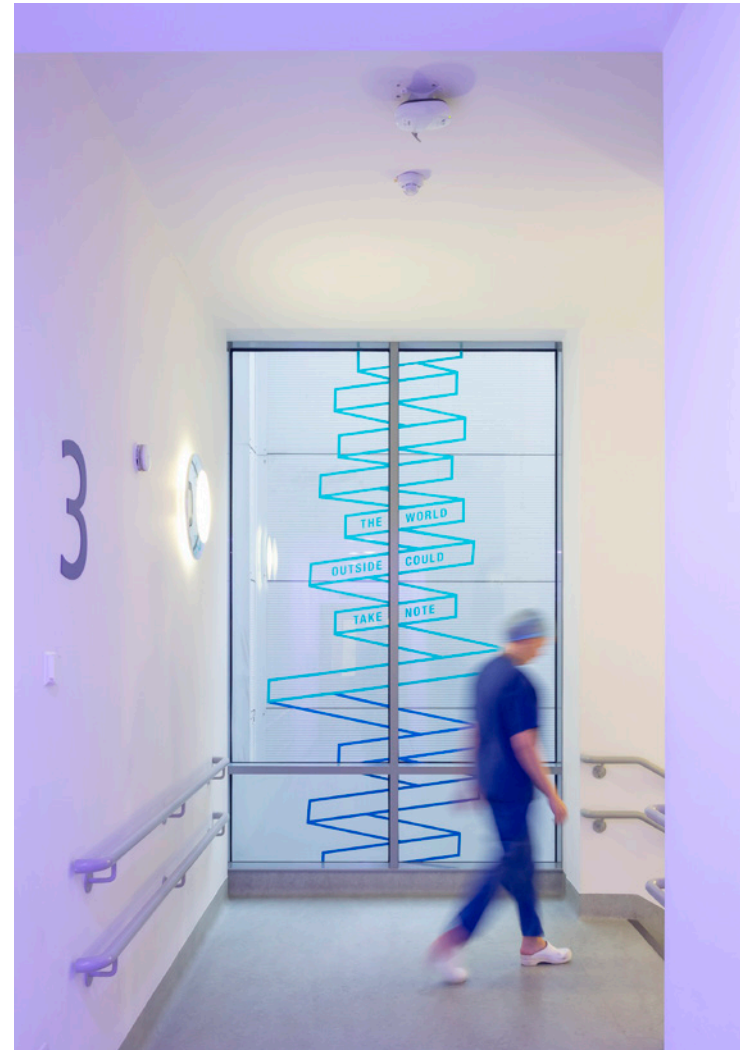
The corridor can act as a place for contemplation, used more by staff than by families, and periodically falls silent when no-one is between shifts. There is a stillness in the space that belies the whirr of people and activity just out of view.

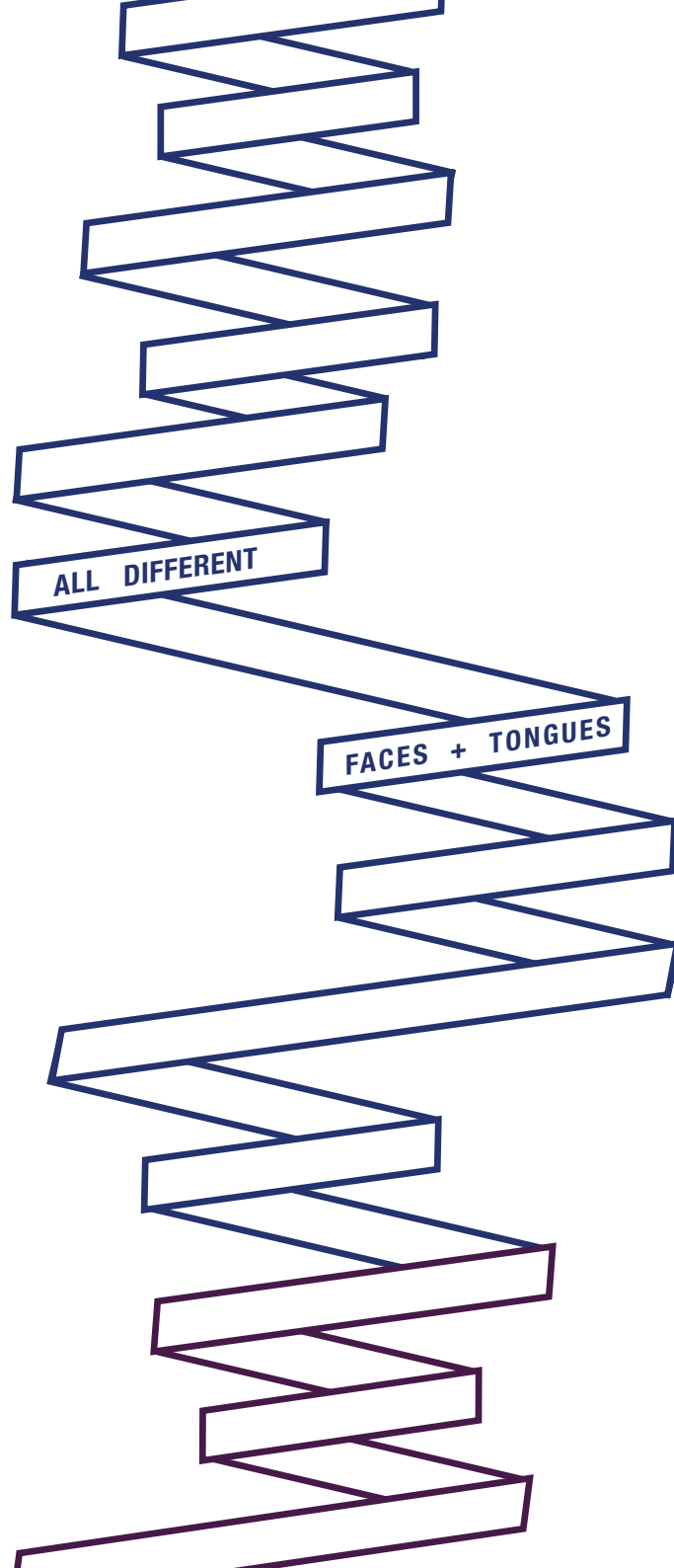
This artwork, casting colours on the floor and ceilings, is activated by the changing weather, projecting the words of hospital employees in an ever mobile shadow dance that spans floors and wards, people and place.

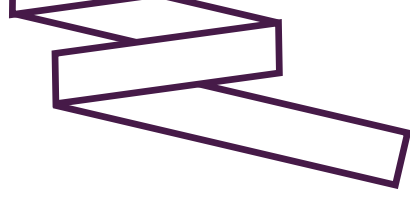












Images (Above, right and previous pages):
The world outside could take note, Morgan Stanley Clinical Building, 2018
Original artwork: Joanna Brinton
Installation images: Jim Stephenson



The World Outside Could Take Note

Great Ormond Street Hospital is a community, a place of work where people from a huge cross section of society come together with the aim of helping some of the world's most seriously ill children. There are nearly 5000 members of staff at GOSH and in many ways the hospital is representative of the UK's diverse population, a myriad of people with individual economic, religious, political and cultural backgrounds and beliefs. Every day, we come together with a united goal to put 'the child first and always'.

John Dewey said in *Art as Experience* 'in much of our experience we are not concerned with the connection of one incident with what went before and what comes after'.¹ This characteristic of human behaviour allows us to survive, to progress as individuals and is something we all do. However, failing to see how the work of others or even your own fits into the whole can lead to people feeling undervalued and communities becoming divided. At GOSH if we failed to consider the small and large actions as equal, stopped listening to one another or forgot to recognise and thank each other for being skilled professionals, the consequences could be disastrous.

Good Hope Works took place in the year following the 2016 European Union referendum. At GOSH 13% of staff are from the EU and in the hospital's words are 'hugely valued members of the team [who make] a real difference to children's lives'. Inspired by the hospital's commitment to support its EU employees we asked ourselves,

how could the arts programme make relational spaces for people to come together and reflect? Engage busy staff members? Dissolve perceptions of hierarchies and ensure everyone at GOSH feels valued?

As Dewey goes on to point out in his seminal text, the arts are instrumental in creating 'active experiences' and through doing so they help us to take stock and reconstruct; they facilitate dialogue, exchange and learning about one another and our wider community. Experience of participating in the arts can help us to harbour compassion, understanding and an ability to recognise each other's contributions and needs. Though her project *Good Hope Works*, artist Joanna Brinton did just this and in her own way gave voice and space for people at GOSH – regardless of job title, country of origin or pay grade – an opportunity to recognise and celebrate the fact that it is all of us who make GOSH the special, caring and incredible place it is.

Joanna's approach brought art into the everyday. There was nothing complex or obscure about what she was doing during her residency. She asked questions, listened and reflected back to people what they were saying which, for many, was a unique and joyous experience. Her caring and person centred approach, which involved accompanying people as they travelled through the hospital, neatly fitted into busy schedules. This, combined with her ability to hear what people were saying, allowed her to win the hearts of everyone she met and grounded her and her project within the hospital community.

As an artist, Joanna gave people space to talk openly without the preconceptions that an internal staff member may bring. She was able to ask questions which helped people see the value of what they brought to work each day and her response to what they were telling her helped them recognise the importance of their role. She often spoke about the way staff would proudly tell her what they did in the hospital and it was clear that these, sometimes fleeting, encounters helped people from across the Trust in a huge number of roles feel valued.

When Joanna came together with more than one person, either when being passed from one member of staff to another during her journeys around the hospital or through the roundtable discussion, they started to discover and celebrate the importance of each other's roles. During the round table a member of the Nursing Staff learned that the Porters managed the medical gasses, which are hugely important in her role and a Floor Manager spontaneously told us that the 'Play Specialists are the best people in the world'. Often the work of others, which make our jobs possible, goes unnoticed or unmentioned, not because they are not valued, but because we are moving too fast to notice. At GOSH if the smallest action is missed, if, as pointed out in the roundtable, a screw isn't tightened in a door, then everything is at risk of failing.

Two years on from *Good Hope Works*, the posters handmade by staff, can still be seen around the hospital proudly pinned to notice boards in the Works Department and blue tacked to the wall in Medical Illustration and the

GOSH School for all to see. *Good Hope Works* recognised that at GOSH it is 'every one, every day', regardless of where they are from or what they do, who help the children and families in our care; the project's resulting artworks continue to remind us that by listening to and thanking each other for what we bring, we can keep our community together.

Caroline Moore
Arts Manager at Great Ormond Street Hospital



Thanks

Many thanks to all the staff and volunteers who spent time with Joanna and spoke so eloquently, openly and passionately about the skills and the care they bring to their work; Nick Baldwin, the hospital's Archivist, whose unquantifiable knowledge about the history of the hospital, its patients, its staff and its buildings is a resource no one will understand the value of until it is gone; the Executive Team at GOSH who instigated this project and by doing so, made a commitment to listen to and celebrate every member of staff and make GOSH a better place to work; the Portering Team who, with such good humour, helped to raise our flag on multiple occasions; the GOSH Staff and Parent Choir who sang at the flag raising ceremony *This is The Sound of One Voice* with such soul and to Victoria Henstock and Jim Stephenson who waited so patiently for the flag to unfurl so it could be photographed.

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