
FINAL REPORT FOR MUSIC FOR A WHILE



EXECUTIVE SUMMARY

'Music for a While' was a partnership project led by Arts & Health South West (AHSW) working with the University of Winchester and the Bournemouth Symphony Orchestra (BSO) to deliver music for people with dementia in three hospitals: Hampshire Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust and Portsmouth Hospitals NHS Trust.

Initial plans evolved in discussion with the Wessex Academic Health Science Network's dementia project manager, Katherine Barbour, and with a group of Dementia Nurse Leads from all the acute hospitals in the Wessex region. The project built on a previous AHSW project 'The Arts and Dementia Care in Acute Hospitals' with six hospitals in the South West region.

The project aimed to improve patient experience and quality of life for those with dementia and their carers; to engage and support staff caring for patients with dementia; and to test a model for sustainable and scalable delivery of music for people with dementia in an acute hospital environment.

"I think music is so beneficial for dementia patients and I have witnessed many people actually sing a well-known song when they are perhaps unable to speak or communicate."

Relative of person with dementia

In each of the hospitals the staff were already providing a range of interventions aimed at improving the quality of life and experience of patients with dementia. This project built on current initiatives, enabled staff between the three hospitals to share learning and resources, and gathered the information to support the business case for future work of a similar nature.

Neil Valentine, BSO Associate – Musician in the Community provided music activities in each hospital for three hours once a week from July 2015 to January 2016. When possible, patients were brought together into a day room for singing and music making and, at other times, Neil would play music to people at their bedside, either in individual rooms or in four to six-bedded bays. Each three hour session allowed for some preparation time with nursing staff and a de-brief at the end.

The University of Winchester conducted an ethically approved research project in Winchester Hospital. At Poole and Portsmouth Hospitals service evaluations provided feedback in the form of staff questionnaires, patient postcards and staff interviews. The artist collected data on number of participants and also kept a reflective diary and blog.

Findings from the research showed some interesting trends including a decrease in the number of patients requiring anti agitation drugs, less falls recorded and that the length of stay was reduced. The qualitative data from the research and service evaluations showed that the music interventions were greatly valued by patients, staff and carers. The music was effective in engaging people, that they enjoyed themselves and that communication was improved between staff and patients, enabling a better understanding of the individual and a greater focus on patient-centred care.

CONTEXT

At any point a quarter of all acute hospital beds are in use by people with dementia and improving their care in hospital continues to be a national level strategic priority. People with dementia may be in an acute hospital for a range of reasons, typically as result of breaking a bone, or an infection. In many cases they may have multiple problems. They will tend to be in older people's wards or may be in adult orthopaedic wards. They will be in the same wards as other patients who do not have dementia. The severity of their dementia will range from undiagnosed to severe. Their length of stay in hospital will vary but typically is longer than someone with the same condition who does not have dementia. Time spent in an acute hospital environment tends to have a negative impact on people with dementia's ability to live independently. All of these factors have cost implications for the NHS and Adult Social Care.

The project is particularly relevant to three of the South West standards for Dementia Care in Hospital:

- People with a dementia are assured respect, dignity and appropriate care
- The hospital and ward environment is dementia-friendly
- Appropriate training and workforce development are in place to promote and enhance the care of people with dementia and their carers/families

Within the NHS Outcomes Framework, the project can contribute to:

- Longer lives through support with maintaining mobility and independence
- Fuller lives through increased levels of engagement in conversation and creative activities resulting in improvement in mood and quality of life

- Swift & full recovery from illness can be supported by improved nutritional intake and better sleeping patterns
- Fewer harms through helping maintain mobility and reducing anxiety and agitation resulting in decreased need for anti-psychotic drugs
- Better experience of care due to increasing engagement with staff, encouraging a person-centred approach and more dignity and respect.

Aims and Outcomes

For patients:

- Increased levels of engagement
- Improvement in mood
- Improved level of mobility and maintenance of mobility
- Improved confidence and concentration
- Reduction in anxiety and agitation
- Improved sleeping patterns
- Improved nutritional intake

For staff:

- Increased levels of conversation resulting in better relationships between staff and patients
- Increased level and time of staff engagement with patients
- More dignity and respect shown to patients
- Better person centred care
- Increased understanding of patient narratives
- Staff stress reduced
- Better communication with carers
- New partnerships with voluntary community sector

Project Activity

There were quarterly meetings between nursing leads from each hospital, the Director of AHSW, the Head of Participation at the BSO, and the Director of the Centre for Arts as Wellbeing at the University of Winchester.

The musician, Neil Valentine, provided music activities at each hospital once a week from 1st July 2015 to 26th January 2016. In total Neil recorded interacting with 2,354 participants in this time (patients). However, it is likely that a percentage of these were the same people who were in hospital for more than a week. Neil was in the hospitals from 2-5pm which included some time for staff to brief him at the beginning and for a de-brief at the end.

SERVICE EVALUATION

Staff feedback

Nursing staff recognised that the project was valued and benefitted staff as well as patients. It encouraged staff to put the patients at the centre rather than prioritising rules and regulations; allowed staff to feel more creative themselves.

It was acknowledged that the quality of the musician was critical to the success of the project. The musician needed to be skillful with their music and in their responsiveness to people and situations, flexible and adaptable.

There was anecdotal evidence from staff that the music improved communication between staff and patients, enabled patients to engage better, in some cases encouraging them to communicate for the first time: "I saw a couple of patients who hadn't talked (at all) and I saw it on the wards and heard about it on the wards, that actually they then found a piece of music and they started talking and singing, singing normally, but from then on you have got an "open door" so to speak."

A member of the nursing staff observed that the music could save money by helping calm agitation and making patients more comfortable, thereby reducing the dependence on one to one nursing care. In the Portsmouth Hospital Medicine for Older People, Rehabilitation and Stroke department (MOPRS), they spend £30,000 a month on one to one care.

Practical issues

Information shared at quarterly group meetings informed the ongoing project planning. Some key learning points that were identified:

- Busy acute hospital wards require a flexible approach. Each session varied according to which patients were in the ward at the time.
- Acuity of patients may mean they are not able to leave their beds and moving them to a day room for group sessions is impractical.
- Timing, lunch and visitor times can affect sessions. It is nice for carers and relatives to be involved in the music but patients may be anxious not to miss their relatives visit in the ward.
- Staffing levels are critical if patients are to be moved into the dayroom.
- Dedicated support staff or activity workers makes a big difference to the musician's capacity and the effective organisation of the sessions.
- The need for informed consent (in Winchester Hospital) meant that working at the bedside was more problematic because the music carries beyond the confines of the individual patient's space.

Musician feedback:

The musician found that working in bays was more challenging than working with a group in the day room. He identified this as being due to having to rely on instinct and judgement, needing to be very flexible, have empathy and consideration for everyone around you in order to adapt. There is a need to be open to conversation and accept that some people will want to be left in peace. This kind of rejection needs to be taken gracefully and not personally.

Working with groups in the day room also presented some challenges. In a busy working ward there can be interruptions and people moving in and out. Again, the musician found he needed to be very sensitive to individuals' needs and be flexible and adapt to situations constructively. Having the support of another musician would make managing situations easier.

The musician commented that his choice of repertoire evolved throughout and that repertoire choice is a collaboration. He felt that his personal connection to the music inspired other people's connections to it.

Winchester Hospital

In Winchester, where the research project brought additional challenges, the presence of activity coordinators was crucial. They were able to facilitate practical needs and relationships between medical professionals, patients, carers, researchers and the musician.

Using the same types of musical activities and games supported consistency and developed into a regular format for the sessions. This included opening with a performance by the musician, followed by: a hello song, passing instruments, playing instruments together, playing rhythmically or in a musical game together, singing, singing and playing, and finally a thank you song.

Poole Hospital

The musician worked more in bays than in the day room at Poole Hospital and found that his role developed into being part of the ward team. This gave him confidence to speak with visitors and patients, as well as staff. He was often requested to go to a certain bay or room with a specific instruction such as 'Mr so and so is feeling low, can you see if you can get him to smile?'

One of the biggest successes of the entire project was in Poole at Christmas. BSO provided additional musicians, staff brought cakes and decorations, and many people were invited. This showed the benefits of engaging staff and the musician felt that more regular celebrations to bring people together would be a very positive experience for staff and patients.

Portsmouth Hospital

When the dementia support worker was available groups could be brought to the Memory Lane day room. This set up was supported by staff who could bring the patients and stay with them. This varied depending on how many staff could be involved. Staff changes at Portsmouth seemed to be greater than Poole so the musician didn't find it so easy to build relationships. The atmosphere in the ward was very quiet and this impacted on the approach the musician took with less interaction between staff and the musician. He said: *"Because of the quietness it made the music making feel very intimate and I was able to spend extended times with individual patients playing to their needs. This was very special."*

Musician's Blog

The musician wrote a blog during the project and one of the most moving passages was: "A specific experience stays with me regarding a lady suffering from a severe paranoid delusion. This experience of playing to someone so distressed and bringing her back to herself emotionally through sustained, focused, continuous playing that allowed the nurses to settle her back into bed was a truly extraordinary experience." You can read the blogs at this link: <https://bsolive.wordpress.com/category/bso-participate/music-for-a-while/>

Bournemouth Symphony Orchestra Feedback

Lisa Tregale, Head of Participation

Ward observation on G4 Portsmouth - September 2015

"I observed two ladies called Mary during a session. Mary 1 had very advanced Dementia to minimal communication and engagement function and very limited fine motor skills due to pronounced arm and hand shaking. Neil (BSO Associate) did a task with her and group where Mary conducted him on the Viola with a conductors baton. Mary had complete clarity and intent throughout the whole process. She looked Neil straight in the eye and with no shaking directed him to play different tempi, pitch and dynamics - Magical"

“Mary 2 didn’t want to participate in the group music making or singing but was very contently sitting while others made music around her. I was not sure through the session whether she was engaged in the session at all but in the last five minutes of the session Neil started playing Wonderful World by Louis Armstrong. The whole group, except Mary, was singing, smiling and clapping along. When the group got to the line I love you.... Mary sang, unprompted, a solo beautifully in time and in tune, demonstrating that she was totally in the moment in her own way”.

Poole Hospital, Lychett Ward – Christmas 2015

Neil was joined by BSO musicians, Vicky (violin) and Emma (bassoon) to have a Christmas celebration in the Day Room. Nursing staff had decorated the room, brought in cake and had arranged for the hospital Chaplin to come and support the event. Those who could walk were brought to the room with their relatives and some patients in beds were brought to the room. We were also joined by senior hospital staff members (Director of Finance, Director of Nursing, Board Members) and this event facilitated the bringing together of many departments of the hospital together in a positive environment. We all sang carols and played percussion together and celebrated what can be a very lonely time of year in hospital. A really joyous occasion.

Patient / Carer feedback (feedback postcards)

Those carers who filled in feedback cards were wholly positive and enthused about the benefits of the music. Some examples:

“Absolutely beautiful, great stimulant, what a surprise, very positive, good for the patients.”

“This was a wonderful experience for the patients, it was a joy to see interaction – my mum has very little recall, however she remembers the man coming to play music.”

“Neil came and played for my husband and he obviously loved it despite dementia. It was wonderful to see his feet moving to the music.”

“Margaret has enjoyed her time in Memory Lane listening to music and singing. Very nice for family to see her enjoying herself.”

“The atmosphere becomes calming and contemplative for patients, relatives and staff. Highly enjoyable and relaxing, very beneficial for families and patients.”

“My father is enjoying this, it revives his memory and gives my family and myself a glimpse of our old Dad.”

“Music is the most amazing gift and for Neil to play so beautifully, brightened up the mood of all of us on the ward. I know my mother was overjoyed with Neil and his music, it was the first time she had smiled and tapped her feet for many a day.”

Relative of person with dementia

RESEARCH REPORT FROM THE UNIVERSITY OF WINCHESTER

You can download the full research report and executive summary at <http://www.bsolive.com/boost/>

Executive Summary

Quantitative ward level data were collected during two equivalent ten week time periods: 1st September to the 3rd November 2014 (time frame A – usual care/no music) and the 1st September to the 3rd November 2015 (time frame B – weekly music sessions of up to two hours duration). Data were available for 85 patients: 38 out of 59 dementia patients at time A (64.41%) and 47 out of 84 at time B (55.95%).

As well as routine data collected directly at ward level, quantitative data were collated from the Hampshire Hospitals Foundation Trust Business Intelligence Team (BIT). All data were anonymised prior to being passed to researchers for analysis.

The BIT data include:

- The number of falls recorded during the time frames
- The number of falls recorded on an average Tuesday during the time frames
- The average length of stay during each of the time frames.
- Staff absences during the time frames.

The ward level data include:

- The number of prescriptions of anti-psychotic/ anti-agitation drugs during stay
- The number of prescriptions of anti-psychotic/ anti-agitation drugs on an average Tuesday
- The number of in-patients recorded as requiring one-to-one attention on a Tuesday.

The research was approved by the NHS NRES (South Central Hampshire A) Committee and by the University of Winchester Research Ethics Committee. Consent or assent by consultee was obtained for all participants by the Clinical Nurse Specialist (CNS) for dementia care.

Qualitative methods included participant observation, semi-structured interviews and focus groups with patients, visitors and staff. Participant observation was undertaken unobtrusively by one of two researchers who attended sessions between November 2015 and January 2016. The Arts Observational Scale (ArtsObs), a structured assessment tool designed by Chelsea and Westminster Hospital NHS Foundation Trust (<http://www.cwplus.org.uk/research/arts-research/artsobservational/>), was used to record researcher observations of the effects of the music project on patients' mood, relaxation and agitation as well as its effects on the ward environment.

Interviews were undertaken with participants (patients, carers and staff). These followed a topic guide and explored participants' accounts of the music project. Interviews were one to one, where CNS identified patients with capacity to participate, or in pairs or small groups of participants, including carers. They were held in a side room, off the ward, and took the form of brief, relaxed conversations.

The research included an action research component in which care staff worked together in a small learning group to review the project. Staff also took part in a final focus group to discuss the impact of the project on patients and on themselves, the working environment and work organisation.

Results

Although the two time periods were equivalent in terms of time of year, it is recognised that many factors could have contributed to differences in the ward environment between the two time periods. The average age of patients during time period A was 80 years old and 91 years old for time period B. The average length of stay during time period A was 36.90 days compared to 34.68 days in time period B. This equates to a 6.2% decrease in length of stay between the two time periods. The discharge figure from the two wards was 110 in time period A, compared to 122 in time period B; this is a 9.84% increase in the number of discharges. Missing data may have influenced the results. Nevertheless, key differences in the ward environment between the two time periods were noted, including:

- A reduction in falls: during time period A there were 47 falls recorded compared to 31 in time period B.
- A reduction in staff absences overall: there were 22 staff absences recorded during time period A and 16 recorded during time period B. However, the number of staff absences on a Tuesday in time period A was 6 compared to 8 in time period B.
- During time period A, one patient (2.63%) required one to one attention compared two patients (4.26%) in time period B.
- A 4.26% reduction the number of patients prescribed anti-agitation drugs in time period B compared with time period A.
- A 27.72% decrease in the number of prescribed anti agitation drugs on a Tuesday (the day of the music activity) in time period B, compared to time period A. This is despite an overall increase in the number of patients who took anti-agitation drugs during their stay but not on a Tuesday: one (2.63%) in time period A and 15 (31.91%) in time period B.

Observation Findings

ArtsObs data are available for 20 patients (13 female and 7 male), observed over the final five sessions (weeks 5 to 10). Key observations are:

- Increased mood scores for all patients at the end of each session when compared with the beginning.
- The data show that the observed effects of the music session on relaxation, distraction, engagement and agitation were consistently positive, often very much so.
- The observer rated the overall effect of the project on the ward environment consistently as being very positive.

Feedback from patients, relatives and ward staff suggests that most participants enjoyed the sessions. Participants were observed to be in high spirits during the sessions, singing, smiling and laughing. They often seemed to be fully engaged with the music and the instruments, frequently requesting particular songs from the musician. Participants often commented that they enjoyed the music, the singing and playing as well as the social element of the project and the opportunity to attend a music session away from their beds. They also enjoyed having tea and biscuits served during the group. Some participants reacted strongly to certain pieces of music, for example closing their eyes, leaning back and appearing absorbed in a favourite piece. There were sometimes poignant instances when participants reminisced about their younger years.

The ArtsObs tool also invites the observer to record negative feedback if this is given. These records show that on occasion some participants were confused and distracted and therefore unable to fully participate or enjoy the session. It is possible that changes in medication could sometimes negatively affect participants' concentration and mood. These findings are confirmed in the open ended observational data, which generated a rich description of the project activities. The success of the sessions depended on a number of factors, the main one being the skills and qualities of the professional musician. Without a lead musician, it was likely that the music sessions would be replaced by passive listening to CDs or watching TV. Variations in group size and composition also affected the delivery of the music session and its impact. Participants' responses to the sessions were strongly affected by underlying health conditions, which included hearing, sight and mobility impairments as well as dementia. It is possible that participants' responses were affected both positively and negatively by medication changes.

“We were really proud of it. The Director of Nursing came up. We wanted to celebrate that we were doing something really good for patients.”

Dementia Nurse Lead

Interview and focus group data

Interviews were brief conversations: participants often found it difficult to participate in interviews because of memory problems and confusion as well as other difficulties such as hearing problems. Nevertheless, the themes suggested by the interview data confirm the observational findings. In general, the patients who attended the music group often told staff that they enjoyed hearing the music, singing songs, socialising, having tea and biscuits and cake. Not all of the activities were enjoyed by everyone. However, participants often reported being 'cheered up' by the music.

Staff generally agreed that the project was effective in meeting particular needs, reducing aggression, wandering and agitation. They also frequently commented on the positive effects of the sessions on participants' moods. There was some frustration on occasion when hospital routines got in the way of the project. However, staff were generally very keen to take part and the project could not have been delivered without their support.

Conclusions

The quantitative results show some interesting trends, especially given that the sample in 2015 were on average eleven years older than the patient sample in 2014. Data from markers of behaviour show a trend for a decrease in the number of patients requiring anti agitation drugs on an average Tuesday following the musical intervention. A trend was identified with less falls recorded as occurring on a Tuesday when the musical intervention was taking place.

The results suggest that the length of stay was reduced during the 2015 time period compared to 2014. However, without more specific data on patients it is not possible to know whether this was because admissions were less severe or complicated.

Given the study limitations, these trends should be interpreted with care. However the results do warrant further exploration into the possible impact that the musical intervention may be having on patients with dementia in the acute care environment. The full report includes recommendations in order to optimise the research for a more rigorous quantitative analysis in the future.

The observational and qualitative data suggest that the music project was very positively received by patients and staff, who played an essential role in facilitating the music project as well as the research. The success of the sessions in part depended on the skills and qualities of the musician. It seems unlikely that sessions run by volunteers or care staff would engage participants as effectively. Other factors affected delivery and need to be considered in programme planning. These include group size and composition, facilities and resources, funding, and hospital routines and organisation.

“Simply playing live music seems to make people want to open up, to connect, to smile and to enjoy.”

Musician

FUNDING

Income:

Wessex Academic Health Science Network Awards for All (Lottery)	£20,000
TOTAL	£29,490

Expenditure:

Arts & Health South West project management	£6,750
Bournemouth Symphony Orchestra delivery	£14,400
University of Winchester research	£6,000
Support to hospitals and contingency	£2,340
TOTAL	£29,490

PROJECTS CONCLUSIONS AND NEXT STEPS

The project was extremely well received by all who were involved. Key success factors were:

The support of the Academic Health Science Network and in particular Katherine Barbour, the lead for the hospital dementia network, was crucial in engaging nursing staff. Nursing staff, with a particular responsibility for dementia within their hospitals, were enthusiastic about the opportunity and therefore helped facilitate the delivery of activities in what can sometimes be a challenging environment. Their ownership of the project was very important for its success.

The Arts & Health South West (AHSW) and Bournemouth Symphony Orchestra (BSO) partnership was very positive, productive and supportive. BSO brought experience, capacity and strategic vision to the project. AHSW brought project initiation, holistic vision and facilitation, budget management and funding partners. The University of Winchester's research project at Winchester Hospital has provided the whole project with greater credibility and given us evidence of some very clear benefits with which to argue for future work.

The lead nurses in each of the three hospitals have all developed plans to continue the work. As we write this report we know that Poole Hospital has definite plans and a budget allocated to continue for another year. Portsmouth Hospital and Winchester Hospital have put together business cases and planning is in process. This is an extremely positive outcome for AHSW and BSO.

BSO will pursue a similar approach in other hospitals in the region and draw on Arts & Health South West where they need support. Arts & Health South West plans to pursue the potential for the online resource and learning from the project to be more widely disseminated regionally and nationally.

ACKNOWLEDGEMENTS

Our grateful thanks to the participating hospitals and all the patients and carers who were involved. Key staff we would like to thank are: Linda Field, Head of Nursing MOPRS, Portsmouth Hospitals NHS Trust; Alison Hoskin, Senior Sister, Portsmouth Hospital NHS Trust, Rachel Hayden, Dementia Nurse Specialist, Hampshire Hospitals NHS Foundation Trust; and Kate Jones, Dementia Nurse Specialist, Poole Hospitals NHS Foundation Trust.

Thanks also to Neil Valentine, Bournemouth Symphony Orchestra Associate – Musician in the Community, Katherine Barbour, Senior Project Manager, Wessex Academic Health Science Network, Professor Norma Daykin and David Walters at the University of Winchester.

This report is written by Alex Coulter, Director of Arts & Health South West and Lisa Tregale, Head of Participation at the Bournemouth Symphony Orchestra. For further information please contact:

Alex Coulter: alex@ahsw.org.uk

Lisa Tregale: ltregale@bsorchestra.co.uk

“Music is a conversation starter. For many visitors the music stimulated conversation with the patient they were visiting. Having a live stimulus of something like music brings people together through shared experience and memory.”

Musician