

PULSE ARTS MUSIC IN HEALTHCARE PILOT PROJECT AT BROOMFIELD HOSPITAL: EVALUATION

# Music in Healthcare practice pilot: Broomfield Hospital

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Devised and presented by Pulse Arts CIC



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**The evaluator would like to thank everyone who contributed and provided comments, feedback and suggestions, which have informed this report.**

## **Introduction: Pulse Arts CIC & Music in Healthcare practice**

Pulse Arts CIC (Pulse Arts) is passionate about providing great music-making opportunities for people in short and long term healthcare. The co-founders, David McKenny and Joe Danks, are developing a model approach to improvised and participatory music-making in hospital settings, employing Music in Healthcare practice (MiH). This is, in turn, as a result of their Music in Healthcare Settings Apprenticeship with OPUS Music CIC () in East Midlands hospitals. In less than eighteen months, the two co-founders and lead practitioners have grown the organization, forming Pulse Arts as a Community Interest Company, providing mentoring and coaching to a fellow musician in Music in Healthcare practice, securing one ACE funded programme over 30 weeks with Great Ormond Street Hospital's Go! Create, and several shorter programmes with the Evelina and Chelsea & Westminster Hospitals.

Music in Healthcare practice at Broomfield is distinctive because it is Pulse's second project and also demonstrates a desire to develop work in and with the people of Essex as a strategic growth objective.

### **What is Music in Healthcare practice?**

There are several distinctive features of Music in Healthcare practice:

- The focus of the approach is on creating high quality musical experiences. Participants engage in whatever way they choose: making music, leading musical interactions, listening to the music, or perhaps making a decision not to engage. MiH practice gives participants an opportunity to take some control of their environment.
- The musical repertoire used is diverse, including folk, world, popular music and classical pieces; as well as lullabies and nursery rhymes. The pieces are chosen by the MiH practitioners to suit the mood and environment, and then adapted and improvised in response to patients' individual needs. Lyrics are carefully chosen or altered to suit

the environment, and allow for individual interpretations of the repertoire.

- As well Pulse Arts' own principal instruments and voices, high quality musical instruments are shared with participants. The instruments are chosen for their suitability to use in a hospital environment and can be wiped with anti-bacterial wipes between sessions to adhere to infection control. They have also been chosen for their instant accessibility, with sounds and timbres that blend well and based around pentatonic and diatonic scales; allowing participants to play music and explore their own musicality in a supportive, joyful way.
- Regular visits for a day at a time, over a number of weeks, are designed to develop strong working relationships with play specialists, clinical staff and families to maximise access to clinical spaces and engagement with patients, including the direction of the practitioners to particular patients who might benefit from the practice, or warn against playing or visiting particular areas and patients due to busy periods or ward visits, for example.



## **Initiating Music in Healthcare practice at Broomfield**

Pulse Arts first approached one of the Play Specialist team in the autumn of 2015 after referral from Nick Cutts (Director – Opus Music CIC). Broomfield Hospital is a Centre of Excellence for burns, as well as a large, general hospital serving a wide population across Chelmsford and South East Essex. The hospital has a track record of using public art as an integral part of the environment for patients and staff. Pulse Arts was particularly interested in working with Essex, as it is outside London and therefore serves a different population and needs, as well as building on relationships in the county from the Student Led Music Ensemble work in Rochford District.

Pulse Arts - led by Dave McKenny and Joe Danks - piloted Music In Healthcare (MiH) practice at Broomfield Hospital's Children's Wards from January to March 2016, spending a total of twelve days engaging patients, families and staff in interactive bed-side music making. In doing so they met a need for live music-making and informal music education for children under medical care.

### **Meeting a need**

The project provided an access point to musical engagement in a specific environment, namely Broomfield Hospital's Children's Wards, currently a 'cold spot' in terms of music provision. Young people from 0-18 years who are not able to attend school or early years settings due to ill health or disability, are missing the chance to hear and make music. Whilst receiving treatment at Broomfield Hospital, children face significant barriers to accessing culture, particularly music. They do not have access to quality musical instruments or the opportunity to participate in playing or learning about music. Furthermore, the experience of being in hospital, whether for a day or for a longer period, is a deep, memorable experience for a child and their families, that they may remember for the rest of their lives. By making a musical intervention during their stay that gives both the child and their family a positive musical experience, MiH practice can support the improvement of wellbeing; and also inspire, encourage and signpost them

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to opportunities that will continue their engagement with music when they leave hospital.

## Fundraising

Pulse Arts have a strong record in fund-raising to date, and were able to independently identify and apply for funding before agreeing the project with Broomfield. This undoubtedly removed the 'risk' of expending valuable resources on an untried method for the hospital, as well as demonstrating a commitment to the project and ability to identify funding.

## Evaluation

Pulse Arts engaged Sarah Bedell, an evaluation specialist who is located in South East Essex and works across the region. Sarah is also working with Pulse Arts on a London based MiH practice project and is therefore able to bring formative elements to this evaluation, which will add value for Pulse Arts in terms of learning from this new pilot. The evaluation has the following purposes:

- A record of what happened, and where it differed from the original plan, why.
- An assessment of how this model stands up to testing in the field, measuring the outcomes (as this is a qualitatively focused project) against the intended aims and objectives.
- An exploration of what works and doesn't work with this model – ideal circumstances; factors that make a difference; ideal length of run-time/length of day/number of visits.
- The challenges from a management or logistical point of view, for example, identifying key hospital staff – and any opportunities that facilitate the process.
- The implications of this model for Pulse Arts as an entity, in terms of sustainable and manageable growth when cash flow and income is still being established.
- Creative CPD potential and needs for founders and associate musicians who might be supporting future Pulse Arts partnerships, either in more hospitals or extending beyond the children's wards.
- Meeting key funders' evaluation needs and adding to the sector's knowledge and best practice in Music and Health through effective dissemination and sharing of lessons.

## Methodology

The evaluation was largely qualitative, with success being measured in terms of relaxing or soothing the patients, and providing pleasure, in addition to access to high quality music and participatory opportunities. It would have been inappropriate and obtrusive to have produced feedback forms with much detail about individuals (such as age, ethnicity, and address), such as might be used in other community-facing projects. However, with a clear understanding that funders require some quantitative information, a suitable methodology was developed, deploying self-evaluation techniques with independent support, observation, analysis and assessment. There was a conscious decision not to record encounters and experiences except through contemporaneous notes, although parents frequently recorded or photographed encounters. The photos in this report have been provided by the hospital. It should be noted that the time to achieve the level of recording was integrated into the delivery time.

The main feedback tools were:

- Pulse Arts feedback cards, distributed and collected by practitioners.
- Conversations and interactions with the practitioners, recorded and noted in the Black Book used for the project.
- NHS Recommend to a family or friend cards, collected by the PALS service and Patient Experience Manager.

In addition, the evaluator attended two days of observation, one with the Manager of Essex Music Hub, and spoke to patients, staff, nurses and consultants about their Music in Healthcare practice and how the approach had worked from their perspective, and any benefits they had noticed.

After completion of the pilot, the evaluator contacted the Patient Experience Manager and had a structured conversation about the value and impacts, and the senior nurse on Wizard Ward (day patients surgery), who is collating feedback from her colleagues. There is a final debriefing meeting scheduled for 26 May with the Patient Experience Manager and Essex Music Education Hub (EMEH) Lead; any substantial feedback and additional information will be added to this final report then.

The other main tools for the evaluation, which was dynamic and ongoing throughout the pilot, were:

- The Black Book – a simple and effective means of gathering the experience each week, collecting and recording any data, anecdotes, recommendations and lessons learned by the practitioners, forming part of the overall reflective process.
- Regular contact and updates with the evaluator, enabling the practitioners to discuss and process events as they developed.

## **MiH pilot at Broomfield: what happened**

In Autumn 2015, following a contact for one of the Play Specialists at Broomfield Hospital, Pulse Arts proposed a twelve week pilot project, making music and offering opportunities to participate to patients aged 0-18, across a number of wards and areas. Following successful applications to EMEH and the Culture in Essex Small Grants programme, which accounted for 90% of the budget, it was agreed the pilot would commence in January 2016. There was a degree of jeopardy just before the beginning of the activity, largely due to a lack of clarity about which department would be making the final contribution to the project costs (£756), which was resolved by the practitioners physically locating the individuals and speaking with them in person.

The MiH pilot then ran on schedule and as planned, as the lead practitioners from Pulse Arts visited Broomfield Hospital every Thursday (9.30am to 4pm) over twelve weeks, from January to March 2016, covering a number of wards and clinics:

- Phoenix Ward – Children's medical and surgical ward caring for children who are admitted as an emergency or who require an overnight stay in hospital.
- Children's Burns Unit – Regional Centre of Excellence of treating burns.
- Wizard Ward – Provides planned day surgical facilities for children and young people.
- Children's Outpatients.
- Accident and Emergency.

- The Intensive Care Unit – by referral from Play team.

To raise awareness of visits, posters with pictures of the MiH practitioners with their instruments and timings of visits were put up in staff rooms and visible on the wards. The support of the Play Specialist team in directing and informing patients and staff about the visits was also helpful, and proved to be a very constructive and positive collaboration, which is explored in the Factors for Success.

On average, the practitioners reached about 20- 30 patients per day depending on how busy the wards and clinics were. As well as playing music to and with young people, the practitioners had conversations with the young people and their families about musical tastes and experiences of learning music.

*Met whole family and played for baby; Dad was interested to play the Bodhran and we talked about drumming (Black Book notes, 28 Jan)*

*B has drums at home, and I think it's important for children to be allowed to play, so this is brilliant, having it in hospital.  
Parent*

The practitioners used reflective practice logs detailing case studies and notable interactions, and collected feedback cards from patients and staff. The feedback cards used simple music-focused questions to initiate conversations.

The feedback cards also asked respondents to indicate if the music had helped improve their experience and to score it. Feedback, both written, drawn and verbal, was consistently positive across the board, from patients to parents, from support staff to clinicians and consultants.

Practitioners also noted the regularity and frequency of requests for the practitioners to attend wards; the spread of wards that engaged most frequently; the type of request that the practitioners received (for example, to attend an individual child, or play at a particular time or place for more

**Did You..**

Listen To Music?  
Play Music?  
Learn About Music?  
Talk About Music?

people); and the types of music that were offered, shared or developed as a result of the project, including repertoire.

Pulse Arts invited a colleague from their music in healthcare networks, a cellist, to join the team for two sessions, which has inspired the development of a CPD programme for Essex based practitioners for future projects:

*Outpatients: Polly played cello with boy with autism. He plucked strings and sang, imitating our playing. Moved onto box, playing xylophone. Parents video-ed on phone. Brother and sister both bowed the cello, father very much involved. The desk staff commented later how the music had calmed this patient who visits the clinic regularly and is usually quite agitated. Today, they had noticed the change. (Black Book, 18 Feb)*

*It was amazing to go in and see such positive relationships with so many people in such a short time... my own experience at Manchester Children's Hospital had been very positive, and these relationships were already stronger, in a shorter time... it was new for me to have a whole day in a healthcare setting. There's a lot to take in, but so much more time to develop relationships and also to play in more places. I really enjoyed being able to play in the corridors for people who are working in the hospital... a full day definitely works well. Pulse Arts Musician, Polly Virr*



Approximately two thirds of the way into the pilot project, Pulse Arts was approached to trial a session on one of the adult wards, with a number of dementia patients. This was very successful with patients and considered helpful by the staff and as a result, Pulse

Arts are finalizing the details of a 30 week project with adult patients with dementia at Broomfield Hospital, with an integrated CPD opportunity for a new practitioner, thus growing the team and the practice. Pulse Arts are currently fund-raising to achieve this in 2016/17. Pulse Arts has also been asked to contribute to the Hospital's Annual Report and the Trust's Quality Account.

Pulse Arts is also developing plans to continue working with the Children's wards and clinics, and preparing an application to Arts Council England, with discussions with the Patient Experience Manager, Charity and wards ongoing.

### **Funding the MiH pilot at Broomfield**

Successful applications were made to Essex Music Education Hub, Culture in Essex Small Grants, amounting to 90% of the total £8,402 costs before finalising the project with Broomfield. This then levered £756 from Mid Essex Hospital Services and a further £842 in in-kind support. The outcomes suggest that this was a strategic and effective seed-funding for an emerging organisation and practice, which has already delivered the result of further commissions for Pulse Arts with Broomfield Hospital, as well as supporting the funders' own strategic aims and objectives (access, provision and building the creative economy).

The majority of the project costs were on preparation, planning and delivery time for the practitioners – 24 days' employment in total: this is always going to be the case, as the success of the model relies on a regular amount of time (ideally a full day) with a minimum of two practitioners having the time and resources to provide high quality musical interactions. On the other hand, this model is very light on capital expenditure, materials, equipment and even promotion and marketing (not appropriate in the context, beyond informing patients and staff). The responses in the feedback, as well as hearing the comments during observation sessions, suggest that it is the skill and quality of the practitioners, combined with the ethos behind MiH practice that delivers value and improves patient experience.

### **Measuring success against aims & objectives**

The pilot project's aim was to improve and widen the impact that Music and the Arts can have across Essex's healthcare settings, specifically Broomfield Hospital, by using MiH practice developed for this setting by Pulse Arts, and:

- Providing an access point to musical engagement in a specific environment, namely Broomfield Hospital's Children's Wards, giving young people from 0-18 years the chance to hear and make music when they are not able to attend school due to ill health or disability.
- Regularly attending a range of Children's Wards, every Thursday, for a twelve week period, with two practitioners making music for and with patients and their families/carers, and staff.

## Outcomes

Pulse Arts delivered the 12 week Music in Healthcare practice pilot project at Broomfield on time, as the activity plan outlined, within budget.

Finalising the activity plan and last piece of funding was protracted after the initial discussions, and there was one point at which it seemed that the pilot would not start on time. However, this was resolved through Pulse Arts taking the initiative and locating both the individuals needed for a final decision. Over the course of the pilot, two practitioners engaged with between 20-30 patients each week (up to 360 people in total) and staff across a range of wards and clinics on each occasion, offering music and opportunities to access music making for children and young people from 0-18.

Pulse Arts and the MiH practice received positive feedback from the first week, with requests from a number of wards to return each week. A pattern was quickly established, which fostered strong relationships of trust between the practitioners and staff, whilst some patients who made regular visits, or were in hospital for an extended period of time either made appointments to coincide with the practitioners or asked for individual visits on Thursdays:

*Very calming effect on patients (and staff). We requested them to return, especially during our two weekly phlebotomy clinics. They put a smile on everyone's face (patients, parents and staff) very friendly, smiling guys!*

*A mum asked last week if she could schedule phlebotomy appointments for Thursdays in future, as her child finds it so much easier when Joe and Dave are here.*

The notes in the Black Book show how relationships built each week, as well as capturing significant moments or interactions:

*Notes from 21 January*

*Burns: Played in playroom to young toddler. Parents very interested; asked if we knew any Bollywood Songs (worth adding to the rep list). Parents played ukulele and xylophone, asking how to learn and where, for themselves. Played shaker game with boy in pushchair while dad away. When he realised he was controlling us ie when he played, we played, he had the biggest smile and experimented with shaking in different directions.*

*Wizard: still getting used to the space but nurses were very grateful and appreciative. One came out of office to see what the sound was and stayed.*

*Notes from 11 February*

*Visited A&E first thing, waiting room quite busy. Muted appreciation. No smiles or interactions, but tapping of feet and rocking of babies.*

*Outpatients: having audit, so no patients except for autistic boy who was getting used to space. Played calming music which he observed and was quite curious about. Perhaps we'll see him again. Sang happy birthday to staff member.*

*The most involved I have felt in being part of the clinical team in any hospital so far! Was asked by staff and children to come in and play whilst bloods were taken. One child very upset, but we played and when the injection was done, and helped soothe... Dad and staff thanked us. Will definitely come back to next clinic.*

*Notes from 3 March*

*Children's' Burns: started by playing in the corridor for mother and daughter and then finished up playing in front of the desk with two mothers and babies. Staff singing and dancing along with baby. Lots of positive comments: 'I've never seen her so happy' and 'It's the first time she's stopped crying.' The baby in question went from crying to singing along and dancing.*

*Notes from 24 March*

*Wizard: played whilst boy came round from anaesthetic. Teenage boy played Bodhran and wah-wah (all three of them) with his father and us.*

One particular outcome is that Pulse Arts have been invited to work with the Dementia Team on the adult wards, using MiH practice, based on the success of an initial visit by the practitioners. This was particularly commented on by the Patient Experience Manager, who mentioned the impact on one patient, who had been in bed for 10 days, walking only with the assistance of two physiotherapists and in some distress, who had been dancing to the music within minutes of the practitioners' visit. It is very encouraging that the Hospital and Pulse Arts are moving forward with the planning, adaptation for the adult patients and fund-raising.

There was press coverage from the Chelmsford Reporter, who ran an article. Although there was concern that they had slightly misrepresented the 'uniqueness' of arts at Broomfield, the article helped cement internal relationships within the hospital with such positive coverage about how patients were benefiting.

## Impacts

There is a strong body of evidence for the benefits of MiH practice, mainly relating to relaxing and soothing the patient, and thereby easing anxiety about treatments or interventions, and supporting clinical staff in their work. Pulse Arts is not undertaking action research or empirical research with their MiH practice, but the feedback gathered and provided (spontaneously) during this pilot project reinforce the basic premise that music and music-making in health settings has patient benefits and a value for the staff, at the very least helping them achieve their tasks, eg blood tests.

*This was really fun. The music was lovely and extraordinary. I really enjoyed being able to play the music with them.*

*Patient*

*I get more blood tests done in the same time when they are here. It creates a calm atmosphere for the patients. I'd like to be able to book them every week, people appreciate it so much. We have a laughter specialist too, who is very good, but it's not for everyone, so Joe and Dave offer an alternative. We find it is very effective for mums with babies as well. Our priority is to make families and children feel relaxed and this has been very successful; the music does relax people, reducing the waiting time and the pressure. We always have a*

*long waiting list for this clinic, we're always busy, and so this is very helpful.*      *Phlebotomist*

*Having the musicians here is brilliant. R (4 months old) was getting fractious and needed her 10am feed, but she settled down very quickly when Joe and Dave were playing. It's very calming for the children and helpful for us, when we have to fill out forms. R has been going to music festivals before she was born, and loves music. [After the appointment:] R had 3 pinpricks, but she didn't notice at all, because she was busy watching Joe and Dave play Twinkle Twinkle Little Star (the consultant asked them to go in and play)*      *Parent, clinic*

*I think it helps patients feel calmer in a stressful environment and makes A & E welcoming. It makes a big difference on the wards, it creates a better environment.*

*Nurse*

*It's much more therapeutic than entertainers, and complementary, taking a holistic approach to health and wellbeing. We've had really good feedback about the music from everyone. I think it's good for the parents as well as the children. They're very good at getting the children and parents involved.*      *Play Specialist*

*The ward feels calmer, the parents appear less anxious, which benefits the child, as their experience is less clinical as the stress/panic/urgency feeling becomes controlled. 10 out of 10. 100%.*      *Senior Sister, Wizard Ward*

*I liked doing the music because I like music*      *Patient*

*What a fantastic idea! The guys really made my daughter smile, and their voices and skill with music and participation with family was great.* *Parent*

*As a member of staff I can see the benefit of this excellent service. We have such a busy clinic and our waiting room is often packed. As soon as these musicians arrive they bring about a calming atmosphere. They engage the children in playing instruments that they love! These men are always smiling and happy. And staff also appreciate the lovely music! Please keep this valuable service to benefit those attending hospital. :)*

The times and dates of the MiH visits was communicated with a simple poster – any more than raising awareness would be neither appropriate nor suitable for the setting, but this was effective with patients and staff, as noted in the Black Book:

*Giving out posters to ward staff to put up helped communicate who we are as Pulse and the time frame of the project. They **all** want it to continue. (28 Jan)*

The sensitivity with which practitioners approached patients was commented upon time and again; obviously, the appropriateness of the approach and even the music was something that might concern staff before experiencing it. Therefore, offering a 'taster' to the hospital in collaboration with the Play Specialist who facilitated the initial contact and conversation was, and is, an important part of the initial negotiations and discussions about Pulse Arts and MiH. This approach was successful for progressing the idea of working with adult patients, and Pulse Arts will be working with the Dementia Team to make the most of the opportunity.

*Very calming and therapeutic, helps create a tranquil and placid setting for children to be treated in. Needs to be approached sensitively as it may not be applicable for all patients but on the whole I think it's a great addition.*

*I have to say I thought it was a little creepy initially! However, was completely wrong. The calming music and interaction with patients (children) was brilliant. Unexpected and pleasantly surprised. Keep it up, guys*

*Anonymous*

*At first, I wondered what it was all about, so I went to outpatients to watch. So calming. I saw a child playing an instrument with Joe and Dave within five minutes. Calming, like a lovely wave. Volunteer*

*At first, I thought, what is this? These two guys turned up at my office, along with a phone call from one of the Play Specialists. As soon as they started, I thought it was marvellous. They're watching the patient all the time - they can see who wants to engage or not and even in a bay with people in it, they're not at all overbearing. Patient Experience Manager*

## **Assessment**

Pulse Arts achieved the aims and objectives of the pilot MiH at Broomfield project, providing opportunities to experience and make music for nearly 400 patients over the 12 week period. 40 written or verbally recorded pieces of feedback were gathered, which indicates that the pilot was successful in improving patient experience in addition to the original aims and objectives, with benefits for the staff, too. Covering 6 different wards or settings, over three months, at a cost of £8,400 represents good value for money as well as meeting funders' and partners' needs of provision and

quality of experience. It would be helpful to undertake further analysis of what constitutes value and how this can be measured in terms of how it supports staff and thus saves time, or keeps clinics to time, and what 'value' that has.

## Factors for success

It is instructive to explore what made the delivery of this pilot so successful: there have been no problems or concerns during the run-time; the management and organization, choice of music and instruments have been entirely as planned.



The evaluator has worked on many projects that enjoy varying degrees of success for a variety of reasons; it is much rarer to assess a project that does what it set out to achieve, with few variations or issues arising. The most common pitfalls are a lack of communication in some way; lack of planning time and development; lack of ongoing monitoring and reflection (especially in qualitative projects); weak or uneven partnerships.

The MiH pilot at Broomfield is one of those rare projects that runs as described, to the point where it is difficult to fully convey how positive it has been without seeming to be entirely partial. And yet, the feedback, conversations, observation and comments received all indicate that this was a very well-conceived and executed project. The fact that Pulse Arts is raising funds for another pilot project, over a longer period of time, with adult patients is a testament to the confidence they have engendered in their new partner, Broomfield Hospital.

So, what makes Pulse Arts and their MiH practice so successful? The evaluator has considered other, similarly successful projects and there are

some common factors that these projects share; in the case of MiH at Broomfield, these were:

- **The practitioners:** in addition to their technical skills and musicianship, they have the inter-personal skills and emotional intelligence required to work sensitively and effectively in health settings. The Co-founders of Pulse Arts have established an ethos and set of working principles for the organisation, which is being embedded and extended as part of a CPD programme, growing capacity and scope in a sustainable way.
- **Planning and preparation,** to ensure the best use of time, visiting wards and clinics at the right time, establishing a pattern so that people can 'expect' the practitioners, noting requests and suggestions and following through. Sufficient time was allocated to evaluation and reflection, in order to build on each week's visit.
- **Music in Healthcare settings: the approach and practice** itself, which is developing with each project and as the practitioners gain experience in different settings. Pulse Arts is part of a growing network of music/health organisations and specialists, who are building the body of knowledge and understanding we have about the impact of music on our health and well-being and how it can be used in health settings.
- **The simplicity of the approach.** Of course, the devil lies in the detail and musicianship required to make the interventions and engagement entirely natural, spontaneous and in response to the minutest indication of interest (or disinterest), whilst also observing what is happening around them, in case there is an emergency or need to move on. In essence, though, MiH practice is simple in its aims and objectives.
- **Commitment to learning, sharing and developing the practice.** Pulse Arts have adopted ongoing, integrated evaluation in order to gain the most from each experience and optimise the learning and knowledge. Maintaining the Black Book requires discipline. As well as using evaluation as a formative tool for growth, Pulse Arts also understands how evaluation can support their business planning. As

well as disseminating their findings at seminars and conferences, and visiting other practitioners in other regions, Pulse Arts is also committed to offering CPD to other practitioners, growing the pool of practitioners to meet an identified need for more people.

- **The quality of the partnership with Broomfield Hospital**, which was very successful at all levels. Both partners shared the common goal of improving the experience, wanted the idea to work and had high levels of mutual respect, which developed into trust. The practitioners frequently commented on how welcoming and relaxed the staff were, from the outset.

Pulse Arts is an emerging, new organization, and of necessity they employ SMART working methods, in order to deliver and manage the growing workload. Having the GOSH project experience enabled Pulse Arts to model the structure – twelve weeks, for example, being an optimal period of time for a pilot; understand the repertoire which has been effective in similar settings; understand the safeguarding and infection control requirements to be allowed onto wards and, most importantly, understand how to approach the staff and clinicians on wards beforehand, to build a relationship. The feedback indicates that this is very important – demonstrating an awareness of and sensitivity towards each setting, on each day, and from minute to minute.

*Phoenix: feels like we still need nurses and ward sister to have a personal experience, ie see first-hand how well it can go with patients and families... Nurses are talking to us, suggesting and directing us to patients. Notes from Black Book, 21 January*

The pilot came about via a contact from a GOSH play specialist for the Play Specialists at Broomfield. Having a named individual to initiate the conversation was key, as it seems very difficult (if not impossible) to identify the roles or individuals who might be the most appropriate to contact (there are no staff directories, or clear departmental/responsibility structures on websites, for example). Pulse Arts used that personal contact, learning from GOSH how complex the structures and relationships are in hospitals, and realising that a named contact would facilitate the process.

Having the DBS and infection control clearance for GOSH speeded up the process of getting onto the wards, later in the process, as this documentation was acceptable to Broomfield.

The practitioners also integrated the planning and preparation for each session, creating a flow of work. The experience and reflections of each week were incorporated the following week. This rigour and commitment to quality and learning enabled the practitioners to become familiar with and sensitive to the workings of each ward, as shown by the notes in the Black Book – a record and space to reflect and make notes of requests, notable moments, etc. The communication between the practitioners on-site and in between visits was very strong and open, and this was seen on the wards when working together. Many of the staff commented on the quality of the partnership and playing between the practitioners, and how this allowed the practitioners to focus on the patient and judge how to interact (or not).

The only challenge lay at the very beginning of this partnership, when Pulse Arts was trying to identify the most appropriate person to approach with the MiH pilot project. At one point, having no response from several key contacts, it was unclear if the pilot would start when planned, even though 90% of the funding had been obtained. The reasons for this are instructive for Pulse Arts and funders who might wish to understand how this important strand of work can be developed and supported effectively. Discussing this with the Patient Experience Manager and others working in the NHS suggests that this is an endemic problem – identifying the right contact person from outside the NHS structure. One important lesson learned from this project is that every Trust is required to have a Patient Experience Manager, and this is likely to be the most sensible initial contact to make. GOSH has a separate arts organisation, Go! Create, as do other London hospitals, which makes the contact more straightforward for cultural organisations.

The other key lesson is to take account of the quality and nature of internal relationships within each hospital or healthcare setting, which will be

different on each occasion. It is also necessary to understand how the hospital communicates internally, particularly at the early stages, so as to avoid lack of clarity about the nature of MiH practice, ensure as many relevant individuals can see a demonstration of MiH practice, and know how best to secure match funding.

An internal challenge facing Pulse Arts is maintaining the pace and growth of the organisation and the programmes being offered, whilst having limited resources and staff. At the suggestion of the Patient Experience Manager, Pulse Arts are investigating the possibility of recruiting a volunteer who is experienced in administration and management. Again, the experience at both Broomfield and GOSH, where the practitioners met many high-level volunteers, is being harnessed by Pulse. Pulse Arts are also seeking funding to support a training element in the adult project proposed for Broomfield, by the end of which they will have increased their practitioner capacity by 50%, or to three.

## Conclusions



Pulse Arts' MiH pilot project at Broomfield Hospital has been a success overall, meeting its aims and objectives in providing opportunities for nearly 400 young people to access music and music making, even in hospital settings, and also offering

key benefits to patients such as soothing anxiety, relaxing the patient and thus supporting the staff in their jobs.

Based on the feedback gathered by Pulse Arts, together with the formal NHS responses gathered through PALS, the approach has been effective in improving the patient experience at a relatively small cost over 3 months, taken across the number of wards and clinics that have been able to access the music each week.

The partnership between Pulse Arts has been very successful: the management and organization of the project has been smooth for the hospital; the skills and perceptiveness of the musicians has been recognized, in particular, for the success of this approach.

Pulse Arts' success is also backed up by the fact that a further, extended project is being planned.

## **Recommendations and future development**

These recommendations are made based on the feedback, assessment and opportunities by the successful delivery of MiH practice at Broomfield; some of them are already being implemented or investigated further, as a result of ongoing monitoring, evaluation and reflection. This methodology has worked well for Pulse Arts, positioning them to be responsive to requests, new opportunities and developments.

It is recommended that Pulse Arts build on this relationship and work at Broomfield Hospital in two ways:

1. Continuing the relationship with the Children's Wards on some basis
2. Extending the work and practice by working with adult patients, adapting the model and repertoire to meet a different set of needs

There are two areas that Pulse Arts would like to explore further with continued MiH practice with children at Broomfield:

1. How to effectively optimise the opportunity to talk with parents and patients who express an interest in music-making during the course of interactions and participation, by signposting to existing resources and services. However, this needs to be balanced with an awareness that MiH practice is working with people who are ill or requiring treatment – their primary purpose for being in the hospital; the practitioners need to be sensitive to patients and parents/carers, as they have no knowledge of their situation or context. Nonetheless, as the comments indicate, MiH practice and interactions provide a powerful and spontaneous opportunity to advocate for music-

making and access to music opportunities for all children and young people.

*It was fantastic! I liked it a lot. I liked playing the instruments.*  
Patient

*Phoenix: played with brother and sister, explored the box of instruments. Girl: 'I've always wanted music lessons!' Notes from Black Book, February*

*'The parents asked us about how they could follow up their child's interest in music, but we weren't sure about how to signpost them, and didn't have any materials to hand... also, sometimes that's just not going to be appropriate, and we have to remember we are there to share our MiH practice, not give out publicity... nonetheless, we would like to think about how we could advocate in an appropriate way with the next project... it's such a unique opportunity'* Pulse Arts practitioner

2. How to effectively link up and explore the opportunities to work with more groups in different ways, that reflect the themes of social prescribing, for example ante-natal or pregnancy scanning clinics, the power of singing for staff, etc.

It is recommended that Pulse Arts develop and offer a training/CPD programme in collaboration with OPUS to other music practitioners in Essex, in order to extend the opportunities for MiH practice to be experienced by more patients across the region, offering a time and cost-effective method of improving patient experience and supporting staff.

It is recommended that Pulse Arts retain key elements of the management, monitoring, evaluation and organisational aspects, viz the Black Book and principle of writing up each day; the planning and preparation time; raising awareness methods. These elements strengthened the delivery (absolutely reliable in quality and regularity), ensured quality assurance, enabled the practitioners to respond to the setting and patients and creates a body of experience, feedback and knowledge for Pulse Arts to develop and share, including advocacy materials for MiH practice.

It is recommended that Pulse Arts work in collaboration with the Broomfield Patient Experience team to connect to the Mid and South Essex

network of Patient Experience Managers, specifically Basildon, Colchester and Southend.

It is recommended that Pulse Arts continue to develop repertoire, including taking on board suggestions from the Broomfield pilot, for example, Bollywood or local songs, or songs relevant to the patient population in particular settings. This enables Pulse Arts to both develop and differentiate the offer in different places and could be important if the MiH project with adult patients grows. The evaluator is connecting Pulse Arts with the Bollywood Brass Band to identify some suitable Bollywood songs.

It is recommended that Pulse Arts share the results and outcomes of this pilot MiH project at Broomfield Hospital with the Essex County Council Cultural Development Team, who are currently developing a funding strategy for Creative Journeys, a two/three year cultural programme which, if successful will provide funding to deliver an ambitious cross art form programme of activities for older people and those living with dementia. As part of this programme ECCCD are looking to develop a training programme for community artists, working with a range of experienced arts organisations across the artforms. Pulse Arts' MiH practice would add to the range and diversity of those training organisations and offer the potential to widen the opportunity to musicians in particular (who are well represented in Essex). This report should be shared directly with Lindsey Strange, lead officer for Creative Journeys. This would support overall ECC Cultural goals and objectives, as well as enabling Pulse Arts to develop the CPD aspects of their strategy and extend their 'reach'.

