



Lime Music for Health Programme

Manchester University NHS Foundation Trust

Impact evaluation Aug – Sep 2025

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Executive Summary

It is now widely accepted that participation in creative arts is beneficial for well-being and health (APPG, 2017, Bungay et al, 2014, Clift 2012). Traditionally, musicians in UK hospitals have been categorised as formal (music therapists) or informal (visiting artists, volunteers). However, the last twenty years has seen a significant rise in the field of *Music and Health* and the blurring of boundaries between music therapy and community music in clinical and community settings. Historically, academic research and writing has centred on justifying the value of this work and theoretical models for practice and training have remained absent from the literature.

Lime is Manchester Foundation Trust's award-winning Arts and Health team, globally recognised for excellence in the delivery of art and music projects in hospital and community healthcare settings. Lime's Music for Health programme provides CPD, training and opportunities for healthcare professionals and art/music students/graduates

Lime's contribution to this evolving field is a model of best practice, developed this year through training, learning and development. Lime's model of best practice for music for health practitioners' names, four key themes within their model for best practice; Artistry, Compassion, Inclusion, Reflection.

The mission in MFT's strategy 2024-9 is, 'working together to improve the health and quality of life of our diverse communities'. The Trusts states its five core values for staff as being compassionate, curious, collaborative, open & honest and inclusive.

The purpose of this study is to evaluate the impact of Lime's Music for Health programme on patients, staff and visitors. A mixed method study was designed to capture both quantitative and qualitative data for the purposes of effectively reporting on and evaluating Lime's Music for Health programme.

Summary of evaluation

Positive Impact: Participation in *Lime's Music for Health* programme is associated with enhanced mood and wellbeing among patients, visitors, and staff.

Ward Environment: Music contributes to a calmer, more supportive atmosphere by reducing stress and providing positive distraction.

Staff & Patients: Improved ward "feel" enhances staff working conditions and promotes patient engagement.

Safety & Deconditioning: These environmental improvements are likely to support staff safety and reduce patient deconditioning, though further research is needed to confirm direct links.

ArtsObs Tool: The ArtsObs scale is a time-efficient, non-obtrusive, and easy-to-use tool suitable for clinical settings.

Future Recommendation: To minimise bias, future studies could involve an independent observer.

Overall: Creative programmes such as *Music for Health* add value to healthcare by supporting wellbeing and improving the ward experience for both patients and staff.

Lime Music for Health Participatory Arts Programme

Lime¹ is Manchester Foundation Trust's award-winning Arts and Health team, globally recognised for excellence in the delivery of art and music projects in hospital and community healthcare settings. MFT's Charity has supported Lime's visionary arts programme for over fifty years, recognising the value in the important work being provided for both patients and NHS Staff. Each year Lime enables over twenty thousand MFT staff, patients and visitors direct access to the arts in all their vibrancy (Lime music for health, 2025: 2).

Lime's Music for Health programme provides CPD, training and opportunities for healthcare professionals and art/music students/graduates from Manchester School of Art and the Royal Northern College of Music (RNCM), and medical students from the University of Manchester. Lime is also committed to developing collaborative practise in partnership with high-profile organisations including the RNCM, Halle Orchestra, Manchester Camerata and Company Chameleon to explore innovative and pioneering ways of incorporating their wealth of experience into Lime's participatory arts programme. The expertise that professional Art and Music for Health Practitioners contribute towards the programme is vital towards its success (Lime music for health, 2025: 2-3).

i. Background – Lime's learning and development

It is now widely accepted that participation in creative arts is beneficial for well-being and health (APPG, 2017, Bungay et al, 2014, Clift 2012), and that, for as long as the arts have existed since the early rituals of song and dance, there has been a connection between the arts and healing (Fancourt, 2017: 41). There are now a wide variety of practices worldwide which come under the umbrella term 'Health Musicking' (Stige, 2003) encompassing a large multi-disciplinary field of music, health and wellbeing (Macdonald, Kreutz and Mitchell, 2012).

Traditionally, musicians in UK hospitals have been categorised as formal (music therapists) or informal (visiting artists, volunteers). However, the last twenty years has seen a significant rise in the field of *Music and Health* and the blurring of boundaries between music therapy and community music in clinical and community settings. While visiting artists perform to patients in hospitals, an alternative role has emerged in the form of a music for health practitioner, a musician who is not only a highly skilled performer, but who is also able to engage patients in creative music making, situating the practice in the grey area between established models.

In a 2009 study of music in hospitals that aimed to define the variety of emerging hospital practice, Preti stated,

'Musicians in hospitals make up a fairly new occupational group, with the result that we do not know very much about practical aspects of their work' (Preti, 2009: 79).

It is notable that since this early article, literature has centred on justifying the value of this work and theoretical models for practice and training have remained absent from the literature. Furthermore, specific research studies on music in health care have focused on work in paediatrics (Hawley, 2018; Tomlinson & Habron, 2022), with children and their families (Preti & Welch, 2011), and only one focuses on the impact of dance sessions for older people in acute hospital settings (Bungay et al, 2022) further highlighting the gaps for music with older populations within the literature.

¹ <https://www.limeart.org/>

However, Lime's contribution to this evolving field is a model of best practice, developed this year through training, learning and development. Lime's model of best practice for music for health practitioners' names, four key themes within their model for best practice; Artistry, Compassion, Inclusion, Reflection.

Artistry

Musicians often incorporate working in hospitals as part of a diverse portfolio career of performing, teaching and facilitating some community or healthcare work. A musician for healthcare draws from all their musical, creative and interpersonal experience in developing a flexible musical approach for working in hospitals. According to Hoover, 'Artistry is the consummate skill set of the artist that has the potential to reveal meaning, to surprise, and to delight' (Hoover, 2021:9).

Compassion

A musician for healthcare uses music as the primary tool for interaction and communication, but it is not the only creative vessel applied in this setting. A musician for healthcare must have mastery of their instrument and technique, but also be able to,

'...position music as a source of support or vehicle for creative engagement rather than the focal point for individual performance' (Hoover, 2021: 8).

This flexible position and adaptability while performing separates the musicians for healthcare and the concert hall performer. A musician for healthcare must have excellent observation skills for being able to take cues from others, both musically and physically, enabling the musicians to respond within the moment to the complex environment of a hospital ward and its changing circumstances.

Inclusion

Participatory music is a collaborative endeavour in which people connect through creative expression. Musicians in healthcare do not perform to people in hospitals, they use their artistry to connect with people through music. A musician for healthcare works from a person-centred framework based on four main ethical principles of autonomy, beneficence, non-maleficence and justice.

Musicians for healthcare work alongside a hospital wards multi-disciplinary team and staff to improve patient and staff experience of the hospital environment. Musicians for healthcare are openminded, non-judgemental and are committed to engaging as many people as possible in music.

Musical engagement with a trained music for health practitioner, provides equal access to opportunities and resources for all people, including those who may otherwise be excluded or marginalized, such as those with disabilities and members of other minority groups.

Reflection

Musicians for healthcare invite feedback from staff, patients and visitors to understand when things work and when they don't. Regularly listening to feedback and adapting appropriately is vital for maintaining high standards of practice and is fundamental to ensuring a musician for healthcare works professionally.

Reflection is a continuous process for a musician for healthcare and is a key theme of practice. Musicians on the ward are observing patients, assessing the efficacy of their musical skills during

a ward session, reflecting on this afterwards and adapting their work in response. Due to the volume of individualised interactions with vulnerable people in a high-pressured environment, this practice cannot be taught through generalisations and musicians develop a robust practice over time. Reflection is essential for individual practitioner development and self-care and maintaining a good quality of practice by ensuring high standards of professionalism.

ii. *Comparison of Limes' music for health practitioner themes and MFT Core values*

The mission in MFT's strategy 2024-9 is, 'working together to improve the health and quality of life of our diverse communities'. The Trusts states its five core values for staff as being compassionate, curious, collaborative, open & honest and inclusive. In Fig.1 core themes from Lime's model of best practice are presented at the top in green with MFT's core values at the bottom in blue. Here we can see strong correlation between both frameworks clearly demonstrating how the practice of Lime's music for health practitioners aligns within MFT's core values.

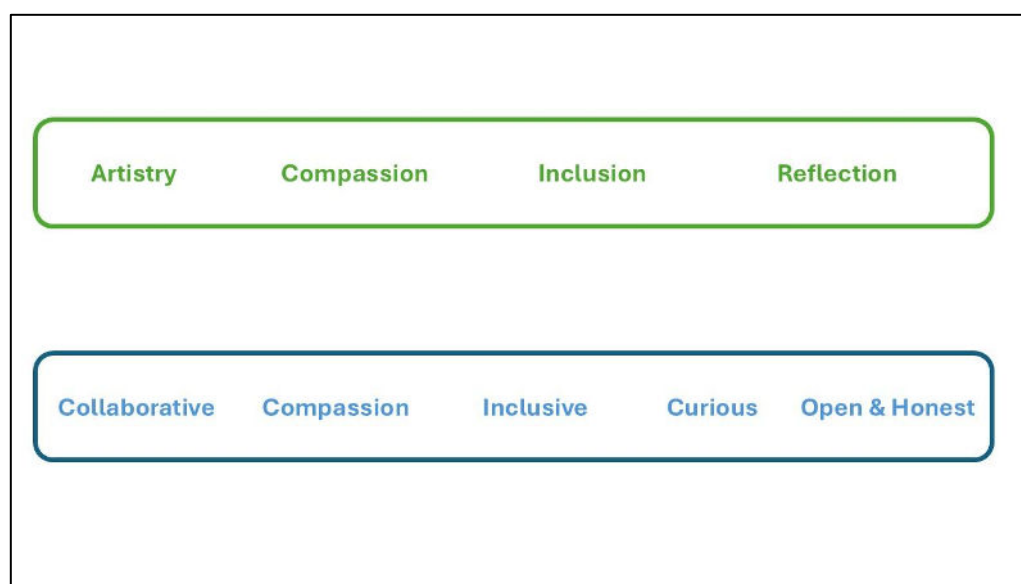


Fig. 1 Comparison of MFT core values and Lime's Music for Health Practitioner Practice themes

The Evaluation

i. *Research questions*

The purpose of this study is to evaluate the impact of Lime's *Music for Health: Participatory Arts Programme*, to understand how the programme addresses staff safety and patient deconditioning and to assess the feasibility of using the *ArtsObs* scale as a tool for ongoing evaluation within Lime's arts-in-health practice, by asking the following research questions.

1. Evaluate the impact of Lime's Music for Health Participatory Arts Programme
2. How does the Music for Health Participatory Arts Programme address staff safety and patient deconditioning in practice?
3. Test the feasibility of the *ArtsObs* scale as an evaluative tool for Lime

ii. *Participants – musicians*

Although Lime musicians work both individually and in pairs, for the purposes of this study, the observed sessions chosen were pairs only. It was decided that pairs are preferable to reduce possible pressure on solo musicians, and to ensure consistency within the study protocols. Each pair was briefed at least week before their initial session to ensure the musicians understood the

parameters of the study, prior to it commencing. Clear guidance was given on the protocols of the study and the role of the observer during the study.

The Lime team secured permission from senior MFT staff and each ward prior to the study commencing.

iii. Participants – patients, staff and visitors

Ten sessions for the study were selected from Lime’s existing timetable July – September 2025. Session were chosen across three MFT sites; Manchester Royal Infirmary, Trafford General and Wythenshawe Hospital, see. *Fig. 2*. All observations were conducted in accordance with Lime’s music programme and no alternations to location, date, or time were made to accommodate the study.

Site	Ward	Description	sessions	Time
MRI	Ward 1	Emergency Surgery	2	10am
MRI	Ward 2	Emergency Surgery	2	11am
MRI	Ward 5	Elderly/Dementia/ Enhanced observation of care	1	1pm
MRI	Ward 9	General medicine	1	2pm
MRI	Ward AM4	Orthopaedics/Emergency Surgery	2	2pm
MRI – Patrick Cryne	Ward 31	Stroke rehabilitation	1	10am
MRI – Patrick Cryne	Ward 32	Adult rehabilitation	1	11am
Trafford General	Ward 2 – Oak	Frailty and elderly care	3	2pm
Wythenshawe	F12	Complex Health	1	10am
Wythenshawe	F14	Complex Health	1	10am

Fig. 2. Location, distribution and time of ward visits

iv. ArtsObs Scale

The ArtsObs scale (Fancourt & Poon, 2015) is a validated, structured observational tool that captures key behaviours, and emotional responses of participants in arts-based activities. The scale is completed by an observer meaning data can be collected without requiring patients to fill in any paperwork.

The structure of the ArtsObs scale provides the opportunity to collect both quantitative and qualitative data. Analysis of the Likert-Type ratings on observed behaviours is captured in structured categories rating from 1-7, see, *Fig. 3*

						
1 (visibly expressed)	2 (moderate)	3 (mild)	4 (neutral / unresponsive)	5 (mild)	6 (moderate)	7 (visibly expressed)
Angry	Frustrated	Sad	Calm	Satisfied	Happy	Excited
Depressed	Restless	Bored	Reserved	Focused	Receptive	Delighted
Aggressive	Anxious	Listless	Quiet	Alert	Entertained	Appreciative
Distressed	Irritated	Tense	Still	Relaxed	Interested	Enthusiastic
Hostile	Upset	Distracted	Passive	Content	Amused	Friendly

Fig. 3 Rating scores of observed behaviours

The scale ends with three questions collecting anecdotal evidence from patients, staff and visitors, which the observer can collect through talking to the participants and interviewing the musicians after the session.

v. *Observer position*

While speaking to ward constituents, care was taken to treat people respectfully and achieve consent through participation. The qualitative data was collected by approaching patients after the music and asking for consent to ask further questions. According to the ArtsObs scale,

"Observers should undertake a combination of discrete observation and active engagement with participants in order to gather both informal comments shared between participants and more formal statements from those involved in the project. Depending on the more detailed questions behind the evaluation, observers may wish to prompt participants to talk about certain aspects of the project, but questions should remain as open as possible".

In accordance with these guidelines participants were asked open questions, see Fig. 4

"Hello, I'm conducting an evaluation of the music service in the hospitals. Can I ask about the music you've heard today?"

"How was your experience of the music today?"

"How was the music today?"

"How did the music make you feel?"

"May I use your comments in the evaluation?"

Fig. 4. Examples of observer questions to participants

Results

i. *Mood scores*

The study recorded a total of 226 complete data sets, consisting of 156 Patients, 51 staff and 19 visitors. A mood score of 1-7 was taken before, during and after music, see Fig.3 (p.6). Initially the data was split into the categories of patient, staff and visitor for analysis, see Figs. 5-7.

Patients

- Before the music 51.9% of patients (n=81) scored 4, 37.8% (n=59) scored 3.
- During music 38.5% of patients (n=60) scored 6, 32.7% of patients (n=51) scored 7.
- After the music 41.0% of patients (n=64) scored 4 and 30.8% (n=48) scored 5.

Staff

- Before music 49.0% of staff (n=25) scored 3 and 45.1% (n=23) scored 4.
- During music 54.9% of staff (n=28) scored 6, and 39.2% (n=20) scored 7.
- After music 49.0% of staff (n=25) scored 5, and 29.4% (n=15) scored 6.

Visitors

- Before music 42.1% of visitors (n=8) scored 4 and 31.6% (n=6) scored 3.
- During music 63.2% of visitors (n=12) scored 7 and 31.6% (n=6) scored 6.
- After music 57.9% of visitors (n=11) scored 6, and 31.6% (n=6) scored 5.

There were insignificant deviations between the data sets, suggesting a strong correlation between groups. These scores were then combined together to present an evaluative overview, see Fig. 8. On average 89.4% of people scored a 3 & 4 before the music. During the music this average raised to 78.3% of people scoring either a 6 or 7. This then lowered to an average score of 96% of people scoring a 4, 5, or 6 after the music

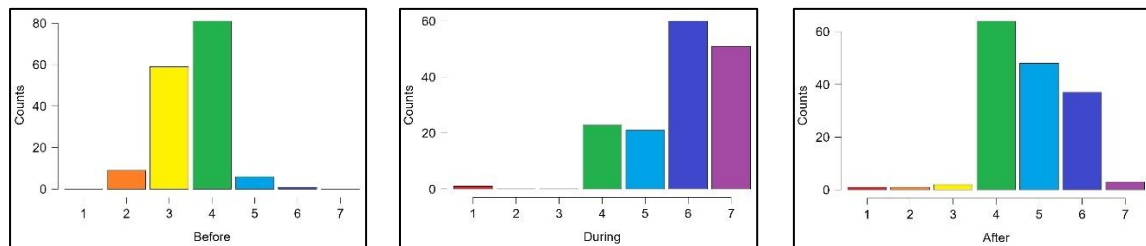


Fig. 5. Patients' mood rating scores before, during and after music

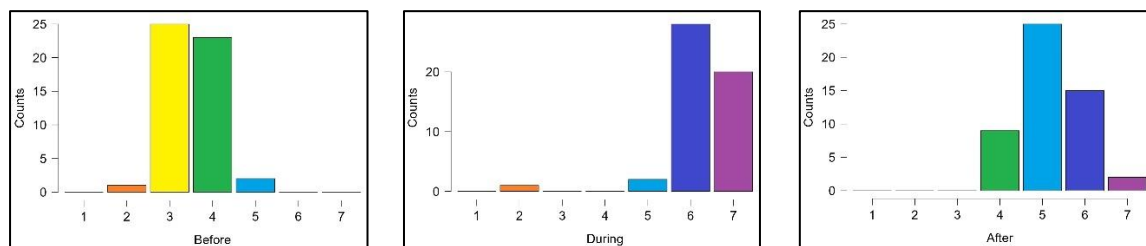


Fig. 6. Staff mood rating scores before, during and after music

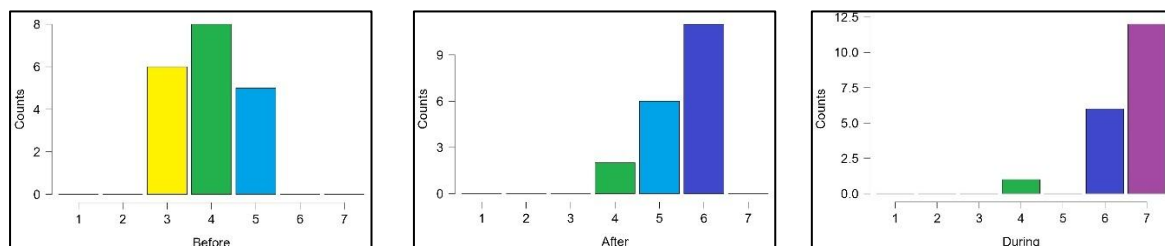


Fig. 7. Visitors' mood rating scores before, during and after music

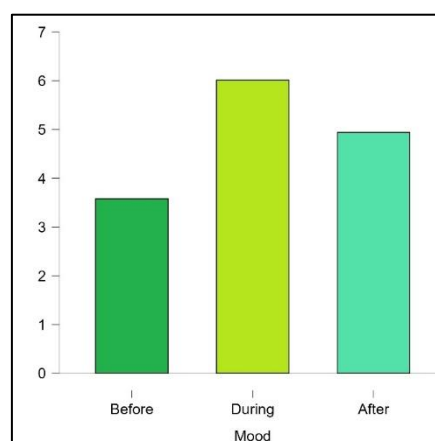


Fig. 8. Evaluative overview of combined mood scores for patients, staff and visitors

The data revealed a strong positive sentiment towards music. Common expressions included short affirmations such as 'I love it' and 'I like it' describing feelings about the music and the music and feelings of being uplifted, emotional and enjoyment. A male patient aged 30-40 commented

'10/10 - very relaxing, very calming. It immediately relaxed me. I'm a very anxious person and in here I'm really struggling with my mental health, the music has helped me so much - I really needed it.'

A female patient aged 30-40 commented,

'Since I've been in the ward, every day has been chaos. All the time, they're moving me, then they're not and I don't know if I'm coming or going, literally... when the musicians first came in today, I first thought, "what now", but because of how good they were, it completely took my mind off all my worries, and I just feel so much better now. I loved singing with them, and they made it so fun and light. For the first time in ages, I don't feel worried.'

ii. Quality of music service and musicians' approach

Words such as 'Beautiful', 'Lovely', and 'Amazing' and 'Brilliant' were used the most to describe both the music and the musicians. Many people offered quality ratings of 'Good' 'Very good', '10/10' and '5-star' reviews and expressed gratitude to both the musicians during the music and talking to me afterwards.

Many patients and staff commented on the quality and frequency of the music programme, frequent comments were 'what a good idea' and 'there should be more of this'. According to a female patient aged 70-80' this should be part of the treatment'. Another started,

'I've been in and out of hospitals all my life and thinking back to what hospitals were like in the past, they should have done this for people years ago.'

Patient F 80-90

Staff commented, *'I can see that they really love the music and they're always asking us - when are they coming back?'*

Nursing Assistant,

And,

'I think the use of music here on the wards is fantastic. Medicine is medicine, but so is a smile. Music is medicine.'

Matron

Nurses, nursing assistants, doctors, matrons and therapeutic activity coordinators commented on the musician's approach, best represented by the following quotes,

'I've seen the musicians work with an entire bay and then also work closely 1:1, also at end of life. The musicians have a really flexible yet tailored approach that meets each individual's needs. It's a very effective approach and I've seen it really reach people,'

Matron

'The musicians are so greatly received by everyone in the ward, it's the energy they bring. They're so enthusiastic and they adapt to the pace and capabilities of the patients. Here on this ward, we have many aphasic patients, many don't speak and music for stroke patients is incredible. Not just that, but also the warmth it brings to someone who is going through such a difficult time in their life. It's vital for this ward, it really is. Everybody has their own connection to music and the musicians' gentle approach is well suited to finding what each person likes'
Speech and Language Therapist

iii. Relaxation

In the category of relaxation, the ArtsObs scale provides a rating scale of 1-3, in which participants reactions are rated depending on how many relaxation 'signs' they exhibit, see Fig. 9.

1	Not at all	No change evident.
2	Yes, a little	One or two changes evident.
3	Very much so	Multiple changes or pronounced changes obvious.

Signs to observe	
Muscular relaxation in the face or limbs	Slow breathing
Jaw relaxation	Shut eyes
Soft lips and resting tongue	Falling asleep

Fig. 9. Relaxation 'signs'

As the data for visitors totalled 19, making it a small sample size. For ease of analysis within the ratings for relaxation, it is now combined it with the patient's sample of 156, making a combined total of 175 patients and visitors.

Of the 175 samples collected, 64% of patients and visitors (n=112) scored the highest score of 3 on the rating scale, see Fig. 10.

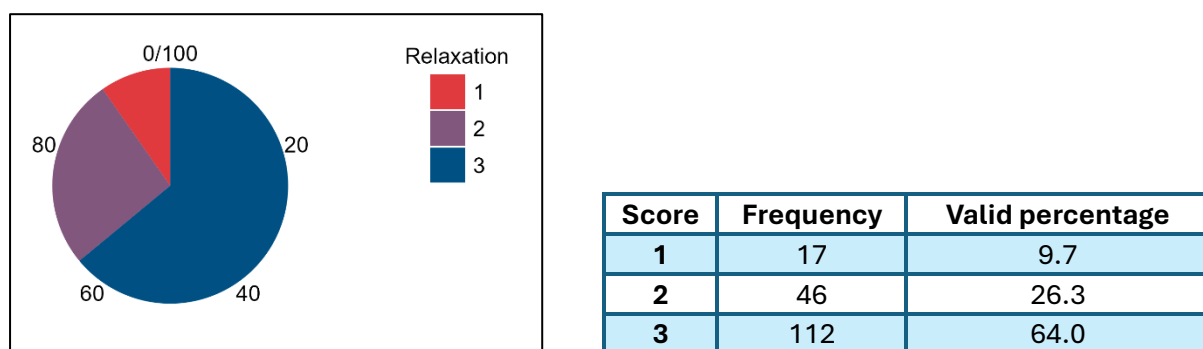


Fig. 10. Pie chart and frequency table for relaxation scores

This was reflected in the verbal comments included already, but also in the following comment from a female patient aged 40-50.,

'When you are in pain and you are worried and then you hear the music – it soothes you,'

iv. Observing changes

There were many responses from patients observing each other, such as,

'It's lovely to hear other people joining in'

Patient, female, 70-80

'...we all enjoyed that today'

Patient, female, 50-60

'...it made us all happy'

Patient, male, 50-60

Staff observed changes to isolated patients, in this comment,

'There was a young man, he was partially blind, and he didn't speak English. The musicians asked us what his first language was, and they sang to him in it. Normally, he was so isolated and barely moved, he didn't sit up in bed, and we just couldn't reach him.

When they sang to him, the effect was immediate, the singing reached him, and it brought him out of himself. He sat up, and he was smiling, and he even sang and cried a little bit, but it brought him right here, so he was with us, and it just opened him up. You could see it gave him self-esteem and made such a difference with him. It affected everyone around him; all the staff and patients couldn't believe it...

...because it just does that, it completely changes the environment as well as the people and it's so lovely to watch the patients enjoying something. I'd have them here every day!
Ward clerk

v. *Distraction – patients and visitors*

In the category of distraction, the ArtsObs scale provides a rating scale of 1-3, in which participants reactions are rated depending on how many distraction 'signs' they are exhibiting, see Fig. 11.

1	Not at all	Attention entirely focused on hospital or current medical state
2	Yes, a little	Attention split between hospital / current medical state and the arts activity
3	Very much so	Attention entirely focused on the arts activity

Signs to observe	
Direction of sight line	Level of engagement with the arts activity
Topic of conversation with relatives/staff	Use of other distractions (e.g. books or TV)
Visible expression of unpleasant sensations (e.g. pain)	

Fig. 11. Distraction 'signs'

As the data for visitors totalled 19, making it a small sample size. For ease of analysis within the ratings for distraction, it is now combined it with the patient's sample of 156, making a combined total of 175 patients and visitors.

In the category of distraction, 65.1% of 175 patients and visitors (n=114) scored a rating of 3, out of a 1-3 scale meaning each participant displayed two or more signs of distraction, see Fig. 12.

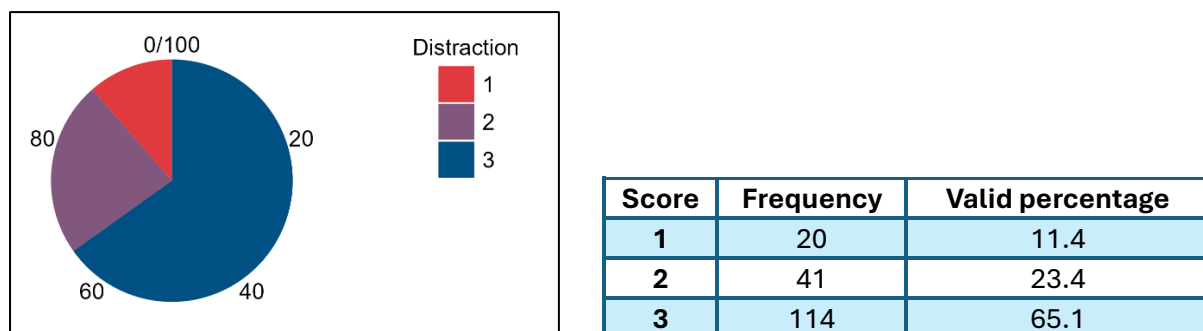


Fig. 12, Pie chart and frequency table of distraction scores for patients and visitors

vi. *Distraction - staff*

The same rating criteria that was used to measure signs of distraction for patients and visitors, see Fig. 11, was also used to measure the same responses in the staff.

Of the 51 data samples collected for staff, 58.8% (n=30) scored a 1 and 41.2% (n=21) recorded a 2, see Fig. 13. No staff recorded a score of 3, indicating that they were not distraction from their work while the music took place. This was reflected in the following comments from staff,

'I was doing a scan while they played, and it was so lovely to hear the music while I was working. I found the music very soothing and calm and even though it was a surprise it didn't phase me, I could still do my work and enjoy the music at the same time.'

Echocardiographer

'It's not distracting in any way for the staff, the positive benefits, far outweigh anything you could imagine the negatives might be.'

Doctor

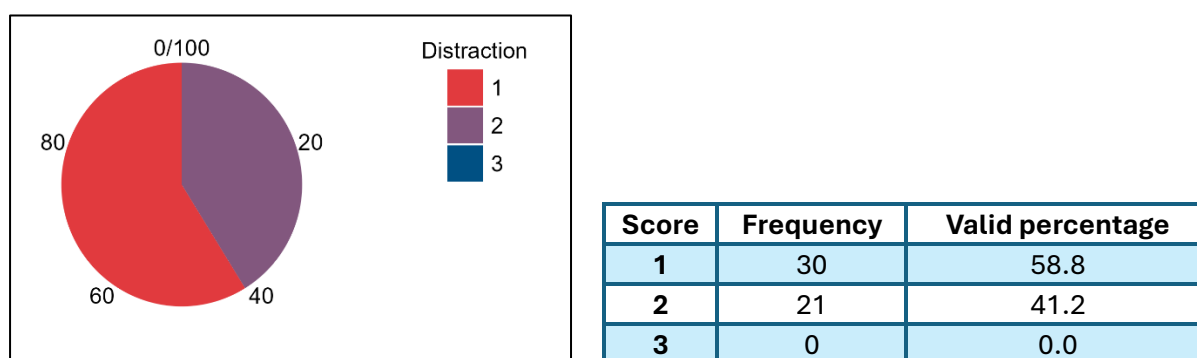


Fig. 13, Pie chart and frequency table of distraction scores for staff

Many staff described the music affecting the busyness of their day,

'It's good, it helps to motivate me when I'm tired. It's hard when you have to keep going and the music makes me smile,'

Cleaner

'I've had a really bad morning today, it really affected my mood, and this has changed everything,'
Nursing Assistant

'it refreshes my mind and help to forget your stress and worries. The nurses especially will benefit because even when they have breaks, they might be on their phone or dealing with problems at home, so this is better because it's more of a healthier break - it's a break for your soul and we all need those kinds of breaks - patients, staff, everyone!'

Recovery nurse

vii. *The effect of music on the ward environment*

Within the ten observations in this study, see Fig. 2 (p.6), fifteen wards were visited, and scored on a rating scale from 1-3, see Fig. 14.

1	Not at all	The activity brought no benefit or even negative effects to the ward, causing complaints, missing its target audience or getting in the way of staff.
2	Yes, a little	The activity helped lift the mood of the ward, bring a sense of calm or have a small beneficial effect on patients, relatives or staff
3	Very much so	The activity was almost universally liked, or made a significant difference to the feel of the ward.

Fig. 14, rating scale for measuring overall effect of activity on ward environment

Of these 15 wards, a majority of 80% (n=12) scored a rating of 3 and no scores of 1 were recorded, see Fig. 15.

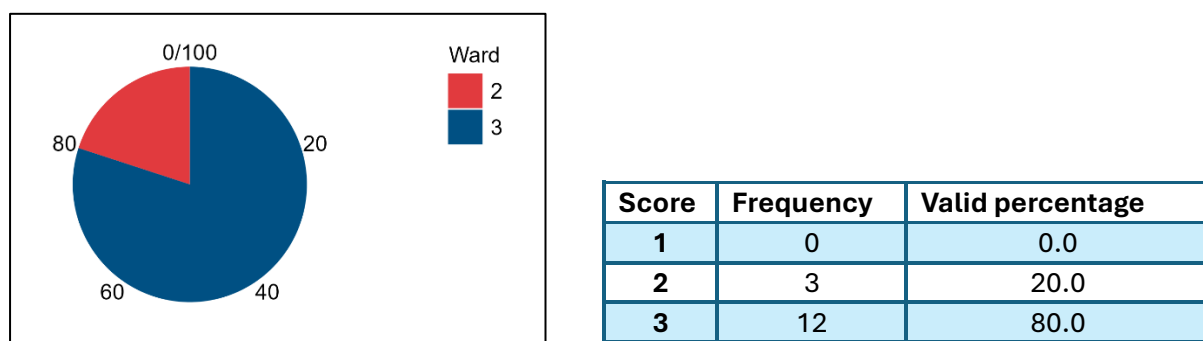


Fig. 15. Pie chart and frequency table of the overall effect of music on the ward environment

These scores were reflected in comments from staff, such as

'...it makes a difference to the whole ward because the patients are happier and calmer, and it makes my job much easier and changes the whole environment.'

Nurse

'Music is very good for the elderly; it enhances their mood and motivates them. Music so helpful for patients who are refusing to take their medication, they can become very depressed, and the music changes them, it makes them more compliant, and it becomes easier to do my job. The music makes giving clinical care easier, but it also helps us to give the patients holistic care too.'

Nurse

Many people commented on the use of music as an effective tool particularly for patients who stay in hospital for a long time.

'I've been in here for eight weeks and I listen to music all the time at home. It was fabulous to have some live music in here. They made it really light and fun, and it breaks the tension in this place and takes your mind off everything. I wouldn't normally sing, but I really loved it today'

Patient, female 60-70

'Music is very good for the elderly; it enhances their mood and motivates them. Music so helpful for patients who are refusing to take their medication, they can become very depressed, and the music changes them, it makes them more compliant, and it becomes easier to do my job. The music makes giving clinical care easier, but it also helps us to give the patients holistic care too.'

Nurse

'Music is the most powerful of the arts and I can see its strength for working with adults in hospital for a long time. Music enables the staff to develop deeper more integrated relationships with the patients, some of them are here for long enough, some as long as six months, so it is possible to develop the therapeutic relationship in that time.'

'I'm the biggest fan of the music. It makes my role more interesting and much easier. My role is about creating moments, and this helps me achieve the very special moments that stay with people. These moments that everyone is moved by are so beneficial on so many levels. It's such a small thing for only a few minutes, but the effect it has means much more.'
Therapeutic Arts Coordinator

Conclusions

Analysis of the data reveals that participation in Lime's *Music for Health* programme is associated with enhanced mood and wellbeing among patients, visitors, and staff.

This study provides evidence of the positive effect that music has on the ward environment as a whole, reducing stress and offering positive distraction. These changes contribute to a calmer and more supportive atmosphere, which enhances working conditions for staff and promotes patient engagement.

Such environmental improvements are likely to support staff safety and reduce patient deconditioning; however, further research is needed to establish direct links between practice and outcomes.

The evaluation also finds the ArtsObs scale to be a time-efficient and non-obtrusive tool suitable for clinical use. It is straightforward to administer by non-musicians, and to minimise potential bias, future studies could engage an independent observer.

Overall, the findings highlight the value of integrating creative programmes such as *Music for Health* into healthcare settings to support wellbeing, improve the ward environment, and promote positive experiences for both patients and staff.

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