

Evaluation report for charitable-funded requests over £10,000

Please complete this form to tell us about the impact that your charitable funded application has had. We're keen to understand how this funding has made a difference to our patients and service users, their families, carers and Hywel Dda staff.

Please read the guidelines available at [Charities - Home \(sharepoint.com\)](https://sharepoint.com).

Please direct any questions to CharitableFundsFinance.HDd@wales.nhs.uk / 01267 283055 / 01827 1655.

Section 1: Applicant	
Lead applicant:	
Contact name:	Kathryn Lambert
Job title:	Head of Arts and Health
Department/Service:	Arts and Health
Directorate:	Nursing, Quality and Patient Experience
Lead director:	
Contact name:	Louise O'Connor
Job title:	Assistant Director (Legal and Patient Support) Complaints
Section 2: Application summary	
2.1 Title of application:	Interactive singing and movement sessions for Older Adult Mental Health and Adult Frailty inpatient wards
2.2 Application reference:	Not applicable
2.3 Date approved by CFSC/CFC:	21 June 2024
2.4 Value of funding approved:	£64,220
2.5 Project start date:	26 November 2024
2.6 Project end date/estimated completion date:	31 December 2026
Reporting period:	
2.7 Please indicate the period this evaluation report relates to?	
Mid-term:	✓
End of funding:	
2.8 Brief description of your application:	
In no more than 50 words please tell us what you received approval of charitable funds for.	

To deliver fortnightly interactive arts and health sessions (singing, movement, art and craft,) for our inpatients with dementia, over two years, across our acute hospitals in our Older Adult Mental Health and Adult Frailty Wards to improve patient wellbeing, reduce distress and agitation and improve staff wellbeing.

Section 3: Evaluation report

3.1 Key achievements:

Please tell us about what has been achieved as a result of the funding awarded and to what extent the aims and objectives (as set out in the application form) have been achieved.

In Autumn 2024 we procured two experienced arts partners to deliver the programme as follows:

The Forget Me Not Chorus has been commissioned to deliver a fortnightly programme of interactive singing and movement for all three Older Adult Mental Health settings – Enlli, Bronglais Hospital (BGH), St Nons, Withybush Hospital (WGH) and Bryngolau, Prince Philip Hospital (PPH).

Arts Care Gofal Celf has been commissioned to deliver a fortnightly programme of mixed visual arts, crafts and movement across two Carmarthenshire acute hospitals Glangwili (wards Teifi, Cadog and Dewi) and PPH (Ward 3). So far painting, music, seated dance, clay, craft, mixed media and silk painting have been offered.

Overall, 92 sessions have been delivered between 26 November 2024 and 21 August 2025 and nearly 600 people have already benefitted. (N.B. participant numbers for the Forget Me Not Chorus for June, July and August have not yet been received, so these will be included as additional data once available). This has been in line with the original funding request as participant numbers have so far averaged 7.76 per session, and 7 per session was predicted.

*“The patients and staff thoroughly enjoy the sessions. They really have a great benefit for the patients and this is evident in their faces and engagement at the time. Staff have been continuing with more spontaneous sessions on the ward in between times also. Thank you”
Enlli Ward (BGH)*

*When asked (patient) what part did you enjoy the most they said, “All of it, it was wonderful.”
(Artist facilitator feedback)*

We have also been working closely with our Tritech Team and Dementia Wellbeing Team to develop an appropriate evaluation model to capture the impact of work to date.

We have piloted the use of the EQ5D Patient Reported Outcome Measures (PROM) and Patient Reported Experience Measure (PREMS) with clinical teams and patients, reviewed after three months of delivery and adaptations have been developed. We have undertaken two focus groups and three interviews to capture the impact of the provision on staff and patients. Current findings show a positive impact on patients, staff and visitors.

We have also successfully secured additional Regional Investment Funding (RIF) slippage to support scaling up and reaching out into three Community Hospitals. RIF funding is also supporting us to develop a series of Art Packs for staff to offer arts activities to patients in between artist-facilitated sessions. Meetings have taken place with relevant clinical leads in South Pembrokeshire, Llandoverly and Amman Valley Community Hospitals, where staff have been enthusiastic and supportive about the programme. Arts Care Gofal Celf has secured the contract for the delivery and the programme will run weekly in South Pembrokeshire and biweekly in Llandoverly and Amman Valley for six months from

September 2025 – March 2025. Evaluation will follow the same model used for the acute settings.

3.2 Impact:

Please focus on the positive changes or effects that have taken place as a result of the funding awarded and to what extent the anticipated benefits (as set out in the application form) have been achieved.

Impact

Qualitative data from interviews with three key ward staff revealed overwhelmingly positive feedback regarding the arts and dementia programme’s influence on patients, staff, and service provision. The funding awarded has had a demonstrable and positive impact across the Older Adult Mental Health and Adult Frailty settings, achieving almost all of the anticipated benefits outlined in the original application. These are listed below with examples of how they are being met through the activities:

<p>Improve emotional wellbeing - providing fun, enjoyable and distracting activities</p>	<p>Patients were reported to be noticeably happier and more engaged during and after sessions. Staff observed a marked improvement in mood, with patients described as “smiley,” “bright,” and “laughing.” <i>‘And then after that they kind of like stay in that bubble for a bit, which is nice. So I definitely think on the day it helps’</i>. LS1, Occupational Therapy (OT) Support Worker</p> <p><i>‘the family came in for visiting, and they were like, what’s going on with her today? You know, they were like, really like, gosh, she’s so, like, so bright. And you could, like, you could see a change in their face’</i> AM Ward Sister</p> <p><i>“Lovely way to pass the time, art and a nice chat was wonderful”. Patient</i></p> <p>An OT worker described one patient’s interaction with a session: <i>‘all the interaction staff would have with him were usually quite negative and he was quite verbally aggressive towards staff. And in that session he just kind of brightened up and we all kind of said we’ve actually never seen this man smile...It almost felt like seeing a different person completely because it’s the first time we’ve seen him smile or even just be polite to someone’</i> else’ LS1, OT Support Worker</p> <p>The presence of skilled artists was a key enabler, with all interviewees praising the artists’ ability to engage patients.</p>
<p>Reduce agitated behaviour – which has the potential to improve the ward, reduce the need for medication and reduce the need for enhanced patient care</p>	<p><i>“We’ve often seen patients quite escalated throughout the day. And then the session starts and they’re engaged and they’re happy and they’re bright [...] and they’re</i></p>

	<p><i>laughing and smiling.</i>" LS1, OT Support Worker</p> <p>One OT Support worker described a patient who <i>'had quite a difficult dynamic with his wife... He would often escalate around her'</i> She invited his wife to join the Forget Me Not Chorus session and <i>'they actually ended up dancing together like ballroom dancing, which is really beautiful. So...I know that one stuck with us because I think half the staff were crying at that point...She then told us about how they used to dance... they used to go on cruises together and that was really common occupation for them to be dancing together'</i> LS1, OT Support Worker</p> <p>There is no specific evidence to date that indicates reduction in medications</p>
<p>Provide cognitive stimulation - improving movement and dexterity</p>	<p>An improvement in patients' engagement during and after sessions was reported: <i>'And then they have supper coming afterwards and they tend to be more lucid for supper rather than like dozing'</i> AM Ward Sister</p> <p><i>'There's...a gentleman who's got quite bad word finding difficulties, yet he can sit and sing along to a lot of the songs'</i> LS2 OT Support Worker</p> <p>To date, interview data has not provide specific evidence of improvement of movement and dexterity</p>
<p>Provide social interaction - reducing loneliness and isolation</p>	<p>The uplift in emotional wellbeing of patients extended beyond the sessions, created a "domino effect" that enhanced social interaction and engagement with the ward environment. Patients were more likely to gather around communal tables, fostering a sense of togetherness and reducing conflict.</p> <p><i>'once the musicians are left, the group kind of still stays together and they'll have a chat about all that. You know, you can kind of hear them go that was really nice and I'd like to go that to that again'</i> LS1 OT Support Worker</p>
<p>Improve patient experience - improving mood and regulation, reducing boredom, providing time away from the ward</p>	<p>Relatives also responded positively, noting the value of stimulating activities during visits. Some joined in, enhancing the quality of time spent with loved ones.</p> <p><i>"Didn't expect to do anything today, and it's been wonderful, far better than expected".</i> (Patient)</p>

	<p><i>‘And when you bring them around one table it just gets them away from that ‘patient’ and more back to a person and what their hobbies are’. AM Ward Sister</i></p>
<p>Improve staff wellbeing</p>	<p>The programme’s delivery by external artists allowed staff to focus on other duties, improving workflow and efficiency. The shared experiences of patients and their improved social interaction helped build therapeutic relationships, making routine care tasks easier and more effective.</p> <p>Staff morale was significantly boosted. Witnessing patients’ joy and engagement brought satisfaction and renewed energy to their roles. Staff described feeling empowered and inspired, with some initiating their own activities—such as quizzes and choirs—further extending the programme’s benefits.</p> <p><i>“And I think it does build [staff] up to see things happening and going on. It definitely does boost morale.” LS1, OT Support Worker</i></p>
<p>Improve outcomes for our in-patients with dementia</p>	<p>One patient contacted family in anticipation of a session, highlighting the excitement and emotional significance of the programme.</p> <p><i>“a lot of the service users we have might not recognise staff all the time, and we we’re here daily, but for some reason they seem to recognise the musicians quite a lot or often. And I think it must be something to do with...the emotions they’re feeling during the session....And because they come in and do the same thing every week, it’s like it almost orientates them to, oh, this is this again. And they do often remember the musicians” LS1, OT Support</i></p> <p><i>‘the confidence builds and she looks forward to the sessions. And as I say, I’ve noticed each time they come, she does that a little bit more’ LS2, OT Support</i></p> <p><i>‘it benefits our frailty pathway then because you’ve got the patients that you’re trying to turn around quicker and they’re more happier to get involved with things’. AM Ward Sister</i></p>

It was mentioned by one staff member that the information about patients enjoying the arts sessions could be added to their discharge pack 'we can identify something that the patients are going to particularly enjoy. And then when they're discharged, that can be part of their package'. AM Ward Sister.

Quantitative data has been difficult to gather to date, due to lack of fit for purpose PROMS for this provision and patient group. Evaluation is being conducted by TriTech in a way that is proportionate to the funds available. Measuring PROMS would require a substantive research project in collaboration with clinicians and academics which remains an ambition for this project. We are currently redesigning our evaluation tools in partnership with TriTech and the Dementia Wellbeing Team and developing new PREMS that will provide quantitative data on patient wellbeing, mood, engagement and levels of stress / distress for the remainder of the project.

Conclusion

Feedback shows that the arts and dementia programme has clearly enhanced patient wellbeing, strengthened therapeutic relationships, and improved staff morale and service delivery. These outcomes align strongly with Hywel Dda Health Charities' (HDdHC) criteria for funding initiatives that go "above and beyond" core NHS provision, delivering significant benefits to patients and staff alike. The programme has fostered a more connected, compassionate, and vibrant ward environment—an outcome that staff, patients, and families deeply value.

3.3 Beneficiaries:

Please tell us how many people have benefited as a result of the funding awarded and how you have determined these numbers. Beneficiaries may include patients, service users, patient families/carers, and staff.

Beneficiary numbers have been gathered by clinical partners on the wards, arts partners and compiled by our evaluation partners in Trittech.

Overall, 592 people have benefitted so far.

412 patients have taken part since the project started across seven feeder wards to date. (N.B. participant numbers for Forget Me Not Chorus for June, July and August, have not yet been received so these will be included as additional data once available)

165 staff have been involved
15 visitors/carers and/or relatives

3.4 Evaluation methods:

Please tell us what methods you have used to measure the effectiveness of the funding awarded.

Evaluation Methods

To measure the effectiveness of the funding awarded for the arts and dementia programme, we have implemented a robust and realistic evaluation plan developed in collaboration with the Trittech Research and Evaluation Team, the Dementia Wellbeing Team, the Value-Based Health Care Team, and clinical staff. The plan is designed to reflect the pressures faced by ward teams while ensuring meaningful data collection.

While the EQ5D PROM was initially included, it has proven unsuitable for this intervention due to low completion rates as a consequence of staff capacity and unsuitability for this patient group. As a result, we have shifted to a **PREM-based evaluation model**, focusing on patient experience rather than outcomes, which is more appropriate and accessible.

A **mixed-methods and real world evaluation approach** is currently being adapted, combining both quantitative and qualitative data to assess the programme's impact on patients and staff.

Quantitative Methods

Participant numbers are tracked for each session to monitor engagement.

Discussions with the above partners are focused on how best to measure:

- Patient wellbeing and mood before and after sessions
- Patient levels of stress / distress
- Levels of patient engagement with the sessions

Qualitative Methods

- **Staff interviews** are conducted at the end of the programme to explore perceived impact for patients and staff as well as perceived barriers.
- **Arts partner notes** are completed after each session to capture reflections, patient stories, and observations.
- **Arts partner focus groups** provide insight into delivery challenges and successes.
- **Observation sessions** are carried out quarterly by Trittech to assess patient engagement and ward dynamics.

Challenges

Data capture remains difficult due to the vulnerability of patients and limited staff capacity. The current budget does not support dedicated research staff, which has impacted the consistency of data collection. A future research study with appropriate resourcing would better support this need.

Sharing and Learning

Findings and lessons from the evaluation will be shared across the organisation to inform future programme development and evaluation strategies. This includes refining tools and methods to better suit the needs of patients and staff, ensuring continued improvement and sustainability.

3.5 Lessons learnt:

Please tell us what lessons have been learnt from the delivery of your funded project in terms of what went well and not so well. Did you have to adapt your delivery, or did you face any unforeseen challenges? If so, how did you adapt or overcome any challenges? Will any lessons be shared with colleagues across the organisation?

Lessons Learnt

The delivery of the funded arts and health programme has provided valuable insights into both its strengths and areas for improvement. Overall, qualitative feedback from staff, patients, and artists has been consistently positive, confirming that the activities are well received and have a meaningful impact on wellbeing and ward atmosphere. However, several lessons have emerged that will inform future delivery and evaluation.

What Went Well

The programme's ability to engage patients and uplift staff morale has been a clear success. Artists have been praised for their skill in encouraging participation, and the sessions have fostered a sense of community and therapeutic connection. Staff have also felt empowered to initiate their own activities, extending the programme's benefits beyond its scheduled sessions.

Challenges and Adaptations

We have focused on establishing the programme in the five settings (three Older Adult Mental Health settings - Enlli (BGH), St Nons (WGH) and Bryngolau (PPH) and two

Carmarthenshire acute hospitals Glangwili (Teifi, Cadog and Dewi wards in GGH) and Prince Philip (Ward 3, PPH) but to ensure parity of access, the provision needs to be established in Pembrokeshire WGH and Ceredigion BGH adult frailty settings. We have experienced delays delivering the programme in Adult Frailty wards in Ystwyth Ward BGH and Ward 12 WGH due a historic lack of staff capacity in the Arts and Health Team (now resolved due to appointment of two part-time Arts and Health Project Managers) and delays in sign off of the use of the funding. We have now achieved sign off for Ystwyth Ward BGH via the Ceredigion Business and Governance Team and are preparing to procure an arts partner for this delivery.

One of the main challenges has been capturing robust evidence of impact. Due to the vulnerable nature of the patient group, many individuals are unable to complete PROMs, even with support. This has resulted in patchy data and limited quantitative evidence. In response, the project team has removed the EQ5D PROM from the evaluation framework and is now focusing on a revised PREMs model. This shift aims to make data collection more accessible and meaningful for both patients and staff.

Staff have also reported difficulties in finding time to support data capture, and the current budget does not allow for dedicated research staff to assist. A future research study with appropriate resourcing would be better positioned to address this gap.

Operationally, space constraints have posed a recurring challenge. In some settings, the lack of access to day rooms has required sessions to be held in bays, limiting participation. *'It's the only downside of it is when we don't have a day room, I feel bad for them. They're trying to do this amazing activity in such small space'* AM Ward Sister. Additionally, in adult frailty settings, session timing has occasionally clashed with visiting hours, which may have affected attendance. However, it was noted that visitors often joined in, which added value to the sessions.

Sharing Lessons

These lessons are being actively reviewed and will be shared with colleagues across the organisation to inform future programme planning and evaluation. The shift to a PREM-based model and the identification of logistical barriers, will help refine future delivery and ensure that the programme continues to meet the needs of patients and staff effectively.

3.6 Exit strategy (for revenue expenditure requests):

Please tell us if, and how, the funded project will continue or has continued beyond the end of the time-limited period of charitable funding. If this project will not continue, please tell us how the project will or has been brought to a close.

We have already secured some additional funding to support scaling up of provision by piloting the programme in Community Hospital settings. We will include all findings of that project as part of this work.

We are working closely with our TriTech and Dementia Wellbeing Teams to develop our understanding of the best way to capture the evidence of the impact of this project. Together we have identified this programme as an important project to source Research funding for, to better invest in the evaluation of our Arts and Health programme.

3.7 Other:

Please provide any other relevant information about your funding award and its delivery that you would like to share with us.

As stated above, we have experienced delays delivering the programme in Adult Frailty wards in Ystwyth Ward BGH and Ward 12 WGH due a historic lack of staff capacity (now resolved) and delays in sign off. Funds have now been signed off for Ystwyth Ward BGH and sustained efforts are being made for sign off for Ward 12 WGH, where the arts and dementia programme has previously been delivered successfully.

As a consequence, we are requesting a change to the schedule of delivery for acute frailty wards in BGH and WGH from fortnightly delivery over two years to weekly delivery over one year to bring the provision in line with other sites and to ensure the full programme is delivered by November 2026 as planned. There would be no impact on the current budget as this schedule would deliver the same number of sessions as originally planned, but in a shorter time frame.

This model would provide the following added benefits:

- The ability to compare the impact of weekly sessions in acute settings versus the impact of fortnightly sessions.
- A better understanding of the most impactful model for future delivery, with robust evidence to support the selected model.
- A timely and coherent Evaluation Report that covers all settings that are part of the project that is in line with the agreed contribution from TriTech.
- The ability to source further funding for the programme as a whole.

Section 4: Expenditure

4.1 Expenditure breakdown:

Please provide a breakdown of all expenditure associated with the funding awarded that has been incurred to date.

Item/Category	Budget (£)	Actual (£)	% Variance <i>budget vs actual</i>
Forget Me Not Chorus - £185 per session in OAMH settings Nov 2024 - Aug 2025 54 sessions	9990	9990	0
Arts Care Gofal Celf £185 per session in 2 Adult Frailty settings Dec 2024 - Aug 2025 38 sessions	7030	7030	0
Totals	17,020	17,020	0

4.2 Outstanding expenditure:

For mid-term evaluation reports, please provide a summary of outstanding expenditure and discuss whether predicted future expenditure is on track:

The proposed programme and budget were based on a financial model of: £165 per session for interactive singing (to cover the costs of a singing leader and pianist/musician) and £185 per session for arts and crafts (to cover the costs of preparation and delivery of an artist and materials for patients). Between securing the funds and beginning of delivery, Forget Me not Chorus increased their standard and national rate from £165 to £185 per session due to cost of living increases, so it was agreed that they would deliver two less sessions per year at this rate.

Future expenditure is on track for the five settings where the sessions have been underway since November 2024. There is £15,540 in outstanding expenditure for Forget Me Not Chorus working in three Older Adult Mental Health wards and £12,210 outstanding for Arts Care Gofal Celf in 2 Adult Frailty settings. The two Adult Frailty settings where the activity has not yet begun have had no spend as yet and the budget of £19,240 is outstanding. This

can be spent within the predicted future expenditure if approval is granted to run sessions weekly instead of biweekly.

Total of outstanding spend = £46,990

Section 5: Authorisation

5.1 Evaluation report prepared by:

Contact name:	Job title:	Date:
Kathryn Lambert	Head of Arts and Health	12/05/25

5.2 Evaluation report authorised by:

Contact name:	Job title:	Date authorised:
1. Neil Mason	1. Head of Older Adult Mental Health	1. 27:08:25
2. Sarah Perry	2. General Manager (GM), Carmarthenshire System	2. 29.08.25
3. Louisa Standeven	3. GM ,Carmarthen	3. 28.08.25
4. Jessica Showler-Coulson	4. Deputy Head of Nursing Head of Nursing, Ceredigion System	4. 29/08/25

For Charitable Funds Finance Department

Finance review:

I confirm that I have reviewed this report and that the expenditure incurred to date is an accurate reflection of the project spend.

Contact name:	Job title:	Date reviewed:

Please return completed form via email to:

CharitableFundsFinance.HDd@wales.nhs.uk

or via internal mail to:

Charitable Funds Support Officer

Finance Department

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