

Experience of using signage at Croydon University Hospital November 2020

Findings in brief

A majority found the letters unclear.

Signage found to be unclear or difficult to follow.

Little support if lost or confused.

Toilets could be found but not in good order.

Lifts available but confusion about public access.

Better route planning for those with mobility issues.

Recommendations in brief

**Patient letters
need review
and testing.**

**Make signage
easier to read.**

**Direct patients
on the best
entrance to use.**

**Ensure step-free
access routes to
all locations.**

**Ensure toilets
are in good
working order.**

**Support visitors
who are lost.**

Executive Summary

In October and November 2019, Healthwatch Croydon undertook a series of mystery shopping exercises at Croydon university hospital. We used genuine anonymised appointment letters and attempted to find our way to the departments set out in the letters.

Eight Volunteers were provided with a survey to populate as they did the rounds, we asked:

- The date and time.
- The starting point/entrance that they used.
- Was the hospital letter clear? Was there adequate information to find their appointment?
- Was the internal signage clear?
- Was the internal signage easy to follow?
- Did they come across volunteers assisting at CUH?
- Are the toilets in service and well equipped?
- Are the lifts in service?
- The time it took for them to navigate their way to the appointment.

These are our findings:

- **A majority found the letters unclear:** There is confusion about terms used such as departments instead of clinics and names of units compared with the medical speciality name that may be on the sign, as well as ways of accessing certain points on the hospital site (see p11).
- **A majority of those following the signage found it unclear or difficult to follow:** Again a consistency to what was on the signs and the letter made it unclear (see page 13), but the display also made it difficult to follow (see page 15). This affected the time it took to get to a location (see page 22).
- **Little support if lost or confused:** There were few volunteers to support patients in finding their destination (see page 17) and more reliance on members of the public to help people find their way (see page 21).

- **Toilets could be found but not in good order:** Accessing toilets is a key part of the patient experience for an appointment. While these were located with ease, they were found not to be in good order (see page 19).
- **Lifts available but confusion about public access:** Lifts were seen as available, but there was some confusion about those which were for clinical access only (see page 20).
- **Better route planning for those with mobility issues:** Some suggestions of ways to get to clinic involved stairs instead of lifts which would affect those with mobility issues and time it will take to get there (see page 27).

Here are our recommendations:

- **Letters need review and testing:** Applying effective wayfinding principles, letters should be reviewed and tested to ensure they are easy to follow by a range of patients, even suggesting ideal times it will take to walk based on the person's mobility.
- **Make signage easier to read:** Applying wayfinding principles, define consistent understandable terms for signage matching what is in the letter. Use paint in colour zones making it easier to see which one a patient is in.
- **Direct patients on the best entrance to use:** Some clinics and units can be accessed without coming through main reception. The most direct route needs to be considered.
- **Ensure step-free access routes to all locations:** Consider the most effective routes for those with mobility issues and include suggested times that it may take to get there from reception to location.
- **Ensure toilets are in good working order:** Increase the checking and maintenance of toilets to ensure a pleasant experience for all visitors.
- **Support visitors who are lost:** A direct line number to reception could help. Volunteers can advise on best route via mobile telephone or meet them where they are.

1 Background

1.1 Context

About Healthwatch Croydon

Healthwatch Croydon works to get the best out of local health and social care services responding to the voice of local people. From improving services today to helping shape better ones for tomorrow, we listen to people's views and experiences and then influence decision-making. We have several legal functions, under the 2012 Health and Social Care Act.

Context

The usefulness and effectiveness of hospital signage is a key part of the experience patients receive. There are a number of key guidelines for all NHS organisations in the format and quality of the signage.

It states on the NHS England website under NHS interior signage:

“NHS Blue and white are the predominant colours used and the font is either Frutiger or Arial. The colour Emergency Services Red should be used for Accident and Emergency. Signage should be as clear and simple as possible. Visual styles, graphic devices and straplines should not be included. Consider the needs of people who have a disability, impairment or sensory loss when producing signage to ensure it is accessible e.g. text size, colour contrast, inclusion of braille, use of symbols and pictures. The Accessible Information Standard provides further information on making health and social care information accessible.”¹

However basic signage aspects are not enough. The signage should illustrate a wayfinding process to ensure signage work for people:

¹ NHS interior signage: <https://www.england.nhs.uk/nhsidentity/examples/nhs-interior-signage/>

“The term “wayfinding” describes the processes people go through to find their way round an environment. The wayfinding process is fundamentally problem-solving, and is affected by many factors which are covered in this section. People’s perception of the environment, the wayfinding information available, their ability to orientate themselves spatially, and the cognitive and decision-making processes they go through, all affect how successfully they find their way.”²

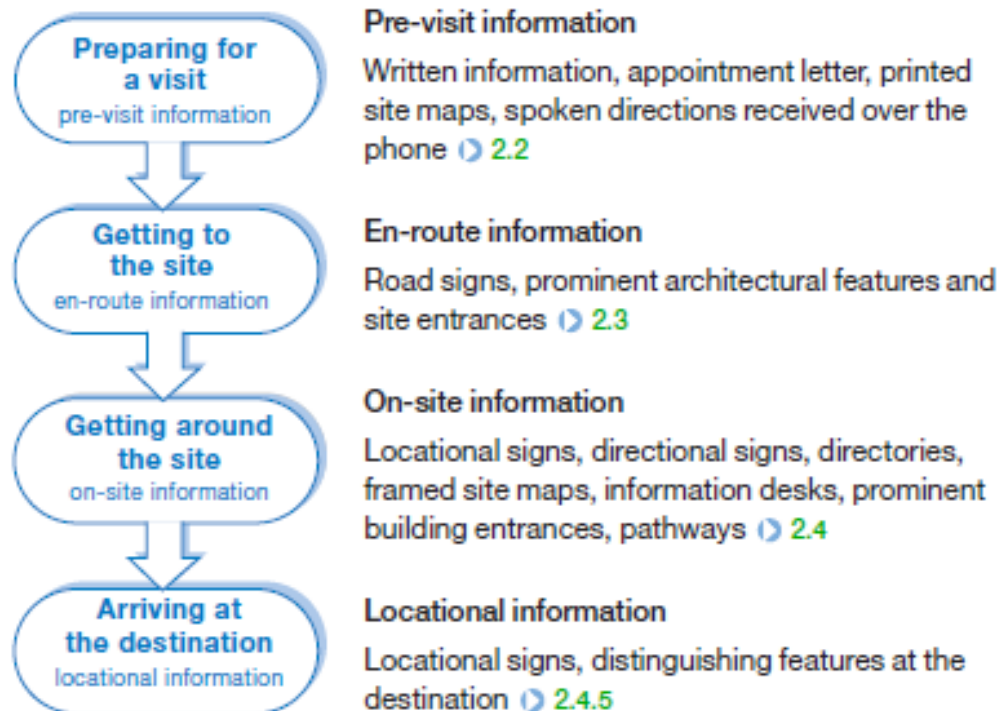
There is a need to develop a wayfinding strategy. This includes understanding site users with different ages, impairments and who do not understand the language used on signs; consistency of information throughout the journey; site layout and complexity including maps; use of colour; terminology and abbreviations; systems and use of symbols Department of Health (2006 p. 28).



² Wayfinding, (Department of Health (2010))
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148500/Wayfinding.pdf

There are four stages on a journey that need to be considered, starting with the pre-visit information (see page 31), including appointment letter and how they link to signs when you arrive and maps once the patient is there.

There are four key stages in a journey for which different wayfinding information is used. It is important that all wayfinding information is developed together, as part of the overall wayfinding strategy, to ensure the information is consistent.



At Croydon University Hospital

The issue of signage at the hospital had been one raised on a number of occasions by the public at meetings of the Croydon Health Services NHS Trust Board.³ It was considered by Healthwatch Croydon to be an area of exploration which may help the Trust deliver a better experience for their patients and visitors and so a project was developed to help inform the Trust on how to improve signage.

³ Croydon Health Service NHS Trust Board minutes 25 July 2018 published in Board papers for 31 October Board Meeting, p.33
<https://www.croydonhealthservices.nhs.uk/download.cfm?doc=docm93jjjm4n1472.pdf&ver=2541>
 and 30 January 2019 minutes published in Board papers for 24 April 2019
<https://www.croydonhealthservices.nhs.uk/download.cfm?doc=docm93jjjm4n1649.pdf&ver=2910>

1.2 Rationale and Methodology

Before we designed this project, one of our board members participated in a meeting with Allan Morley and team with Croydon Health Services where signage was raised. This was the beginning of actioning this work.

In order to help us understand the patient experience of navigating our local hospital, Croydon University Hospital (CUH) supplied Healthwatch Croydon 18 anonymised genuine hospital appointment letters which volunteers would use to see if they could find the right location. We also asked our volunteers to utilise the toilets and lifts as part of understanding the patient experience more fully.

During October and November 2019, we visited the hospital as a group over three sessions, and two volunteers visited the hospital independently.

Volunteers were provided with a survey to populate as they did the rounds, we asked:

- The date and time
- The starting point/entrance that they used
- Was the hospital letter clear? Was there adequate information to find their appointment?
- Was the internal signage clear?
- Was the internal signage easy to follow?
- Did they come across volunteers assisting at CUH?
- Are the toilets in service and well equipped?
- Are the lifts in service?
- The time it took for them to navigate their way to the appointment

1.3 Method

We used a mixed volunteer group who do not know the hospital well to treat these letters as if they were their own appointments. We also provided our volunteers with a map of the hospital obtained from the CUH website. Volunteers were briefed to utilise search engines, the hospital website, staff members, volunteers

and members of the public as they usually would to navigate their way to the appointment locations.

We then walked the routes step free and timed them so we could have an idea of the time it takes to get to the various locations from the main reception area. We used the main reception area as our starting point as none of the letters suggested a starting point.

Thank you

We would like to thank our volunteers Michael Hembest, Carole Hembest, James Kotei, Jade Byrne, Tammy Majors, Warren Davies, Modesta Chika and Linda Koame for their contribution to the project. We also thank Brian Matthews for championing this issue and helping us shape the project. We would like to thank Croydon University Hospital for their cooperation with this project.

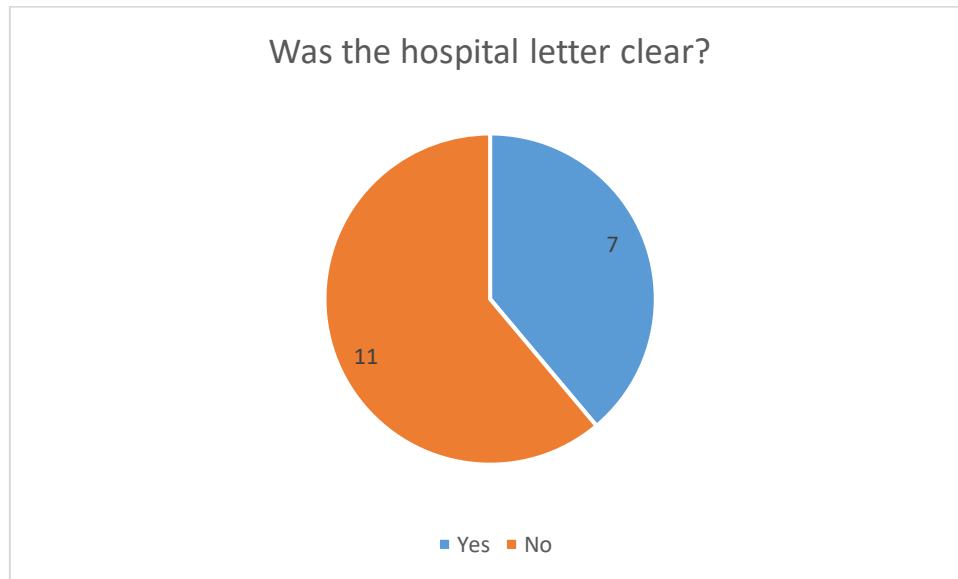
Limits of the research

- **Volunteers undertook this:** This is a mystery shopping exercise using volunteers. Real patients in real scenarios were not used on this occasion. A wider study would rely on speaking to people in waiting rooms and then asking them to explain their journey which may be useful but may not provide the detail.
- **Small sample of examples used:** The sample size is small at 19, with one partially completed, so this is not a comprehensive study, but is there to show an illustration of the challenges of matching letter information to signage at location. Even these small numbers have shown issues. A wider group may give more insight into the experience, but this does show a snapshot of what is like.
- **Only 18 previously used letters were used:** We only used 18 letters in this study, a wider range of letters used for the full range of departments, would give further insight into the effectiveness of signage at the hospital.

2 Insight results

We received 19 surveys but one was partially completed. However, some of this content we received in this survey was important to record. The totals below reflect the number of responses to each question.

2.1 Was the hospital letter clear?



Total=18

We collected 18 responses for this question, we wanted to know if the hospital letter was clear, if there was adequate information to find the appointment. Eleven people found that the letter was not clear, and seven felt that it was.

Those who found it clear said:

“The letter explains to me clearly, where I need to go, and who I can speak to.”

“The letter explains to me clearly where I am going and who I should speak to at the appointment.”

“The arrow showed the main entrance, from there I was able to find my way.”

“I know where the Woodcroft is, it is easy from there (not sure about a visitor to the hospital though).”

“The yellow zone and the Woodcroft Wing were easy to find.”

Those who did not find the letter clear reported:

- Issues included understanding the zones, inconsistency in department names between letter and signage, lack of information in where to go or the time it might take to get there from main entrance.

“Where is the yellow zone? it is not clear on the letter, main reception signage on the side entrance not clear, is hidden, colour codes on the signage are small and not clear, two members of staff asked me if I’m ok, the letter does not explain I will need to go outside to main yellow zone.”

“Did not tell me which entrance to use, advise about steps, or accessibility.”

“The colour coding was not positioned at first sight (eyeline) It is hidden for someone with eye problems.”

“Nothing attached to the letter.”

“What part of the hospital? time- allowing enough time to find the department.”

“What part of the hospital explaining where the main entrance is would be helpful.”

“Was not clear on Woodcroft wing zone, could only see Woodcroft house.”

“Signage says - Gynaecology Clinic, letter says Gynaecology department.”

“Did not state that the Chest Clinic was not in the main hospital building.”

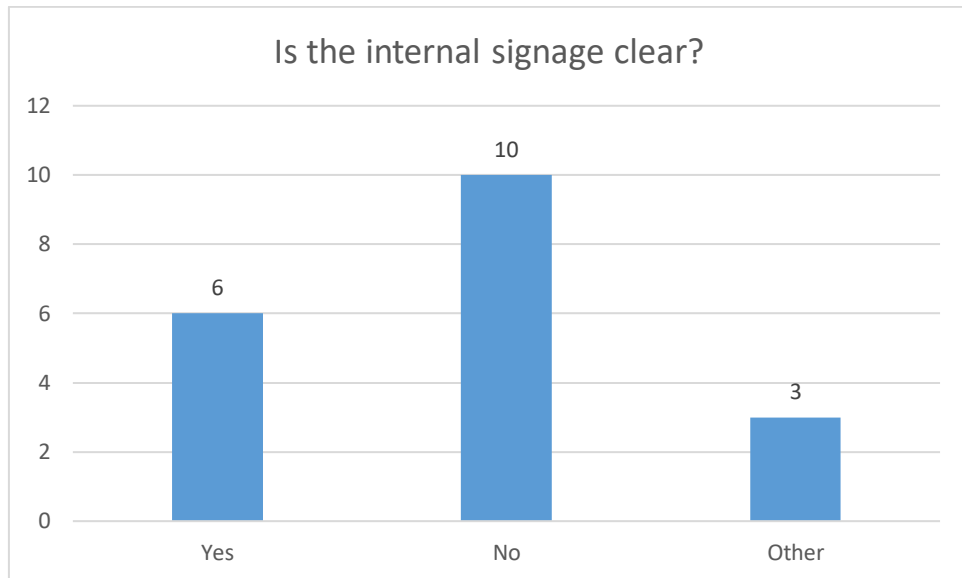
“No, its called Croydon Heart Unit not Cardiology.”

“No prompts on letter, no directions.”

“Could mention to leave time to find your appointment longer for people with mobility.”

“No Fanthorpe building on the maps, not in the main building, letter could state ‘use Mayday Road’ as Fanthorpe is a separate building.”

2.2 Is the internal signage clear?



Total=19

- Six respondents found the internal signage clear, and 10 found it was not. We recorded three other responses.
- For some the signage was clear to start, though not consistent through the entire journey in the hospital. Once in the hospital some of the signage confused as much as it informed. Some NHS terminology ie unit, department, clinic confuses patients in their understanding of where to go.

“The internal signage was clear at some point and becomes a bit confusing when I reached the middle of the hospital.”

“The arrows were well shown.”

“Matches letter.”

“Very clear except small signage.”

“Looks like signage is sending me the other way. I ended up in a patient’s room.”

“Doesn’t state clearly on internal signage that the Neurology Department is in the Howard Assessment Unit, this may cause issues for people who cannot walk for long periods having to walk back to reception, no signage stating Neurology department, signage small, staff were unsure, was told to go back to reception.”

“Small map, not informative enough.”

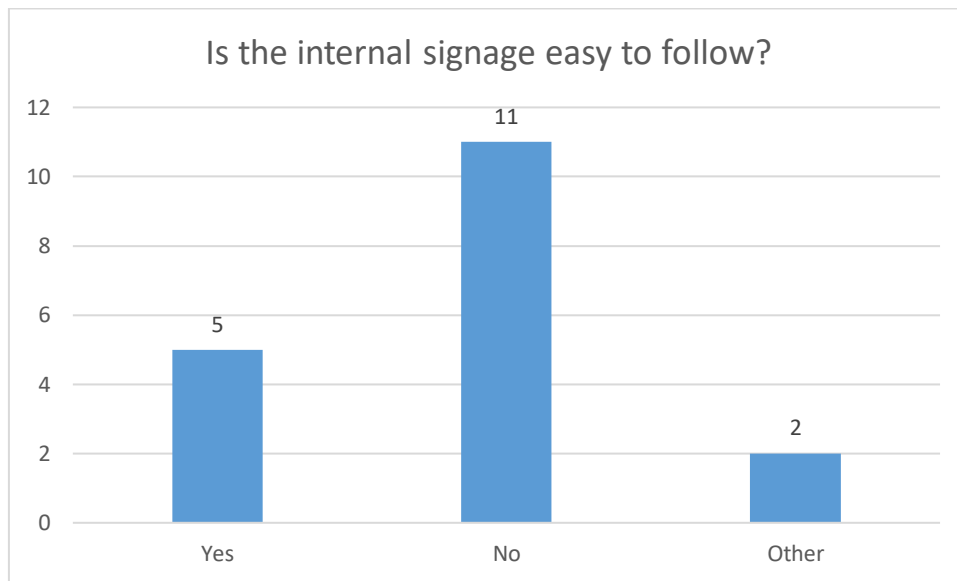
“Not all zones are clear (pink not clear) In middle of zones could do with more written colour name.”

“Clinic means department.”

“Could not tell the little circle for purple was purple, could be better if it was bigger as it’s a dark colour, signage sent me outside to MRI mobile and A&E car park. Got lost, member of the public helped.”

“It is on the main entrance board as Heart Unit.”

2.3 Is the internal signage easy to follow?



Total=18

Response. Six respondents found the internal signage clear, and 11 found it was not. We recorded two other responses.

Positive:

“The arrows were well shown.”

“Matches letter.”

“Very clear except small signage.”

Negative:

“The internal signage was clear at some point and becomes a bit confusing when I reached the middle of the hospital.”

“Looks like signage is sending me the other way. I ended up in a patient’s room.”

“Doesn’t state clearly on internal signage that the Neurology Department is in the Howard Assessment Unit, this may cause issues for people who cannot walk for long periods having to walk back to reception, no signage stating Neurology department, signage small, staff were unsure, was told to go back to reception.”

“Small map, not informative enough.”

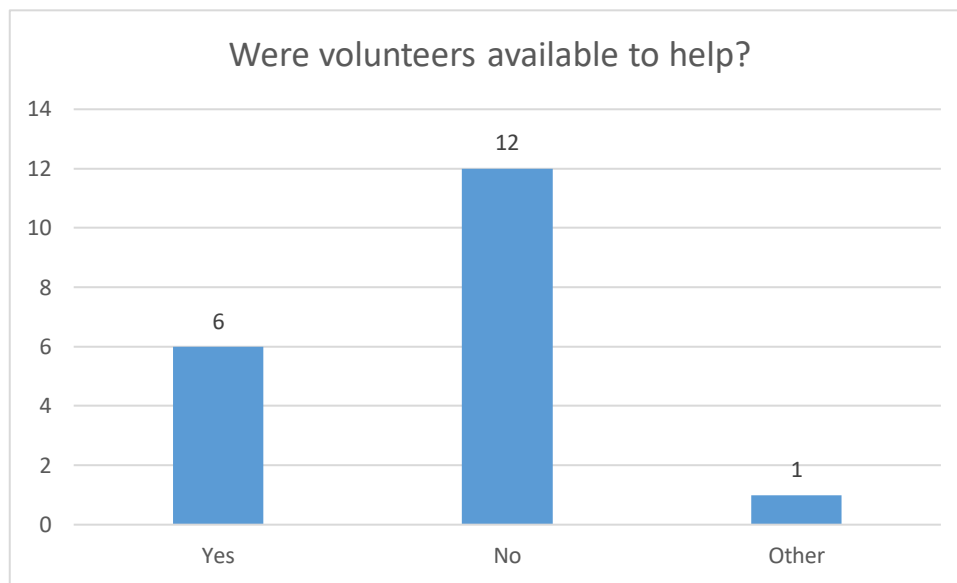
“Not all zones are clear (pink not clear) In middle of zones could do with more written colour name.”

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“It is on the main entrance board as Heart Unit .”

2.4 Were volunteers available to help?



Total=19

Response: Six respondents found that there were volunteers available to help while 12 said 'no' they did not come across volunteers. There may be a limiting factor here in that volunteers were only available in the main reception area at the time of this exercise.

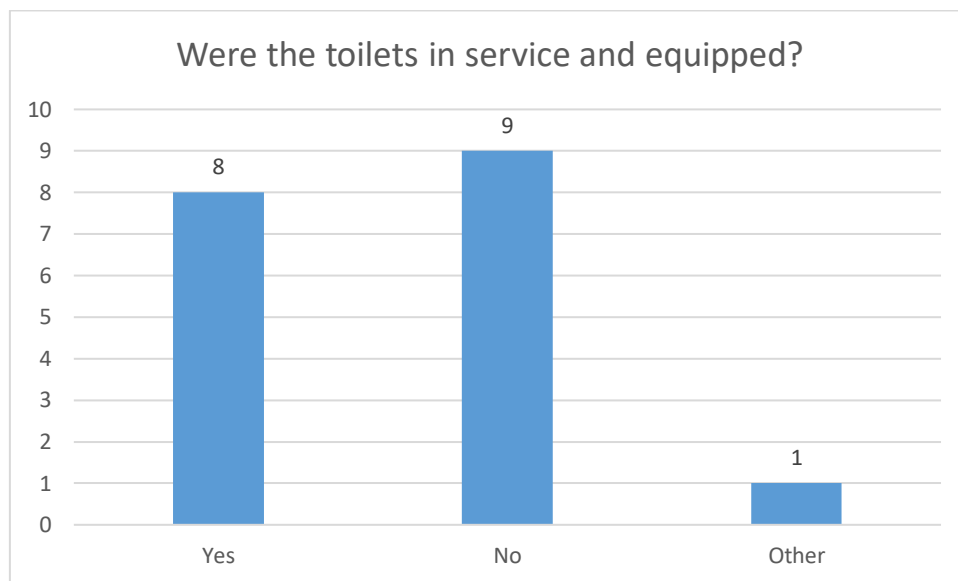
Comments:

“People helped, told me directions but was not clear for me as I have memory issues and am better with visual.”

“Staff also help.”

“Staff at desk in Cardiology did not ask if I needed help, I looked lost and was not sure if I was in the right place.”

2.5 Were the toilets in service and equipped?



Total=19

Response: Our group recorded 18 trips to the toilet which were in service and well equipped on eight of these occasions. The question of toilets received 15 comments none of which were positive. While not a core aspect of signage, they are a core part of the experience of visiting hospital and using services.

“Not very clean, needs a deep clean.”

“Toilets appalling.”

“Nearest toilets to Orchid suite display M/F/Accessible toilet, but it is staff only.”

“There are no male toilets, toilets hard to access.”

“Toilets out of order.”

“Not cleaned since 9:00am, no cleaning for six hours.”

“Toilet seat not safe by pink/yellow zones, dirty.”

“Very dirty and blocked, no toilet paper, only one public toilet on ground floor, women’s, no men’s.”

“Found three ladies’ toilets, no men’s.”

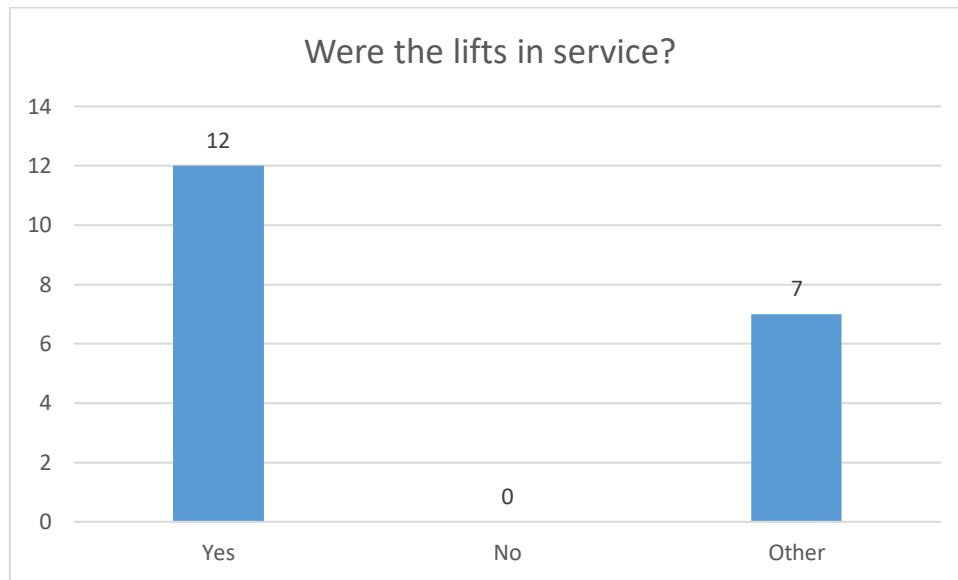
“Not that clean.”

“By pink and yellow zones toilet seat safe, dirty.”

“Not clean, not equipped with soap/toilet paper, dirty floors, not been cleaned since morning, not being cleaned regularly.”

“Toilet seat not safe by pink/yellow zones, dirty.”

2.6 Were the lifts in service?



Total=19

Response: Of our 19 respondents none reported that the lifts were not in service. We had 12 respondents who had utilised the lifts and found them to be in service and seven responses for 'other'.

“First lift not open to public, staff member told us to use ‘special lift’ not accessible to public.”

“Plenty of lifts on the Blue Zone first floor, all in service.”

“No signs to where the lifts are located, staff are chaperoning patients.”

2.7 Resources used to find location



Total=28

Resources: Our Volunteers used a variety of mediums to find their appointment locations. Most popularly they were signposted by a staff member. Members of the public were as useful as volunteers when it came to signposting, and the search engines were equally utilised, with 3 responses each.

The 'other' responses (2) specified that they had used the hospital signage itself.

Our volunteers recorded:

“Staff member saw us looking lost and offered to help.”

“Both Volunteers and staff asked if we needed help.”

“All volunteers are at main desk only.”

“Asked reception.”

2.8 Walking times

Two of our Volunteers who know the hospital well walked the routes to the appointments.

It took an average of five minutes longer to find the way just using the letter compared with walking the route once you knew it and in some cases 6.5 to 10.5 minutes longer.

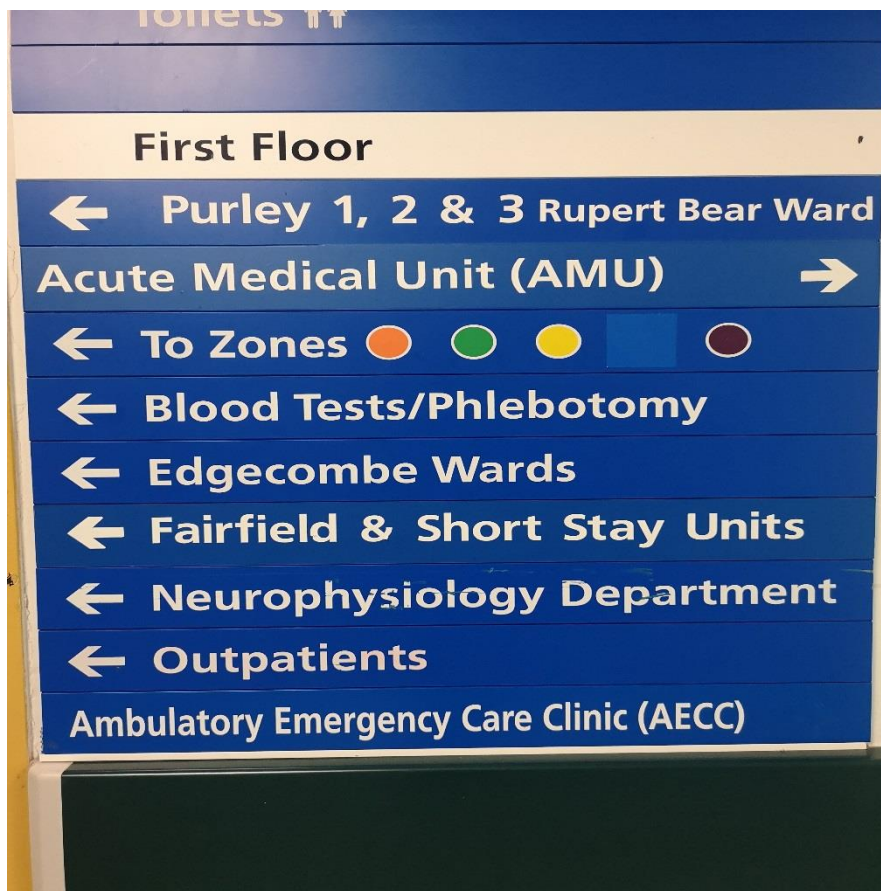
This suggests the letter needs to be clearer and align more closely to the signage or vice-versa to ensure a more consistent approach and convenient experience. Letters could also specify likely times to get to destination based on mobility.

Survey Number	With letter (in minutes)	Just walked when you know where you are going (in minutes)	Loss of time due to unfamiliarity
1	7	4	-3
2	13	8	-5
3	10	5.5	-4.5
4	15	4.5	-10.5
5	11	8	-3
6	10	8	-2
7	10	3	-7
8	6	3.5	-2.5
9	4	4.5	0.5
10	9	4.5	-4.5
11	8	8	0
12	7	3.5	-3.5
13	9	3	-6
14	13	6	-7
15	12	5.5	-6.5
16	11	5	-6
17	8	8	0
18	10	2	-8
Average	9.6	5.3	-4.4

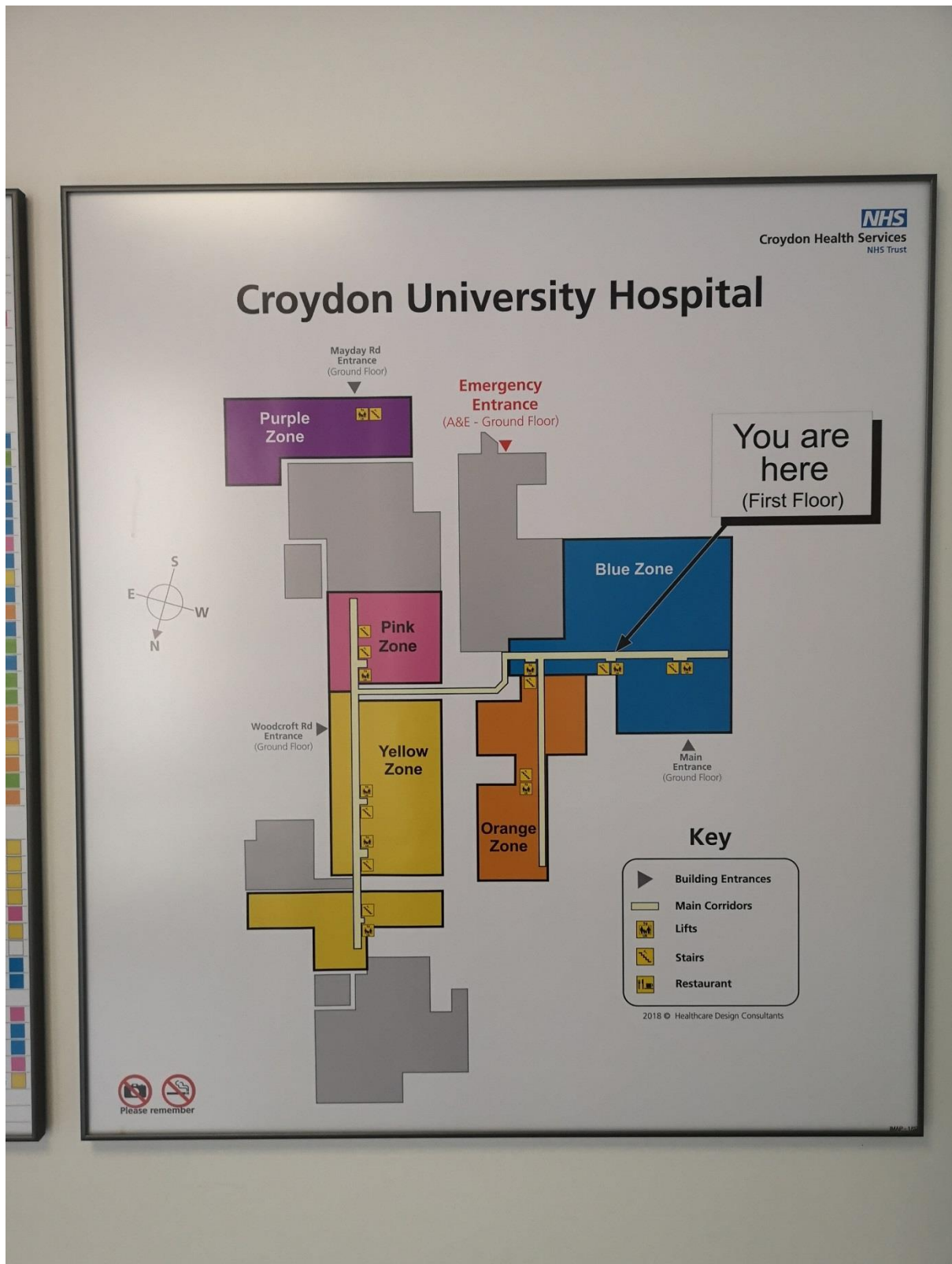
2.9 The second letter - some experience of using this

Example 1:

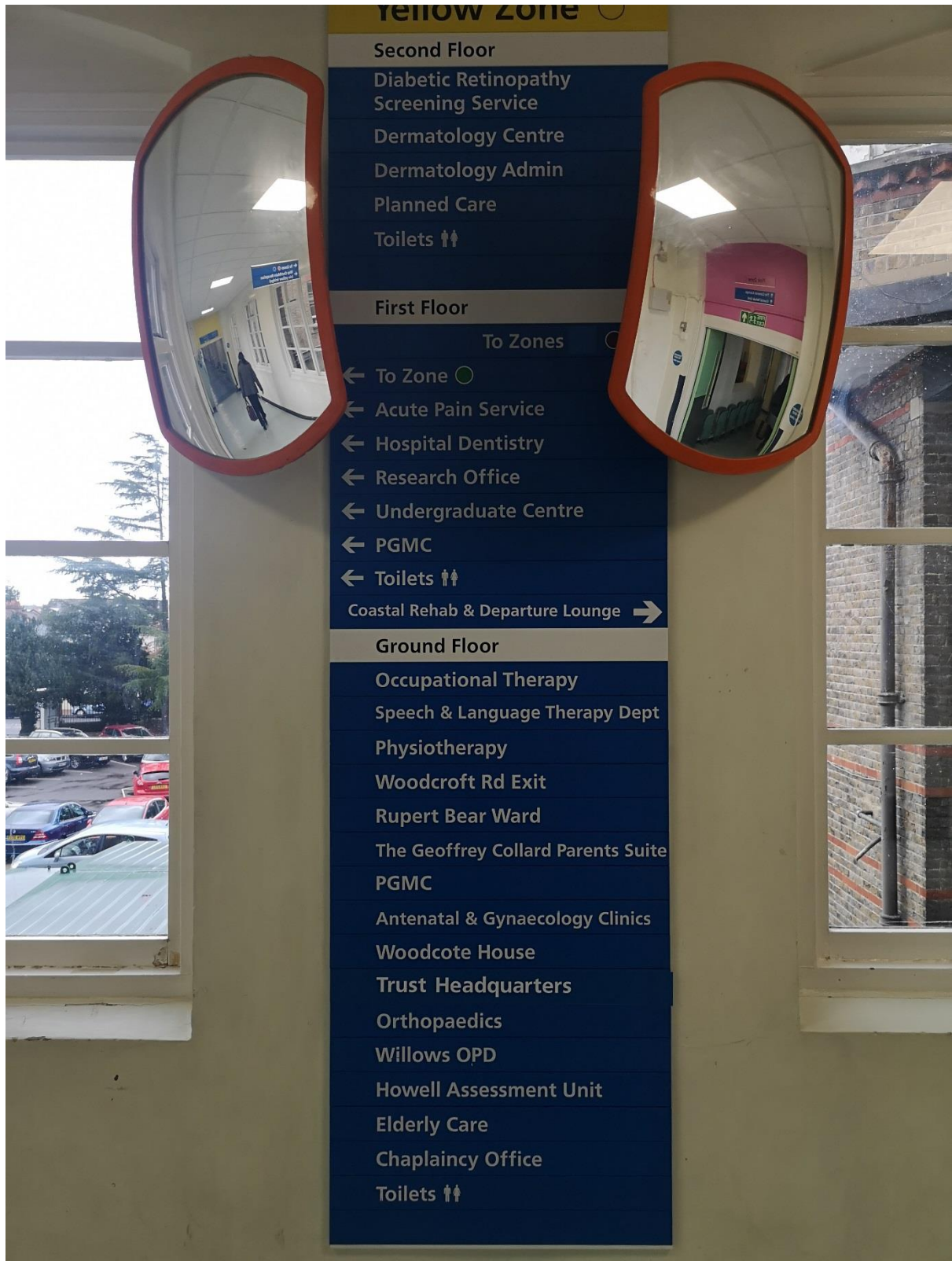
- Our appointment is for 'Orchid Suite', in the purple zone.
- The letter directs us to the first floor.
- Starting at the main reception area we use the escalator to the first floor and follow the sign to the purple zone which appeared to be on the right.



“Looks like it’s sending me the other way, I ended up outside a patient’s room.”



“I can see on the map that the entrance is Mayday Road. It would have been useful to have this information at the start. I’m not sure if I should go back or not.”



“I can barely see the purple zone indicator. It is situated high up, and somewhat obscured by the mirror.”



“Right under the sign. That’s better.”



“I follow the internal signage to purple zone and see that I am being directed to the stairs.”

“There was a lift back there but no indication on the lift that it was a route to the purple zone.”

“Fortunately, I am able bodied.”

Example 2:

“I take the stairs to purple zone and am now looking for the Orchid Suite.”



“The signage here is baffling, pointing both left and right.”

“Here I meet a gentleman in a wheelchair who is also looking for the Orchid suite. He is in the wheelchair to the left of the racking.”

“His condition is such that he cannot look up or get close enough to see the signage, and the racking is obscuring the visibility of the signage further which is impossible for him to see.”

“Shortly I realise the Orchid Suite is behind us.”

“It took 13 minutes to find my way.”

2.10 Demographics and protected characteristics of the sample

We used a mixed ability group of eight volunteers.

They ranged in age 29-72.

The group was composed of males and females, from Addiscombe, Shirley, South Norwood and Addington wards.

3 Responses to our research

A response from Croydon Health Service NHS Trust Matthew Kershaw, Trust Chief Executive and Place Based Leader for Health said:

“We are investing more than £180,000 this year to reset and improve all of our hospital signage. We are also looking at new ways to help our patients find their way around our services, including interactive digital maps.

“Since this report, we have produced new material to guide patients through the changes we have made to protect them from coronavirus (COVID-19), and there is much more in the planning. We are constantly listening and acting on the feedback from patients to improve their experience of our care, and we look forward working closely with Healthwatch to make sure our patient voices continue to be heard.”

4 Quality assurance

Does the research ask questions that:

Are pertinent? The insight presents responses in using original patient letters and matching the instructions with the signage at the location. This is core part of patient experience of visiting a hospital. We also ask about other questions concerning access and facilities.

Increase knowledge about health and social care service delivery? Yes, this will help Croydon University Hospital learn about how patients understand their letter and signage, and how this could be improved to give a better patient experience.

Is the research design appropriate for the question being asked?

a) Proportionate: Yes, we used real letters and asked volunteers to follow these as new patients.

b) Appropriate sample size: Has any potential bias been addressed? The sample size is small at 18, so this is not a comprehensive study, but is there to show an illustration of the challenges of matching letter information to signage at location. Even these small numbers have shown issues.

Have ethical considerations been assessed and addressed appropriately? Yes, this was undertaken in co-operation with the hospital. All volunteers consented to completing this on terms explained here.

Has risk been assessed where relevant and does it include?

a) Risk to well-being: None.

b) Reputational risk: That the data published is incorrect and not of a high-quality standard. All data comes from responses completed by volunteers after they attended the hospital to find locations based on the letter. Further written and photographic evidence was taken to provide relevant data.

- c) **Legal risk:** Have appropriate resources been accessed and used to conduct the research? There was no need to refer to legal resources for this research.

Where relevant have all contractual and funding arrangements been adhered to? This was part of our standard commissioned work contract, with a priority to work with those who are seldom-heard and hard to reach

Data Collection and Retention

Is the collection, analysis and management of data clearly articulated within the research design? Yes.

Has good practice guidance been followed? Yes.

Has data retention and security been addressed appropriately? Yes.

Have the GDPR and FOIA been considered and requirements met? Yes.

Have all relevant legal requirements been adhered to ensure that the well-being of participants has been accounted for? ie the Mental Capacity Act. None required for this research.

Has appropriate care and consideration been given to the dignity, rights and safety of participants? Yes, all volunteers were trained and advised appropriately.

Were participants clearly informed of how their information would be used and assurances made regarding confidentiality/anonymity? Yes.

Collaborative Working

Where work is being undertaken in collaboration with other organisations have protocols and policies been clearly understood and agreed, including the development of a clear contractual agreement prior to commencement? We have worked with staff at Croydon University Hospital in scoping this. They provided the sample letters to be tested.

Have any potential issues or risks that could arise been mitigated? These are shown below:

Risk factors	Level of risk	Contingency
Cannot get letters	Low	Letters supplied by Croydon University Hospital
Volunteers let you down	Low	See if other volunteers can undertake - ask staff or board members to undertake if need.
Data is seen as being out of date	Low	Report to be delivered within six months of work. This is less time sensitive.
Not enough respondents	Medium	Plan to include more but this is an illustration of patient experience rather than a survey.

Has Healthwatch independence been maintained? Yes, this insight has been shared with Croydon Health Services NHS Trust before publication for their comment, but only factual inaccuracy would be reviewed. This does not affect the comments of experiences we receive.

Quality Controls

Has a quality assurance process been incorporated into the design? There was a proper process of scoping with Croydon University Hospital.

Has quality assurance occurred prior to publication? Data collection was checked and re-checked.

Has peer review been undertaken? No peer review was undertaken. It was not required for this research project.

Conflicts of Interest

Have any conflicts of interest been accounted for? This was part of our standard commissioned work contract, with a priority to raise issues that will support better patient experience. We worked with Croydon Health Service NHS Trust to get sample letters, and gain access to enter the hospital but they did not seek to influence our work in any way.

Does the research consider intellectual property rights, authorship and acknowledgements as per organisational requirements? The research is owned by Healthwatch Croydon, who are managed by Help and Care. Other organisations support has been recognised and suitably referenced.

Is the research accessible to the general public? It appears on our website as of 26.11.2020

Are the research findings clearly articulated and accurate? To the best of our knowledge, we believe they are.

5 References

NHS England and Improvement (2020) *NHS interior signage*

<https://www.england.nhs.uk/nhsidentity/examples/nhs-interior-signage/>

(accessed 24 March 2020)

Department of Health (2006) *Wayfinding*

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/148500/Wayfinding.pdf

(accessed 24 March 2020)



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