



Mystery shopper experience of  
using signage at Southend  
University Hospital, September 2023

## Who are we?

This mystery shopping report has been produced by Healthwatch Southend.

Healthwatch is an independent organisation who aims to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

As a statutory service, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector, and independent providers) can benefit from what Southend people tell us.

Our reports on various elements of health and social care in Southend can be found on our website at the following link:

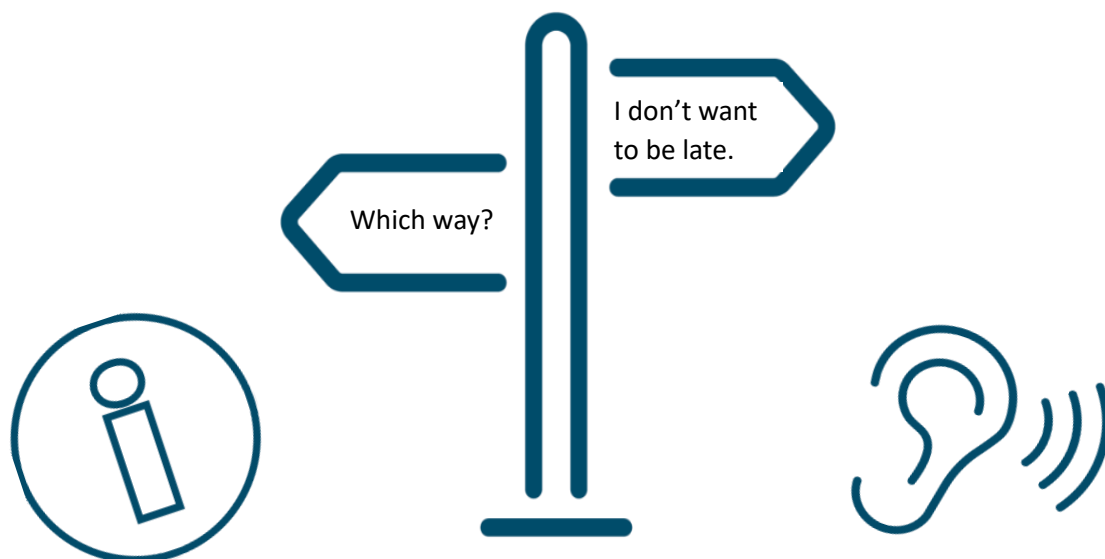
<https://www.healthwatchsouthend.co.uk/newsandreports> or by contacting us directly using the details on the back page.

# Executive Summary

In response to several feedback calls from residents about difficulties finding their way around the Hospital internally and externally, we ran a mystery shopping exercise at Southend University Hospital during September 2023 to assess the existing signage from the patient's perspective.

We focused on the following key parts:

- Several hospital site car parks, signage clarity and information
- Patient journey from their arrival at the hospital
- Observed the existing external/internal signage, its clarity and effectiveness in enabling people to find their way to a selection of wards and departments.
- What hospital staff and volunteers are hearing from patients already



# Background

There are several guidelines for all NHS organisations in the format and quality of the signage.

It states on the NHS England website under NHS interior signage: "All interior signage should adhere to the NHS Identity guidelines (i.e. font and colour palette).

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.

[The wayfinding principles](#) also need to be considered when developing new 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. 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.'

"In any publicly accessed site, people can have problems finding their way.

Getting lost is so much a part of life that solving wayfinding problems is often given a low priority, ignored, or dismissed as an unalterable and unavoidable aspect of the site's design.

Too many people, given the task of improving wayfinding, limit the solution to developing attractive signs. However, many other issues which affect how people find their way need to be considered: how clearly staff direct people verbally; what destinations are called in appointment letters; architectural features of the site which make it easier, or more difficult, for people to see where they need to go; and many more factors.

# Methodology

We searched for current information on the Hospital website regarding car park information and/or ward/department moves or closures.

We contacted the Hospital Outpatients booking team to ask whether they included department localities and or maps on patient appointments letters.

We walked around several Hospital car parks and continued into the Hospital to look at the internal and external signage, exploring the existing routes to various wards/departments.

Our representatives were required to note their observations and to complete a summary sheet during and after completing the visiting activity for each locality.

We spoke at random with several Hospital staff, volunteers, and visitors to gather their personal experience of navigating around the Hospital, and to find out the main concerns and issues for the patients, visitors and staff members when coming to the Hospital site to ensure we gathered the experience of others during our snapshot visit.

# Limitations

This was a mystery shopping exercise using three people: 2 of our volunteers and 1 member of staff. Real patients in real scenarios were not used on this occasion.

- A small sample of Hospital car parks and internal/external hospital localities were used: The sample size was 20 (3 car parks and 17 department/wards localities) so this is not a comprehensive study but provides an illustration of the challenges of signage and or information. Even this small number has shown issues. A wider group may give more insight into the experience, but this exercise provides a snapshot of what it is like.
- When we contacted the Hospital Outpatient booking team, we asked: *“Does the hospital include a printed map with the department locality clearly marked on new patient appointment letters?”*

Their reply was *“Sometimes a map is printed on the back of the letter, however the department location is typed clearly within of all the new patient appointment letters.”*

We could not confirm this as we do not have any samples.

We fully appreciate that services and wards will change, but if any new locality information is not updated this is not helpful for patients/carers/visitors, hospital staff and hospital volunteers.

# Our Findings

## Some of the car parks' signage appeared unclear/obscured or not there:

- On arrival at Car Park H (rear of the hospital) the entrance car park signage was obscured by green foliage and several staff standing and chatting, perhaps taking their break. The barriers were raised and therefore no parking ticket collection was necessary. There were no signs to indicate parking at this time was free. Half the dedicated spaces were closed off to the public with fencing. There were no signs to inform drivers about the reduced capacity and no staff available to manage or monitor inflow or exit of traffic.



- On arrival at Car Park A (Cardigan Wing) there was an entry sign displaying spaces, however cars continued to arrive adding to the existing queue outside the barrier. The car park was full. On checking later, the sign had been amended to full.
- On arrival at Car Park F (Tower Block) the barriers were raised, cars were able to enter without collecting a parking ticket, however half of the car park and dedicated bays were closed off to the public with iron fencing. There were no signs at the entrance to inform drivers about the reduction in spaces, and no staff available at the entrance to manage the inflow and exit of cars or manage the queues that formed in each aisle. Drivers and their frustrations became very apparent, resulting in car park space 'jumping.'
- All car parks had visible payment signage. Some were wall mounted, some were quite high up (potentially not accessible to read or see for some disabilities). In Car Park A one specific sign with information about disabled car user information had broken off the fixings and was

propped against the railings on the floor. It is difficult to spot if you are in a rush, or potentially may fall over flat.

- Not all car parks we visited had a Hospital site map or indicated 'where you are'.
- All car park signage we observed used English language only.

**Shopper feedback included:**

*"the payments signs are difficult to read unless you go right up to them"*

*"the payment signage is confusing about who is responsible for the management of it. It has the NHS logo and name of the hospital, and the name F1rst Parking alongside it. Until I read the small print at the bottom, I thought it was the responsibility of Southend Hospital."*

*"a specific Blue Badge Holders car park payment sign was not visible in Car Park H, and the current maps do not indicate there are disabled bays for parking. However, there are several disabled parking bays in this car park, but only one was available (the rest were taken up with building fencing and materials), and not easily visible due to current building work. As a blue badge holder, I found the car park payment information on the general sign confusing. The only reference to blue badge holders on the general sign was a parking fine of £80 would be issued for being parked in a disabled bay without displaying a valid disabled badge. I later found out from a different car park and sign, blue badge holders are exempt from payment; however, I do not know if this applies to all the Southend Hospital car parks as there was no specific sign where I parked."*

*"no local telephone number displayed on signage to ask a question about car parks, only the payment telephone line for F1rst Parking."*

Car Park H



Car Park F





**Some of the internal/external hospital signage appeared unclear or difficult to follow:**

The signage is busy along the entire ground floor of the hospital; it is colour coded into different zones, correlating with current maps.

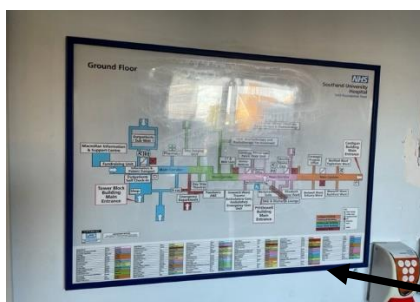
Our shoppers were all tasked with finding Pharmacy from their specific hospital entrance. Everyone noted a lack of clear specific signage; however, one shopper glanced up and noticed a ceiling height sign halfway through their journey.

There was a reference to Pharmacy on several main site maps sited along the corridors, with a colour code for the Tower Block (blue) and a Pharmacy green cross as an identifier.

All our shoppers missed the Pharmacy corridor and the small printed A4 size laminated sign with an arrow pointing to the pharmacy entrance. They walked straight past the narrow corridor and Pharmacy entrance into the Outpatients Sub Wait area, had to retrace their steps, and eventually found it.



When navigating to the nominated in-patient wards, the wall maps and corridor signs were helpful. One of our shoppers noted the comprehensive key used under every large wall map is quite difficult to read as the font size is quite small.



Example of Ground floor Wall map and key

Ward names were clearly displayed at the entrance points we checked and matched the colour coding on the maps except the examples within our snapshot below.

AMU

- Our shopper experienced difficulties trying to locate a ward previously known as 'AMU.' They were unable to find it on any maps or signs. They enquired at a volunteer station located on the ground floor near the Costa Coffee café and were advised it had moved to the Tower Block (6<sup>th</sup> floor) and is known as Windsor Ward.

Tower Block Stairwell

- Whilst using the stairwell in the Tower Block to go to Windsor Ward it was noted no wall signage is displayed in the stairwell itself to indicate your floor level/number. The stairwell is used to access more than nine floors if you include the mezzanine level and basement areas.

Discharge Lounge

- There was confusion trying to locate the Discharge Lounge. The printed maps clearly indicate it is DAU & Discharge lounge in the pink zone (Ground floor Prittlewell Building). However, its location no longer matches the current printed maps. Our shopper enquired at the Customer Service desk for directions and was directed to "Cherry Tree" (an external unit). There were no visible signs with Discharge Lounge on the exterior of the unit, and no staff on reception to ask when our shopper arrived. They waited for a few minutes and were advised by another member of staff in Cherry Tree that the Discharge Lounge had been moved to "Bedwell Ward." The member of staff said, "I was only informed about the change this morning." Arriving at Bedwell Ward there was no signage indicating Discharge Lounge either.

Other departments we visited included:

Locality	Observations included
CT/MRI Dept	Some signage height may be inaccessible for people with disabilities.
Heart & Chest Clinic	Signage is clear above the door of the department but no visible signs at wheelchair height.

Paediatric Out-Patients	The external access route to the department was closed for building work. Only one departmental sign was available on route, positioned extremely high and partially obscured by the ongoing work. The re-routing meant exiting the hospital site, walking down the road at the side of the hospital, and coming back onto site using a barriered entrance to a car park for deliveries. The signage colour correlated to the printed map; all maps display the building name, not the individual departments located there. It is necessary to read the small key at the bottom to locate the department within the colour coded area.
Patient Advice & Liaison Dept	The department signs on route were positioned high up and not easily viewable for people with certain disabilities or wheelchair users. There is no signage to suggest that the department is not open for drop-ins. This only becomes apparent on arrival at the office door. We anticipate potential frustration for any patients or visitors who wish to discuss a situation or require support on face-to-face basis whilst on hospital premises and only being made aware of this when arriving at the door.
Elective Admissions	Clear signage and colours, correlates with maps.
Urgent Blood Test Outpatients	No on route signage at all, no map information. The Volunteer station near Costa Coffee Café were helpful with directions. On arrival there was a small A4 poster indicating urgent blood tests only.
Medical Photography	Maps were useful on route, colour correlated to building and department and the signage outside the door was clear.
Women's Clinic	Internal signage was not apparent around the Costa Coffee Lounge. A passing

	<p>volunteer was helpful, and we looked together at a printed handheld map, discovering it was located externally at towards the back of the hospital site. The external access route from the tower block to the department was closed for building work. The re-routing meant exiting the hospital site, walking down the road at the side of the hospital, and coming back onto site using a barriered entrance to a car park for deliveries. The signage colour correlated to the printed map.</p>
Renal Unit	<p>Maps provide an indicator of the location of the Renal unit; however no internal hospital signage was visible. Externally there was a sign in the car park, however the access route from the tower block to the department was closed for building work. The re-routing meant exiting the hospital site, walking down the road at the side of the hospital, and coming back onto hospital grounds through the barriered entrance. Difficult route access for people with certain disabilities and wheelchair users.</p> <p>No additional signs regarding temporary access route to Renal Unit</p>
Accident & Emergency Dept (ED Dept)	<p>Starting from the rear of the hospital there was no specific A&amp;E signage externally. However, a wall map provided a generalised location, and the colour coding was simple to identify and follow as Accident and Emergency / Emergency Department is red. Towards the front areas of the hospital internal/external signage was visible and colour coded accordingly. The entire Accident and Emergency Department is midway through an expansion project. Despite this, the signage is clear and there are no issues with accessibility.</p>

GP Unit	<p>There is no information on the paper or wall mounted maps referencing the GP Unit. One of our shoppers asked at the Customer Service desk for directions and was advised the unit had moved for the third time and had been relocated to the very front of the hospital in the Cardigan building. There was an internal sign suspended high up close by to Customer Services with GP Unit and an arrow to exit through the main doors outside. There were external signs that were clear, and the route was accessible for all including ramps and flat surfaces. A patient who had been sent from A&amp;E to the GP Unit said <i>"it is a long walk from A&amp;E to here. I use a walking aid. I've stopped several times enroute. I think it's a long way for people who struggle to walk. I was told I cannot access the GP Unit by any internal hospital entrance, it is only accessible from the front entrance located where Car Park D is."</i></p>
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## Feedback

Our shoppers found this to be a particularly useful exercise. It provided lots of information and some excellent ideas on how they felt the hospital's signage could be improved for them and for other visitors to the hospital; we are pleased to feedback not all hospital signage requires improvement.

One of the positives for our shoppers as they walked around, were the friendly and helpful hospital staff and volunteers that approached them to ask if they could help in any way. Our representatives were really pleased and appreciative of this.

Our shoppers recognised the challenges you face when you have an acute visual impairment. For somebody who is blind, or with a sight impairment, it is almost impossible to find your way around the hospital without assistance. Signs at ceiling height are not seen by someone with a sight impairment. Sight impaired people focus on where they are going, they do not always look up.

What people said on the day, and hospital car park concern feedback received post mystery shop:

"We had a 2.00pm appointment but due to the parking situation we arrived at 10am to get a car park, then went to have a breakfast /lunch in the canteen and just wasted time until the appointment. We can do this whilst no charges are being levied but would not be able to afford to do so when barriers and charges are back in place." (One space used up for some 4.5 hours for a 30min appointment time...)

"Are hospital volunteers available over the weekend period to help visitors find their destinations? When your lost or having difficulties, a friendly face is always welcome..."

"The urgent blood test area is not signposted on any maps. Do you think this will change?"

"I visited on a Saturday some time ago and my usual diabetic clinic is on the 1st floor; that day it was moved to the ground floor and there were no signs on the door, and no staff I could find to ask."

"As a volunteer I'd welcome regular updates on service/department changes. I only just found out PAL's are back on site and not at Rayleigh anymore. I didn't know and could have misadvised someone".

# Recommendations

We are aware that the Trust is undertaking its Patient-led Assessment of the Care Environment (PLACE), with some input from other volunteers at Healthwatch Southend. We hope that this report will be useful in that process.

As a result of our visit, we would recommend that the Trust actively considers:

- updating the hospital website with ward/department moves and current building works internally and externally.
- signage at the car park entrances informing visitors about temporary reduced capacity so they are aware of possible delays.
- displaying contact details in the car parks for any car users who may need assistance not just payment queries.
- site maps being displayed in all car parks.
- producing temporary up-to-date paper maps making them accessible to hospital visitors at hospital entrances.
- additional support for hospital volunteers by briefing them on any locality changes.
- directing patients on the best entrance to use for their visit; the most direct route needs to be considered including accessibility.
- checking existing signage height, and size for accessibility. Of note the increasing the font size on the key code at the bottom of the large display maps on hospital walls.
- permanent signage placement for the urgent blood test locality.
- adding the GP Unit locality to all maps.
- temporary access signage internally and externally including car parks. Building work start dates and expected completion dates would be very helpful for visitors and staff particularly when the car park capacity is reduced.

# Thank-you

For this mystery shopping exercise, we want to extend our thanks to David (Healthwatch Southend Advisory Group Chairman) and Jan (Healthwatch Southend Enter & View and Engagement Volunteer).

Our volunteers give up their time to help us improve local services. They play an important role in helping us make a difference to your health and social care services.

We are also grateful to those members of staff and volunteers in the hospital who helped with directions and feedback, and of course the hospital service users who provided their comments on the day.



If you require this information in an alternative format, please contact our office via the details below.

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