

## Appendix 1



## Wayfinding and signage at The Hillingdon Hospital

A review by local visual impairment groups

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## Background

The Visual Impairment (VIP) Audio Book Group and Amigos Visual Impairment Group are groups for people with visual impairments who meet monthly in central Uxbridge.

Healthwatch Hillingdon met with the VIP Audio Book Group in March 2018 to gain insight into some of the barriers they faced when accessing health and social care services.

The Uxbridge VIP Audio Book Group were very candid about their experience of health and social care services. One of the main concerns raised by the group was poor signage at The Hillingdon Hospital. This was an issue that seems to cause many in the group a great deal of frustration and for some people, stress.

They told us that inadequate signage meant that navigating the hospital alone was a real challenge and a lack of reception desk in outpatients meant that there was no one to direct or guide patients when they arrived for an appointment.

Finding the haematology department was also far from easy. The location meant that unless accompanied it was just too difficult to find on your own.

Healthwatch Hillingdon works closely with The Hillingdon Hospitals NHS Foundation Trust and regularly tells them about the experiences we hear from the public about the services provided at Hillingdon and Mount Vernon Hospitals. Healthwatch Hillingdon reported the issues raised by the VIP Audio Book Group with the Experience and Engagement Group at the Trust.

As a result, the Assistant Director of Facilities contacted Healthwatch Hillingdon and invited the visual impairment group to carry out a review of the wayfinding and signage at the Hillingdon Hospital.

## Overview

The 'wayfinding and signage' audit was arranged in advance for 10 am, Monday 22<sup>nd</sup> October 2018. Healthwatch Hillingdon contacted the lead for the VIP Audio Book Group and it was suggested that members of the Amigos Visual Impairment Group were also invited to attend.

On the day, 8 members of the groups attended. They included 5 people with acute sight impairments, a sighted companion who gives support, and 2 blind members with their guide dogs. These were joined by a Facilities Officer from the hospital, 2 staff from Healthwatch Hillingdon and 3 members of Young Healthwatch Hillingdon.

Attendees gathered in a reserved area of the restaurant and, following a briefing, split into 3 groups. Each group comprised of a 'staff' member, Young Healthwatch representative and individuals with visual impairment. Each group was given the task to find specific areas of the hospital using the signage currently in place. The member of 'staff' and young person were asked to observe the experience of the visually impaired person and make notes.

After the audit, the groups made their way back to the Choices restaurant to feedback on their experiences and give general feedback on their own experiences of the hospital.



## Feedback

The groups found this to be a very 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.

One of the real positives for everybody as they walked around, was the large amount of staff that had approached the groups to ask if they could help in any way. The members were really pleased and appreciative of this.

One of the striking things recognised by the sighted members of the group was the real difficulties 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.

The suggestions made by group members during the reviews ranged from changing individual signs, to adding a voice to the lift. These are all captured in detail in the notes from the review exercises, which are outlined from page 6 of this report. The following are a summary of the suggestions made and other feedback provided by group members:

- All 3 groups came up with the same idea of having coloured lines on the floor to help the sight impaired to be more independent and improve wayfinding for all visitors. We explored this further and the consensus was that there should not be lots of lines, as that would be confusing. The lines should only be for certain areas like blood tests, x-ray and outpatients, from specific points.  
  
For example: if there was a line on the lower ground floor from the lifts and the stairs which went to the blood tests department, reception could instruct people to go to the lift, or take the stairs, and follow the blue line. This would also save staff time as the sight impaired could go independently and a staff member would not be needed to go with them.
- In a similar way, having colour-coded footprints on the floor for key departments would mean not having to look around for signs and make wayfinding easier.
- The fire exit signs are large, visible and easy to read; however, they just need to be lowered so that they are at eye level.
- Font size on signs is a problem. The larger signs located next to the lifts are hard to read as the font size is far too small. It was impossible to read the tiny 4-inch square signs found on some of the walls.
- Signs at ceiling height are not seen by someone with a sight impairment. It was explained that because they must focus on where they are going, they do not look up. The signs are also too high to read even if seen, as you cannot get close enough to them.
- It would be great if there were talking lifts to tell you which floor you are on and which departments are on each floor. The buttons in the lifts should also have braille on them, so that a floor can be selected without waiting for someone to ask you.
- Signs are difficult to read so braille markings on them would help.

- 2 groups reported that catering staff had pushed passed them without taking regard for the individual's impairment.
- Members felt all people with sight impairment should be advised in their appointment letters to go to the main reception if they need assistance during their appointment.
- If you have an appointment before 8am, there is no receptionist to guide you. Early appointments were challenging. You would have to rely on patients (also waiting) to get directions as receptionists are not on duty until 9am.
- Volunteer helpers providing a meet and greet service would be helpful for patients with sensory, learning, and physical disabilities, when they attend appointments. Especially when attending an appointment before 9am.

A few members mentioned that there was already a volunteer at Mount Vernon Hospital who asked you when you arrived if you needed any help.

- It would be useful to place a large help button in the hospital entrance linked to a two-way speaker that patients could press to ask for assistance. This could also work on the main reception when not manned.
- One of the group advised that they were helped to go to audiology for their appointment, but had to wait nearly an hour after the appointment for somebody to come from PALS to help them get back to reception.
- A group member said that they had asked for their appointment letters to be printed in a larger font but had been told that the hospital couldn't do that.

*N.B. The Assistant Director of Facilities took an action to speak to the appointments department. This was done on the next day and it was explained that the Trust are in the process of amending this and transferring the letters over to Xerox. There had unfortunately been a technical fault on the Trust's side that they are currently working on resolving, however, no timeline could be given.*

## Recommendations

### 1. Action plan

The suggestions made by the groups, outlined in the 'Review Experience', should be considered and an action plan raised to incorporate the work that can be undertaken.

### 2. Wayfinding lines on the floor

The feasibility of having coloured lines on the floor, as an aid to wayfaring, should be considered by the Trust for the following areas:

- a) From main entrance reception to blood tests (or from lower ground lifts and stairs)
- b) Main outpatient entrance to x-ray



### c) Main outpatient entrance to outpatient clinics

The reconfiguration of A&E is already underway, and a new reception area is being planned at the outpatient entrance. There is an opportunity to look at the possibility of introducing coloured lines on the floor as part of the new design. This could also incorporate a line to A&E and the Urgent Treatment Centre from the main outpatient entrance.

## Response

In response to the recommendations made in this report, the Assistant Director of Facilities at The Hillingdon Hospitals NHS Foundation Trust, said:

“Working in partnership with Healthwatch Hillingdon and both the VIP Audio Book Group and Amigos Visual Impairment Group has provided the Trust with a valuable and unique insight into the problems facing some of our service users, on a daily basis, in reading our signs and finding their way around the hospital site.

“It’s easy to implement general wayfinding and signage guidelines and assume that every need is catered for. It’s important that we know when those needs are not being met for every part of our patient population, so that we can both understand the impact and act to improve things.

“The findings of the review and the suggestions of the members has provided us with some very useful ideas about how we can make those improvements and make a difference. The Trust intends to do what it can to implement those as soon as possible.”

## Review Experience

**Group 1:** included 3 people with acute sight impairment

### 1. From Choices restaurant to main reception by lift

There were no signs facing you as you walked from the restaurant to indicate where the lifts were. We eventually found a sign on the right-hand wall telling us to turn right.

*Suggestion: It would be useful to have a sign on the wall facing you, or on the space above the corridor by the stairs as you exit the Choices restaurant.*



We went into the lift and as the sight-impaired members had been to the hospital before they knew to ask for the ground floor. We went up a floor and walked around to reception without any problems.

At reception we spoke to a lady who advised that if a sight impaired person comes to reception they will find someone to take them to where they need to go.

## **2. From reception to blood tests**

The lady at reception pointed us in the direction of the stairs. At the stairs there is a large sign listing many hospital departments. We found blood tests on the list and followed the arrow down the stairs.

As we travelled down the stairs other people were impatiently pushing past. N and G said this happens all the time. Nobody has the patience to wait.

At the bottom of the stairs we found the sign to blood tests and walked down the corridor. As we walked down this corridor 2 members of catering staff came by pushing trolleys. Both barged passed without recognising they were pushing past 3 people with white sticks.

There is a large sign at ceiling level directing you left at the end of the corridor. This was missed by those with sight impairment. They explained they are looking down at their feet as they walked to ensure they do not trip over anything and would not look that far up. They also said that at that height it would be a blur and hard to see.

*Suggestion: A sign at normal eye level at the end of the corridor would be helpful.*



With severe sight impairment an individual must go very close to a sign to be able to read it. As we walked down the corridor towards blood tests, to ensure we were going in the right direction we had to stop at every sign to read it.

The sight impaired volunteers liked that the signs were all the same, so they could be recognised as a sign from a distance and go up close to read it. They felt it might be useful to have the departments listed in alphabetical order.

They said it would be easier to find if there was a line to follow. One volunteer said, “It would be really good if we could get a coloured line to the blood tests like the one at Moorfields Hospital.” At Moorfields there is a green line from the station to the hospital, which is invaluable in helping to get there.

*Suggestion: have a specific coloured line on the floor directing people to blood tests.*

At blood tests our volunteers walked passed the entrance. They had passed the ceiling sign without seeing it. The blood test department was extremely busy, so we only spent a few moments there. We did notice there is another ceiling sign which advises people to follow the footsteps marked on the floor. There were no footprints on the floor. A staff member commented that they had been taken away because no one used them.

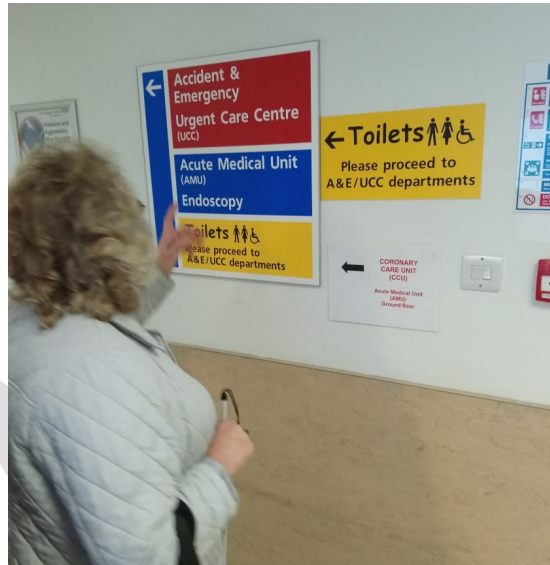
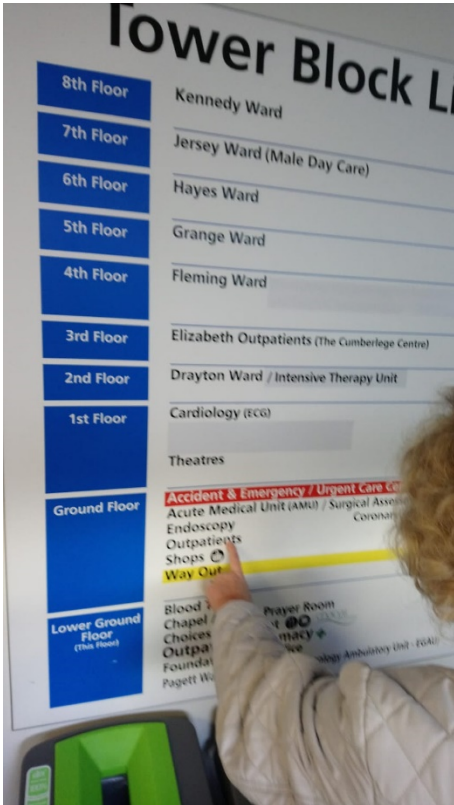
During our walk to blood tests, whilst we were looking at signs and appearing confused, we were approached by several members of staff asking if they could help.

### **3. From blood tests to x-ray**

Having been to blood tests, we were now going to try to find the x-ray department.

Our sight impaired volunteers decided to retrace their steps back to the lifts to look for a sign to x-ray. At the lifts there were no signs to x-ray, so they decided to look for a sign for outpatients as they assumed x-ray cannot be that far from outpatients. They found outpatients on the sign at the lift but there were no direction arrows, so they did not know which way to go.

*Suggestion: Add direction arrows to the lift sign on the ground and lower ground floors.*



Having been told the way to go we proceeded to the first junction point with a choice to go left or right. The sign did not mention outpatients, or x-ray, and again they did not know which way to go.

*Suggestion: Add direction to outpatients above the existing sign.*



On turning to our left, we saw a sign for the x-ray department on a door. Unfortunately, this was locked, and we were advised by a staff member that this was for inpatient x-rays and could only be entered by staff via a key pad.

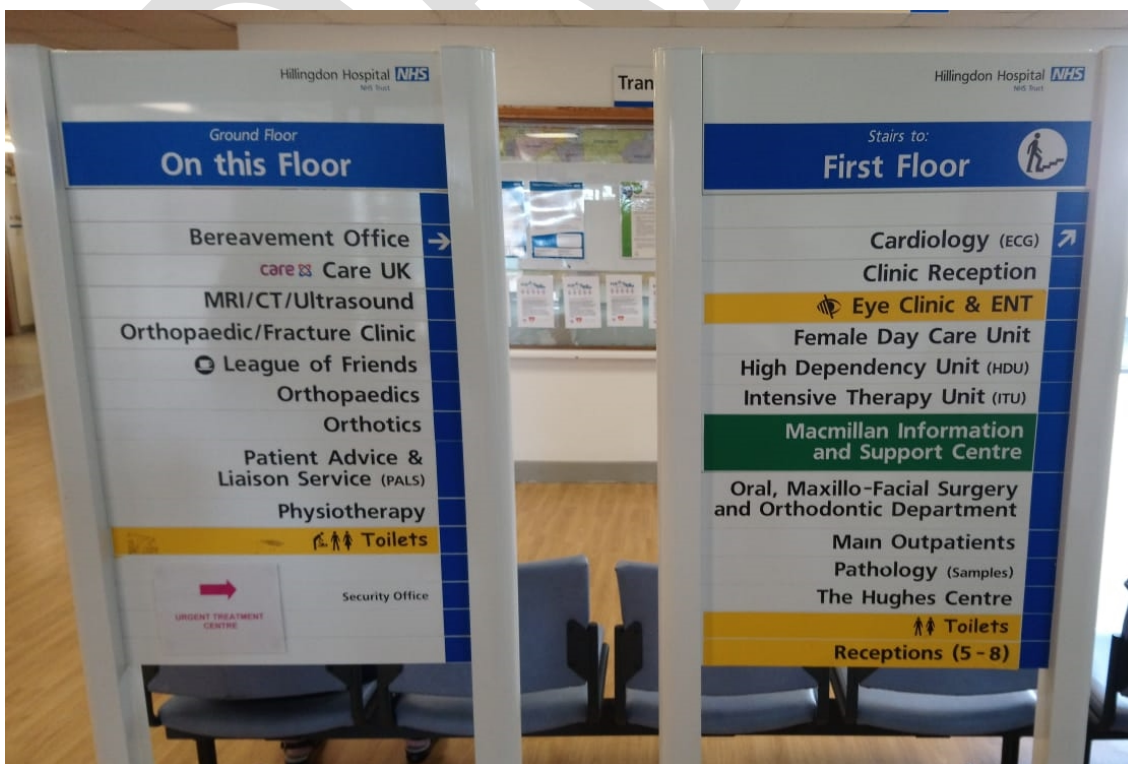
*Suggestion: As staff would already be aware that this is the entrance by the key pad entry, remove the sign to avoid confusion.*

Next to the door was a large sign for Accident & Emergency and X-ray so our group followed these along the corridor until they came to x-rays. There was lots of activity here and members of the group with sight impairment became agitated and confused, as lots of people moved around. We led the group into A&E and explained that the signs they had been following were for x-ray in the accident and emergency department and not outpatients. They said that was very confusing for them.

*Suggestion: If emergency x-ray is only accessed through A&E, is there a necessity to have signs to it from a distance? To avoid confusion, it would be better to remove all signs, other than those in close proximity.*

We found another sign on the wall for outpatients and started to follow that. It took us into the corridor next to the building works in A&E and the group immediately commented that it was very dark and that this made it even harder to see. Those with sight impairment said that with the little sight they have, which mainly picks out blurred shapes, this is really affected by the light available.

At outpatients we found a large sign at the entrance which drew the attention of our sight impaired members. They looked closely for x-ray on the sign but could not find it. The sign for x-ray was on the far wall behind the main sign. This could not be seen by the sight impaired members.



*Suggestion: It would be good to add x-ray to the main sign at the entrance.*

It was also noted that there were only 2 direction arrows on this sign.

*Suggestion: It would be good to add direction arrows for the departments on the main sign at the entrance.*

Once aware of the direction of x-ray we walked towards it, but again due to the sign for x-ray being at ceiling level this was missed by the sight impaired.

*Suggestion: A coloured line on the floor directing people from the entrance to x-ray would be helpful.*

Throughout our walk from blood tests to x-ray we were again approached by several members of staff asking if they could assist us.

#### **4. X-ray to toilets**

We immediately found a large sign for the toilets, which directed us down the stairs. At the foot of the stairs was another sign but this did not tell you which way to go.

*Suggestion: Add direction to the toilets to this sign.*

A staff member asked us if they could help and told us the toilets were along the corridor. We walked along the corridor and the group commented on how well lit the corridor was. They were looking for signs as we walked but could not find any. The toilets were at the end of the long corridor and again as the sign for the toilets was at ceiling height they walked passed them. There were signs on the wall of the recess to the toilets and both toilet doors, but these were missed by the sight impaired.

*Suggestion: A few signs along the corridor could be useful. Especially where other corridors join, because if you were coming down one of the side corridors there is nothing directing you.*



**Group 2:** Included 1 blind person and a person with acute sight impairment

The group chose to navigate their way to 3 areas in the hospital: blood tests, x-ray and outpatients - reception 6.

#### **1. Choices restaurant to reception 6**

Our starting point for the audit was the lower ground floor next to the Choices restaurant. Before setting off, we spent some time taking in our surroundings and looking around for signs for reception 6 and directions to the lifts.

It might have been because we all looked a little lost, but it wasn't long before we were approached by 2 hospital staff who kindly asked us where we wanted to go. When we explained that we wanted to make our way to reception 6, they looked a little



puzzled and suggested we ask the porter who was walking past us for assistance. The porter was kind enough to escort us to the lift and up to reception 6.

We observed for signs along the way and spotted signs on the walls and in the lift and on exiting the lift, but we couldn't find any with reception 6 on it. Without an escort it would have been difficult to know whether to turn left or right.

On asking our volunteers what they would have done at this point, they said they would have kept asking until they had found someone who could help to direct them.

It wasn't until we started to make our way down the corridor leading to reception 6 that we spotted signs along the walls for it. This may have been because they were not obvious to see, or because there just weren't any.

When we arrived at reception 6, a lovely nurse approached us and asked if we needed any help. We explained to her what we were doing, and she suggested that the hospital could perhaps consider installing information buttons/points throughout the hospital, big enough for someone with a sight impairment to see and which could be used to call for help if someone needed directions. Our group were concerned that they would be difficult to find, as you would need to know where they were located. It would also be impossible for a blind person to locate a button.

On a difficulty scale from 1-5, J rated this exercise 3 out of 5 and C as 5 out of 5.

*Suggestion: There needs to be more signage, particularly in the lift and on exiting the lift. There was nothing to show us which floor we need to exit and on exiting the lift no signs or arrows to tell us whether to turn left or right. A talking lift would have at least let us know we were on the right floor.*

### **Reception 6 to blood tests**

We all agreed that next we would try to find our way to blood tests. There were no signs from reception 6, so we asked the nurse for directions. She advised us to ask for directions at the main reception on the ground floor, which seemed a bit long winded.

We made our way to the lifts and the signage boards outside and inside the lift displayed which floor blood tests were located on. There were more signs for blood tests than we had found for reception 6 - they were dotted along the corridors and on the ceilings. We were able to follow the signs all the way to blood tests. There was also a very large sign positioned just outside of the blood test area.

On a scale of 1-5 both C and J rated the level of difficulty a 4. C, who is blind and uses a guide dog, would have needed to ask for help as the signs would not have helped her to find her way. However, she felt that having lifts which at least tell you which department is on a particular floor may have helped somewhat. J, who is partially sighted, also struggled with the signs. They were easy to spot for those with normal vision, but J felt that the font size used on the signs placed on the walls was small and too difficult to read. She would practically have to have her nose to them before she would be able to see them and the ones above eye level were impossible to see as it is difficult to look up and walk at the same time, especially if you are using a white stick to help guide you.



*Suggestion: For someone with normal sight the signs are there and relatively easy to follow. But for someone who is partially sighted the signs are too difficult to read because the font size is too small. Bigger signs and perhaps with Braille markings would have helped.*

## **2. Blood tests to x-ray**

We agreed that our final visit would be to the x-ray department. We were mindful of the time at this point because we only had 10 minutes before we had to make our way back to the Choices restaurant for a debrief. Unfortunately, C and their companion were unable to continue so J, a Young Healthwatch member, and Healthwatch staff went on without them. We found our way to the lifts and a porter asked us if we needed help. We told him we wanted to go to x-ray and he gave us directions. Once again we looked for signage to the x-ray department and between us we couldn't find any. We looked for signs in the lift and on exiting the lift but there were none. We continued to follow the directions given to us by the porter, but it wasn't long before we realised we were on the wrong floor. A patient who was there for an appointment asked us where we wanted to go and kindly gave us directions. At this point, mindful of the time and feeling a little frustrated, we decided to stop and make our way back to the Choices restaurant.

### **Group 3: 1 blind person and a person with acute sight impairment**

#### **1. Elderly day hospital entrance to the hearing aid centre**

The glass corridor was not busy at this point but when we reached the junction of the annex corridor leading to the main hospital or paediatrics it became a little confusing to work out which way to go. Because of how the junction is laid out, it is difficult to have an eye height sign, as there is an exterior door on one side. There is also a pillar obstructing the view of the second doorway leading out to the hearing aid centre, partially covering the sign.

*Suggestion: Speak to the signage company to ask if they have any further ideas on how to make this clearer.*

#### **2. Hearing aid centre to blood test department**

B explained that the different levels of lighting along this corridor made it difficult for him to locate the signs. The corridor was very busy, and we noted that there were catering staff moving along the corridor with large trolleys on wheels without taking into account that there were sight-impaired patients in the corridor. Due to these staff trying to move around the patients, this made them feel disorientated and the guide dog also became slightly unnerved.

There are chairs placed outside the blood tests department, where a large group of patients were waiting outside the entrance in the corridor, which obscured the signage. The current signs are at eye level flush against the walls along the whole length of the corridor.

*Suggestion: Improve lighting above the signs. Speak to the management team of patient dining and train staff in awareness of visually impaired patients.*



### **3. Blood tests to x-ray department**

The lady with the guide dog wished to take the stairs. We asked her to do what she would usually do to find her way to the department. She made her way to the main reception from the lower ground floor from memory. Before she reached the front of the queue, a member of staff stopped and asked her where she wanted to go and offered to take her there.

On the whole, the staff we encountered were all very helpful and the group wished for us to express this in our report.

We continued to the x-ray department, walking around the corridor past the management corridor and physiotherapy, where we stopped at the orthopaedics entrance. This caused a little confusion, as it is a hectic, flowing area, with the coffee shop, entrance hall, patient transport and stairs all very busy. We continued past the stairs into the main hall of the outpatients' entrance.

Although there is signage in place, Group 3 experienced the same problems as Group 1 regarding one sign being blocked on the wall behind. This was resolved quite quickly as the Young Healthwatch member noticed the sign and we walked to the department in question without further hitches.

### **4. Toilet facilities**

During the whole of our walk, we asked the group if they would be able to find the toilet facilities from where we were: at elderly day care; outside the blood tests department; at the bottom of the stairs lower ground floor; outside main reception; and along the corridor leading from the management offices to the orthopaedic reception 1. The lady with the guide dog said that she would always find her way to the only toilet in the building that she is familiar with. Her guide dog knows how to get there from the main entrance. The others agreed that toilet signage appeared very good and the black on yellow signs helped this stand out. B stated that he can see black on white, or black on yellow, depending again on the lighting.

