



Fairfield General Hospital Signage Visit Report

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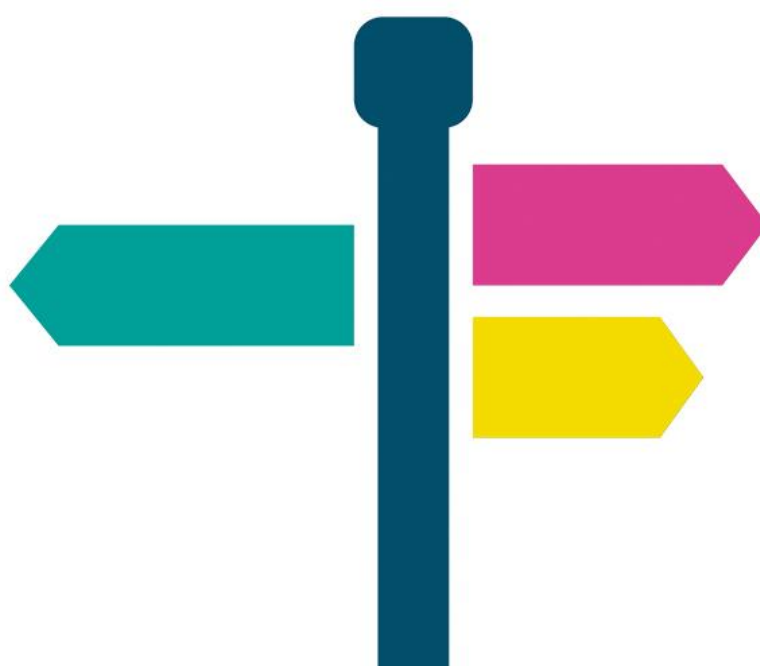
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Introduction to Healthwatch Bury

This report has been produced by Healthwatch Bury. The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim 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. We are the only body looking solely at people's experience across all health and social care in Bury. As a statutory watchdog, 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 Bury people tell us. Our reports on various elements of health and social care in Bury can be found on our website at the following link: healthwatchbury.co.uk or by contacting us directly using the details on the back cover.



Executive Summary

As a part of the programme of improvement we worked alongside the Northern Care Alliance to evaluate and improve the public and patient experience in September 2021.

We visited the Northern Care Alliance Fairfield General Hospital site to assess the existing signage from the patient's perspective at the request of the Patient Experience Lead. Our representatives met with staff members from the Patient Experience Teams and Estates Teams and wanted to conduct the hospital experience to see it from the perspective of patients' and of others that visit.

We focused on the following key parts:

- Patient journey right from the arrival to the hospital
- Observed the existing internal signage, its clarity and effectiveness in enabling people to find their way to the wards and clinics.
- What staff and volunteers are hearing from patients already
- The time it takes for the patients to navigate their way to their appointment.



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).

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

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.’²

Fairfield General Hospital is currently (as of September 2021) part of the Pennine Acute Hospitals NHS Trust. On 1 October 2021 Salford Royal NHS Foundation Trust (SRFT) intends to take legal responsibility for the Oldham, Rochdale and Bury sites and services of Pennine Acute. At the same time, the name of Salford Royal NHS Foundation Trust will change to the Northern Care Alliance NHS Foundation Trust. At that point Pennine Acute Hospitals NHS Trust will be formally dis-established. This will also affect the existing signage on the hospital site.

¹ [NHS Identity Guidelines | NHS interior signage \(england.nhs.uk\)](#)

² [Wayfinding \(supersedes HTM 65 'Signs'\) \(publishing.service.gov.uk\)](#)

Methodology

Our representatives visited the Fairfield General site on the afternoon of Wednesday the 22nd of September 2021.

We walked around the hospital with the Northern Care Alliance Patient Experience Lead and the Fairfield General Hospital's Estates Manager to observe the signage and explore the existing routes to various clinics. Our focus was on the main through routes.

We also spoke to a number of volunteers to find out the main concerns and issues for the patients, visitors and staff members when coming to the hospital site to ensure we have as much background information than possible.



Key findings

- **Some of the signage appeared unclear or difficult to follow:** The signage was very busy along the main ground floor corridor of the hospital with multiple direction signs clustered together, some signage was out of date e.g. BARDOC signs and other signage indicating zones of the hospital were covered over with tape. This leads to confusing information for patients as appointment letters still direct patients to the coloured zones within the hospital. The colour code directing people to the eye clinic is good and meets accessibility standards, however changes within the hospital in recent months now direct patients to access clinics via different routes and signposted routes are now out of date. Ward designations have also been changed and are also out of date e.g. wards 11a & 11b & ACU and do not agree with the site maps located near A & E & entrance 3 and consideration needs to be given to simplifying signage and ensuring it meets the longer term planning requirements of the site.
- **A hospital site map was not visible for patients near the main entrance.** The site map was available near the A & E roundabout and en-route from car park 1, however it was not displayed at the main hospital entrance or on the walking route from the main visitor car park 2. The site map was also observed at entrance 3 but these are all out of date, printed ones available for volunteers to direct patient at the main entrance are also out of date.
- **Majority of patients still used the Main Entrance.** There are a number of entrances to access the various clinics and departments, but most patients still use the main entrance. This could be due to the COVID-19 pandemic and the one-way system that had to be applied due to the health and safety reasons. Signage outside also needs reviewing as parents daily come to the main entrance for the Children's Outpatients department, Pathology, Brunskill and Willian Street clinics (cardiology and eye clinics) and have to be redirected due to not seeing the signage outside. This causes distress to the patient and families and added pressures on wheelchair supply and porter demands.
- **Better route planning for those with mobility issues:** Improved signage and alignment with patient letters are required for patient to get to clinics, physiotherapy and pharmacy further down the hospital as this involves access via a slope which severely limits patient access for those with reduced mobility. Waiting for a Porter causes distress to patients worrying about being late for appointments & improved signposting could alleviate many of these issues.
- **Volunteers are available for support in wayfinding but don't have the appropriate tools to offer the best experience.** There were volunteers to support patients in finding their destination. Providing a computer/tablet for the hospital volunteers at the reception desk would improve the patient experience as the volunteers would be able to log Porter requests directly to speed up the request process as often unable to request a Porter by telephone causing further delays and stress to the patient.
- **Discrepancy between the patient letters and signage.** When talking to the hospital volunteers they said patients' letters use different terminology, zone references or ward names than stated on the signage which can confuse the patients.

- **Patients are turning up in the hospital for the walk-in clinic and BARDOC.** Information being given by 111 service and some GP's is incorrect with Patients told to go to the 'walk in centre' or UTC. Volunteers then have to direct them to A & E. Everyone is triaged at A & E but then may be referred to Urgent Treatment Centre if appropriate. However signs still say BARDOC on the Foulds suite which is out of date and adds to the confusion.
- **Some hand sanitisation facilities near the main entrance were not in good working order.** Volunteers also said that there were often not enough wheelchairs available for the patients.

Our recommendations

- **Make signage easier to read:** Applying wayfinding principles, define consistent understandable terms for signage matching what is in patient's letter.
- **Display the hospital site map near the main entrance:** Ensure the site map is up to date and displayed near the main entrance. Ward numbers would be best used on the site map and ensure the correct information included in the patient letters.
- **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 accessible 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.
- **Support volunteers by providing the best tools for signposting visitors who are lost:** Consider providing a computer at the reception desk to ensure volunteers could update the system and log arrival with relevant departments.
- **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.
- **Ensure the Urgent Care Centre is clearly signposted.** Better communication with the NHS 111 would help to improve the patient experience and ensure the patients are signposted to the right location.
- **Ensure hand sanitisation facilities and toilets are in good working order:** Increase the checking and maintenance of toilets to ensure a pleasant experience for all visitors.
- Although arguably beyond the scope of this review, **consider signage to the Pennine Care buildings and facilities onsite.** Patients for Pennine House and Roch House (on site maps) often arrive at the hospital main entrance and have to be redirected. They are told to access, for example, North Ward at Fairfield but can become distressed when questioned and told there is no North Ward at the hospital.

References

1. NHS England and Improvement (2020) NHS interior signage [NHS Identity Guidelines | NHS interior signage \(england.nhs.uk\)](#) (accessed 27 September 2021)
2. Department of Health (2005) Wayfinding [Wayfinding \(supersedes HTM 65 'Signs'\) \(publishing.service.gov.uk\)](#) (accessed 27 September 2021)

Contact us

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



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