

## Signage and Wayfinding HTP Focus Group

Held on Thursday 5<sup>th</sup> June 2025  
10:00 – 12:00hrs via MS Teams

### QUESTIONS/ANSWERS

#### Signage and Wayfinding HTP Focus Group

##### **Team responding to public questions:**

Julia Clarke – (JC) Director of Public Participation  
Kate Ballinger- (KB) Community Engagement Manager  
Gareth Banks - (GB) Lead Architect  
Karen Breese – (KB) Dementia Nurse Specialist  
Aaron Hyslop – (AH) HTP Engagement Facilitator  
Dave Lewis – (DL) Estates RSH Site Manager  
Stuart Mills – (SM) HTP Project Manager  
Ruth Smith – (RS) Patient Experience Lead  
Rachel Webster – (RW) HTP Lead Nurse

#### **Q&A's FOLLOWING PRESENTATION**

**Comment:** There are still some issues with navigation in the Shropshire Women & Children Centre. We've recently had discussions about what might improve the general navigation. It has been mentioned the signage boards need to be placed in a more noticeable area, sometimes the boards are placed in a difficult place to see. Within the presentation pictures the signage is behind the door, it needs to be straight ahead so it will be seen as soon as you walk through the door/lift. This could be improved with lines on the floor to direct help, as there are several doors that you need to go through. The colours and the small blocks which relate to the different services are a definite asset which will help to improve things. In the main corridor area people find the blue colour a blur which they complain about.

**A: (RW)** – Unfortunately we won't be able to put lines on floors in any of the areas because it's not something that can be maintained in an affordable way long term. The Infection Prevention team are in agreement with vinyl on the floors, but we can have lines/dots/arrows on the walls which is something that we will investigate.

**Comment:** Themes could be water, maybe rivers or streams as part of the Shropshire Hills where the stream is a blue colour scheme.

**Q:** Has distance been considered indicating distance location for signage?

**A: (RW)** – We have, we have already implemented it as part of the changes to the signage when we close the main out outpatient entrance to accommodate the building. There are some floor vinyl's which facilities and IPC colleagues have now said no more of those because it is impossible to get them to have a very long-life span with the high traffic, particularly the trolleys. If you enter the ward block or the treatment centre at various key junctions, you will see floor and wall vinyl wall signs that tell you how many minutes it is to walk to a particular department.

**Q:** Will it be easy to locate wheelchairs; they should also be on the site map.

**A: (RW)** – The wheelchair locations will be well signposted.

**A: (JC)** - That's one of the things we looked at when we closed the outpatient entrance, when construction started that was one of the biggest issues and we've invested in more wheelchairs.

**Comment:** We must be careful where we put a different floor colour in with the seated area and walkway. What we have found in majors is if there's a change of floor, people come to a stop. Sometimes that's a good thing because we don't necessarily want them to go in that direction. Other times it can be a bit of a barrier, so it's something to bring back to our focus groups.

**Q:** Can we have covered areas for the wheelchairs on the car parks?

**A: (RW)** – The challenge that we have is that the existing and the new wheelchairs are not designed to go on all road areas, they are only designed for mainly internal use.

**Comment:** Would it be a good idea to put car park number by the way-out signs in the hospital.

**A: (RW)** - Yes, absolutely and we do have got that within the newer signs that went in when we closed the main outpatients. This is at RSH where we closed the main outpatients, and we've rebranded the car park zero to three. The way-out signs do say which directional sign takes you to which car park. The challenge we tend to find from the public and patients navigating around the site is that they typically forget to make a note of which car park they're in.

**Comment:** Numbers need to be seen on what floor where the lift is. These are on several floors, but not at levels four and five.

**Comment:** It's quite easy to get the directional finding right, there is not a lot of colour used and I would argue there should be less signage, less is more. Things have been made more complicated due to more entrances with three to four different entrances. You need to think about directing people from their starting point.

**Comment:** There needs to be more meet-and-greet volunteers invited to the group. Even doctors who are in a hurry are asking their way for directions. Hopefully the new signage will alleviate this.

**Comment:** Signs need to be bright in colour but not too many. They should not be too high up and no brown colour.

**Comment:** Working with people with sight loss who often lose contrast sensitivity, need a colour palette that is not too similar to distinguish, browns and pinks can be difficult. In the eye clinic they have yellow, orange and green coloured areas and vinyl dots on the wall so patients can be directed by a certain colour. The colours should not be too close together as this is also difficult for people to distinguish.

**Comment:** Signage hanging from the ceiling does not help, it needs to be at eye level.

**Comment:** How quickly do we need to decide on colour schemes for the ground floor because we are opening areas there?

**ACTION:** Jason Morrissey from Integrated Health Project (IHP) team to inform Rachel Webster what the timescale/deadline is for the public, volunteers and staff to inform of the colour palette for the walls in the design for the build project now.

**A: (GB) -** The biggest leading time is around the floor finishes. The floor colours need to be tied into the colour themes with the second phase of the emergency department refurbishment (ED2), this will be in a few months. The new build (B60) can take a bit longer.

**Comment:** It would be useful to give each floor a letter, so each room would have the letter then the number. This will help people know what floor they are on.

**Comment:** Large floor numbers on the walls are important to make clear. It gives reassurance that you are on the right floor and going in the right direction.

**Comment:** Its difficult sometimes for the patient to know what room they are in. The room number should be made obvious inside the room as well as outside. It would also help visitors find the patient easier.

**Comment:** The signs especially by the entrance need to be more welcoming as it is the first initial impact. It needs to feel like a welcoming and inclusive area.

	<p><b>Comment:</b> All toilet doors should be the same bright colour, so it would be much easier for people to know where the toilets are even at a distance.</p> <p><b>Comment:</b> When you go into large organisations and you see toilet signs there is a lot now with stoma and inclusive phrases. Not all disabilities are obvious.</p> <p><b>ACTION:</b> Gareth Banks to send Julia Clarke and Rachel Webster the options of the colour palette for the floors, soft furnishings and the signage material for a survey to be produced and circulated to the public to decide on.</p>