IMPROVING THE PATIENT EXPERIENCE

Welcoming entrances and reception areas

2004

STATUS IN WALES

INFORMATION
Improving the patient experience

Welcoming entrances and reception areas

NHS Estates
With the biggest building programme in the NHS under way, designing healthcare facilities that positively enhance the patients’ experience and treatment is central to our policy. This means addressing such issues as privacy and dignity, communication, entertainment, nutrition, cleanliness, comfort, control and the supply of information. To meet the standards expected by today’s - and tomorrow’s - patients, we need to ensure that the design of hospitals and healthcare facilities embodies sound principles from the outset.

‘Improving the Patient Experience’ is a series of publications designed to stimulate and inspire all those involved in designing, procuring, developing and maintaining healthcare buildings to look for new and inventive ways to improve the environments for patients and staff alike. They contain best practice case studies, advice and guidance on how best to implement and manage programmes for change in both new buildings and areas for refurbishment. It is not expected that the principles outlined should be applied retrospectively to existing stock.

Other titles currently in development are:

- Friendly healthcare environments for children and young people
- The art of good health
- Cleanliness in hospitals
- Food service at ward level
- Ward layouts with privacy and dignity
Improving the patient experience

Welcoming entrances and reception areas

NHS Estates

London: TSO
Executive summary

‘Welcoming entrances and reception areas’ provides best practice guidance on how to enhance the experience of those visiting acute and community hospitals – from the point at which they approach the hospital site and building entrance, to their first impressions of the inside of the building (the entrance and reception area itself*). It is aimed at directors of facilities, designers, architects and project managers.

As well as offering advice on how to make the design of the entrance and reception area both functional and aesthetically pleasing, this document describes the basic facilities that should be associated with this area to meet the needs of patients, visitors and staff. It also suggests additional facilities that may be provided to further enhance users’ enjoyment of the area.

It suggests the same principles are applied to external areas of a hospital site – through the implementation of well-designed and maintained hard and soft landscaping.

This document stresses the importance of employing friendly, professional staff – including the use of volunteer teams – at the entrance and reception area to meet, greet and assist patients and visitors, and to ensure the entrance and reception area is kept clean and tidy.

It also emphasises the impact that an effective wayfinding strategy and signage system has in reducing stress levels among patients and visitors and the positive contribution this makes to their overall experience of visiting a hospital.

The principles outlined in this document should be applied to new buildings and areas for refurbishment. It is not expected that they should be applied retrospectively to existing stock.

* Many hospitals have several different entrances (for example out-patients, rehabilitation, day care etc) even though only one is known as the “main entrance”. The principles outlined in this document apply equally to all public entrances.
Acknowledgements

NHS Estates gratefully acknowledges all contributions to this publication, with particular thanks to the following:

Bill Davidson, representative of Patient Food Group
Pauline Mason, sister (out-patients department), Seacroft Hospital, Leeds
David Preece, hotel services manager, Nottingham City Hospital
Peter Scher, architect and freelance journalist
Addenbrookes Hospital, Cambridge
Conquest Hospital, Hastings
Hillingdon Hospital, Uxbridge
Homerton Hospital, London
Lambeth Community Care Centre & Minnie Kidd House, London
Leeds General Infirmary
Norfolk & Norwich University Hospital
Northampton General Hospital
Nottingham City Hospital
Royal Bolton Hospital
Royal Oldham Hospital
Royal Preston Hospital
University Hospital Lewisham, London
The Government’s vision of the NHS – as outlined in the NHS Plan – is for a patient-focused service that treats patients and staff as individuals.

The realisation of such a vision will encourage:

1. patients to feel confident and reassured that they will receive a consistent, high-quality level of individual care;
2. staff to feel valued;
3. society to recognise that the NHS is being modernised.

People judge the NHS by the quality of its staff – clinical and non-clinical – and its buildings. A well-designed healthcare building, run by well-trained staff, will reduce stress levels in patients, visitors and staff and will enhance their experiences and perceptions of the NHS.

A good environment is well-functioning, safe, warm, attractive and welcoming. All healthcare buildings need to meet these requirements if they are to meet the Government’s vision of an NHS fit for the 21st century.

The entrance and reception area is the first aspect of a hospital building that most users encounter and is also the natural hub of the hospital. It is particularly important, therefore, that it is both functional and aesthetically pleasing. Whilst the design of this area will play a vital part in ensuring patients feel welcome, the availability of professional, friendly staff to meet, greet and assist patients and visitors is even more important.

The entrance and reception area is associated with the following:

- arrivals and departures (for many different departments);
- waiting;
- meeting and socialising;
- obtaining information and assistance.

When all these functions are delivered effectively they contribute significantly to the user’s whole experience of hospital care.
Main entrance at Darent Valley Hospital

Welcome flooring, Hillingdon Hospital
This document provides best practice guidance on how to enhance users’ experiences of visiting acute and community hospitals, including PFI schemes – from the point at which they approach the hospital site and building entrance, to their first impressions of the inside of the building (the entrance and reception area itself). It is aimed at directors of facilities, designers, architects and project managers.

Note: “Users” include patients, visitors and staff arriving by ambulance, public or private transport or on foot. Some will use walking aids or wheelchairs; others will be on trolleys. Some will have physical impairments and/or difficulties reading or speaking English. Some will be lost.

Many hospitals have several different entrances (for example out-patients, rehabilitation, day care etc) even though only one is known as the “main entrance”. The principles outlined in this document apply equally to all public entrances.

Section 3 describes the user’s journey, from their approach to the site to the entrance and reception area. Following sections consider specific issues in more detail. Each issue is related to the quality of the physical, operational and social environment in:

1. large acute hospitals;
2. smaller acute hospitals including specialist hospitals;
3. community hospitals.

See Appendix I for additional NHS guidance on detailed aspects of hospital entrance and reception areas.
The way in which hospitals and their surroundings are maintained will create an immediate impression on users, especially first-time users. A negative initial experience is unlikely to be forgotten even if, subsequently, other elements make a better impression. Users may judge the quality of clinical care on the basis of a hospital’s appearance so it is essential that hospital sites are well and attractively maintained.

The approach to the site

If there is more than one way onto the hospital site, clear directions to the main entrance should be immediately obvious at each site entrance. Separate signs should be provided for drivers and those on foot. Both should express welcome in their design and wording. Getting lost or confused, or having to ask directions or retrace a path is not a good experience in preparation for a hospital visit.

Hospitals that have a number of entrances should aim to avoid confusion among users. Patients with appointments should receive clear written instructions, before visiting the hospital, over which entrance to use.

Prohibition notices about routes and parking, with threats of penalties for non-compliance, communicate the very opposite of welcome and add to the stress of visiting a hospital. Such notices should only be used where absolutely vital and in cases where penalties will be applied (that is, not merely as scare tactics). Signs should make clear that non-compliance will be monitored and penalties enforced.

A significant architectural feature or artwork that is visible from a distance in several directions can become a memorable landmark for orientation and judging distance. However, its meaning should not be unexplained or obscure.

It may be necessary to form a covered way or some other form of shelter from the site entrance to the building entrance for those on foot, especially on a very exposed site. Landscape features, including shrubs and trees, may also be used to enhance the approach.

The approach to the building

Ideally, the main entrance should be identifiable as soon as the front of the building comes into view. At an urban site this is likely to be indicated by a prominent and permanent architectural feature; in a suburban or country setting an avenue of trees may indicate the way.

The route to the main entrance should also be identifiable as soon as the front of the building comes into view and should be well signposted, especially for drivers. When the
The main entrance is not in sight, clear signposting should indicate the direction and distance to the entrance.

Clear signage, appropriate for pedestrians, from parking areas to the main entrance is essential.

A pedestrian crossing, controlled where appropriate, should be used where a walkway crosses a road within the site. Clear signs are essential, advising drivers to give priority to those crossing.

**Transition – from outside to inside the hospital**

The space outside the main entrance is not “no man’s land” but an area of key significance. Its design should take into account a large range of functions and it should be a specific operational responsibility to maintain the space properly 24 hours a day.

A covered “set down and pick up” area for vehicles should be provided close to the main entrance. The area should not be immediately in front of the main entrance as this will obscure key views of the entrance and signs for other users. Once passengers have entered the hospital in safety and comfort, authorised staff should ensure vehicles are driven away.

A secure cycle stand should also be provided reasonably near to the entrance.
The “set down and pick up” area should be sufficient for the maximum number of vehicles at any one time.

Special considerations will apply to designated parking areas at the entrance for disabled badge holders and, where appropriate, for those with babies and toddlers.

The size and layout of the area outside the main entrance should be appropriate for the peak number of users (including those on foot and those who have parked vehicles in car parks) to come and go conveniently and without congestion.

An estimate of the number of users entering and leaving the main entrance – and their mode of transport – should ensure this is the case and will also inform operational management.

The design of the main entrance should include a canopy or other form of shelter. The area it covers will vary depending on local circumstances. A roof or canopy of storey height is the minimum requirement.

The way in

The doors of the main entrance should be fully glazed (down to floor level) and, where possible, have fully-glazed fixed panels beside them to enable users to see through them from either side. Here users will gain their all-important first impression of the inside of the hospital, which should be a welcoming one.

It is important that large glazed areas are clearly identified as such for safety purposes, without obscuring the line of sight. Safety glass in windows and doors must be to BS 6206 standards (British Standards Institution 1981).

The size and number of doors should be sufficient for the expected number of users to pass comfortably and safely through them, without delay or congestion.

Where conventional side-hung doors are used, they should open both inwards and outwards. Automatic sliding doors and revolving doors, suitably large, may also be appropriate, but the latter may cause
The memorable and eye-catching canopy at Homerton Hospital’s main entrance
distress to some users, especially the frail and anxious and those in wheelchairs or with pushchairs. If revolving doors are used, side-hung doors should also be available.

The draught lobby

The space immediately inside the entrance doors – the draught lobby – provides the user with their first experience of the interior of the hospital. The transition from outside to inside the draught lobby should not be too abrupt (for example, changes in air temperature and lighting intensity should not be too great).

The prime function of the draught lobby is to control loss of heat from the building and prevent wind and rain from entering. In exceptionally exposed locations, a second set of doors is provided to form a modifying draught lobby. These should be fully glazed.

The lobby enclosure needs to be fully glazed to enable users to proceed safely and confidently.

The lobby area should have absorbent and dirt-retaining flooring, over a sufficiently large area, to minimise damp and dirt being taken into the hospital.

The size and shape of the lobby should:

- allow the smooth flow of users into and out of the building;
- allow for the fact that users may congregate there;
- ensure that by the time the second doors are reached, the first are closed;
- provide a “modifying” environment between the outside and inside of the hospital.

If other facilities are provided within the draught lobby, such as seats and payphones, they should not obstruct the passage of users.

Where revolving doors are used, a draught lobby is not necessary as revolving doors are more effective in keeping the building sealed from adverse weather.

The reception area

Once inside the building the various users will proceed in different directions. Those who have visited the hospital before may go straight to their required destination. Others, including newcomers, will go to the main reception desk. The main reception area is, therefore, an all-important place. Hospitals that have multiple receptions should ensure users are directed to the appropriate one.

The reception area should be comfortably warm, well lit and free from unwelcome smells. It may be very busy at times but should be sufficiently spacious never to be crowded or excessively noisy. The size of the reception area and facilities in this area should cater for the peak number of users and their requirements. All elements of the reception area should reflect the needs of users and communicate a welcoming message.

Information will be available from a staffed-reception base. Toilets, facilities for nappy-changing, bottle-feeding and breast-feeding (of infants), seating and a water dispenser should all be immediately obvious and located reasonably close to the reception area.

The most important feature of the reception area is the reception desk. This should be immediately recognisable and not placed so close to the entrance doors as to interfere with the flow of people. An open counter, with a feature or sign at high level, is ideal. A clock should be plainly visible at the desk. The size of the desk and the number of staff manning it should be appropriate for peak usage so that any waiting is brief and queues never form.

Able, approachable and experienced staff located at the reception desk – rather than inside an office or behind glass – will be able to welcome, direct and give general information. For hesitant, anxious, vulnerable patients – some of whom may have difficulties with mobility, language, vision or hearing – this is the most important element of their arrival. Reception staff
The light and airy draught lobby at Birmingham Children’s Hospital
(Architect Powell Moya Ltd; photographer David Grandorge)
Norfolk & Norwich (N&N) University Hospital is a brand new PFI hospital. It opened in January 2002, although some areas are yet to be completed.

Like the older hospital that it has replaced, N&N has multiple entrances rather than one main entrance. The decision to incorporate multiple entrances into the new building was based on the fact that the average age of patients being seen in the old hospital was over 70 and, therefore, it was felt to be important to ensure patients would be able to park close to the particular area of the hospital that they would be visiting.

Although the vast majority of patients arrive in cars or ambulances and there is a regular bus service from town, the fact that the new hospital is further out of town has proved unpopular with some.

A key difference with the new building is that all reception desks are manned – a factor that has proved very important to the success of the scheme.

**Approach to the site**

The hospital is extremely well signposted from the local road network. On arrival at the main hospital roundabout there are multiple signs to direct users to different departments. This signage is clear and easy to use.

Patients with appointments are sent information, prior to their arrival, on where to park and which entrance to use. This information is due to change shortly following feedback that the system does not always work successfully. The external signs are also being replaced using larger signs with reflective lettering to help wayfinding at night.

The site has ample car parking. However, some of the paths from the car park to the hospital are too narrow for wheelchair users.

There are smoking shelters outside some entrances.

Although limited, external landscaping is attractive.
“Atrium” entrances
Two atria cut through the hospital and divide it into three sections – east, west and central. These atria then form four ‘main’ entrances, two on each side of the hospital.

One atrium contains the hospital restaurant, the other contains the Women’s Royal Voluntary Service (WRVS) shop.

The entrances to these areas (located at the back of the hospital) are completely glazed, making them light and airy. They are, however, mostly white and rather sterile. This is being addressed through the addition of artwork (e.g. the addition of stained glass, taken from the old hospital).

Both these entrances are spacious and allow free movement of people.

Reception desks in these areas are low and welcoming, but may not be practical for reception staff as there is little or no storage space, and little security.

The restaurant is well-stocked and pleasant, and the seating area is large and comfortable. The only other seating in this atrium is next to the windows. This is clean and comfortable and offers a good view, but is laid out in regimented lines.

The two “main” entrances at the front of the hospital (near the public transport) are in fact smaller than the other “main” entrances. The draught lobbies in these entrances are small, and the doors are not automatic.

At the time of writing this report building work was still under way directly in front of these two front entrances, which made it impossible to judge their effectiveness.

Entrance to “day attendance unit”
The entrance to this unit is to the centre of the front of the hospital, directly underneath the hospital sign. This suggests it is the main entrance to the hospital, and is in fact referred to as such by taxi drivers etc.

The day attendance unit is not linked to the main hospital, and signs on the door inform people of this fact. However, anxious patients or visitors do not always notice this, and as a result many people enter this door by mistake and have to be directed elsewhere.

This may be due to the fact that the other two “main” entrances on this side of the building are currently obscured by building work. This will not be the case in a few months time when building work is complete.

The reception area of this unit is very pleasant, with well arranged, comfortable seating, small tables, up-to-date magazines and a welcoming, semi-circular reception desk.

Conclusion
One of the main issues for the Trust seems to be how directional information is communicated to patients prior to their arrival. When an appropriate solution is found to this problem then the correct use of the entrances should be facilitated.

At the moment, the hospital is not sufficiently complete to conclude that its entrances are “welcoming”. However, we can conclude that the multiple entrance system is a viable alternative to one main entrance, providing sufficient patient information and wayfinding systems are in place to support it.
should have a clear view of the entrance doors so that they can see people entering and anticipate their needs by offering assistance.

Those who are able to proceed unassisted should be able to obtain clear directions. In some cases, users may be directed to other departmental reception bases or “Help” desks nearby. It is important that these should not, through their location or design, be confused with or take precedence over the hospital’s main reception desk.

Teams of volunteers are a great asset and can transform users’ experiences of a hospital. They can be used to meet and greet patients at the door and ensure that they are made welcome. They can direct or accompany people to the relevant part of the hospital, and can provide wheelchairs or specific information.

The management of the volunteer teams should be the responsibility of a senior trust manager to ensure they are deployed effectively at points of greatest need.

To deal with enquiries staff at the reception desk need immediate access to information sources (for example telephones, computer terminals, directories etc) without losing visual contact with users. Staff should also be able to come round to the front of the desk to assist some users.

Reception staff should be able to receive letters etc, delivered by hand, and arrange for their internal delivery.

In emergencies reception staff should have immediate access to and support from security personnel.

Onwards

Wayfinding signs in the entrance and reception area should reflect the hospital’s overall wayfinding strategy. For detailed guidance on wayfinding, please refer to ‘Wayfinding’, NHS Estates 1999.

From the reception area, any verbal directions should be quite limited, for example to the left or the right, or follow that clear route, or to the lifts. Beyond these directions, the route should be made clear by means of uncomplicated signs. Where routes meet, users should not be presented

Good practice example of volunteer services: Conquest Hospital, Hastings

A redesigned main reception area at Conquest Hospital in Hastings, encouraged the associate director of facilities and the team to introduce a “meet and greet” service at the front entrance to provide visitors with an immediate point of contact for help and advice.

A full time member of staff manages this function, and a rota of volunteers delivers the service. The hospital has over 300 volunteers to call upon, and aims to provide the meet and greet service from 8:30–20:00 Monday–Friday and 14:00–17:00 Saturday–Sunday.

When a visitor or patient comes through the front door, a member of the meet and greet team (wearing a coloured tabard with a logo) approaches them, and asks if they need any assistance.

Many people are directed to the main reception desk to be dealt with by the reception and appointments team. Some may need directions to areas in the hospital, and for those who are uncertain or anxious, the volunteers offer to accompany the visitor or patient to their destination. Others may need to access a wheelchair for a relative in a car outside. For some, the very act of being welcomed will be enough to make them feel more comfortable.

The benefit of this service is that everyone who enters the hospital is greeted with a smile and an offer of assistance, which helps to alleviate the frequent stress, nerves and anxiety that for many people are associated with hospitals.
Good practice example of a reception area and franchised facilities: Homerton Hospital, London

Homerton Hospital has a light and spacious main reception area encompassing a smart coffee shop and newsagent and well-organised outlet offering patient information services (including Patient Advocacy Liaison Service).

Large windows to the front of the building provide lots of natural light and aid people waiting for transport. A glass roof provides additional light, together with attractive “downlighting” in the coffee shop and above the reception desk.

On entering the area through the draught lobby, the reception desk is immediately noticeable on the left-hand wall. Coloured glass bricks behind the receptionist and a semi-circular reception desk both help to create a welcoming effect. The desk has a lowered section for wheelchair users and an accurate clock is on display.

Franchises were chosen for both the coffee shop and the newsagent. A Café Rittazza is located immediately ahead and to the right of the main entrance, while a United News shop is straight ahead.

The lease period for both shops is seven years, with rents based on turnover (with a guaranteed minimum rent) and index-linked. Utilities are metered and service charges are based on space occupied. Café Rittazza has 44 seats inside and 24 seats on the courtyard outside.

Each tenant was provided with a shell and was responsible for their own shop-fit.

Plants and artwork enhance the appearance of the overall area.

Other noticeable features include a freephone taxi service and effective signage using pictorial, multi-lingual and aural signs.

Waiting

Some users will need, or wish, to wait in the reception area. A specific seating area should be provided for this purpose, nearby and within sight of the reception desk. Its position should not hinder the flow of users to and from the reception desk. Visual contact with reception staff is essential as people requested to wait need continuous reassurance that they have not been forgotten. Non-verbal contact with reception staff is important for the deaf and those with partial hearing who may lip-read. A clock should also be plainly in view.

Others users will be waiting to meet others or for transport to arrive. Instead of needing to see the reception desk, these users will need a clear view of the entrance doors and, through the glazing, of the transition space in front of the hospital’s main entrance. In larger and busier hospitals this waiting area will be separate from that for users waiting by request of reception staff.

Part of the waiting area may be designated and appropriately designed for patients at discharge and/or awaiting booked transport. Reception staff will monitor these patients to ensure that they are met without difficulty or delay.
Associated facilities

A number of different facilities may be associated with the entrance and reception area. The following are considered essential:

- toilets;
- nappy-changing, breast-feeding and well-equipped bottle-feeding facilities;
- phones (including internal and public phones, text phones for deaf users, and a free phone for taxis) and information displays (health information, notices of events, access and travel information, local advertising);
- a cafeteria/lounge offering refreshments;
- an outlet for purchasing magazines, stamps, phonecards etc;
- parking ticket/change machine;
- a water dispenser;
- a card dispenser for bedside communication services (TV and telephone).

Many other facilities, some permanent, some temporary, may also be desirable. The larger the hospital and the greater the number of users the greater the number, size and scale of associated facilities. Such facilities can greatly enhance the user’s experience of visiting a hospital.

Where these facilities are located within the entrance and reception area, their location and design should not make entering the hospital more difficult.

More extensive facilities may include the following:

- provision for the Patient Advice and Liaison Service (PALS);
- restaurants (including take-aways);
- shops (selling flowers, magazines and newspapers, greeting cards, stationery, books, confectionery etc);
- art exhibitions, displays and performances;
- fund-raising and support bases for volunteers, Friends of the Hospital and patient groups;
- recruitment facilities for NHS staff and volunteers;
- occasional special events such as open days and anniversary celebrations;
- a postal collection, by arrangement with the Post Office.

Not every hospital will consider all these facilities or group them together. In large hospitals, the provision of sufficient space in a concourse, or a suitably-designed enlargement of the hospital street or main corridor, will greatly enhance both the user’s experience of the hospital and the hospital’s local reputation.

A separate concourse near the entrance and reception area is the most convenient and effective option for locating extensive facilities. The provision of these facilities is secondary to the hospital’s main functions; the design and operation of the concourse should reflect this and avoid imitating a shopping mall, art gallery or music venue.

In smaller hospitals, associated facilities will not be part of a separate space but will occupy accommodation in, or next to, the entrance and reception area. Such facilities can be convenient and attractive without dominating the hospital or interfering with users as they enter the hospital.

The way out

The main entrance is also, of course, the main exit; with about the same number of people leaving as arriving (via all the areas described above). It is important to ensure that those leaving neither impede, nor are impeded by, those arriving, and that waiting spaces and toilet facilities are sufficient for the total number of users.
Oasis reception area, Derbyshire Children’s Hospital.
Designers: Trent Architecture and Design Limited.
Interior designers: Potter and Holmes
Courtesy of Graham Gaunt Photography
The operational management of the entrance and reception area should usually be the responsibility of one designated senior manager, accountable directly to the board nominee for the patient environment. It is important to ensure that this extends to all parts of the entrance and reception area, including external areas.

Staffing

Staff have by far the most significant effect on patients’ and visitors’ experiences of hospitals. It is important that those staffing the entrance and reception area are professional, friendly and competent to carry out their tasks.

Many volunteers, as individuals or from organisations such as WRVS, Friends of the Hospital or local groups, make significant contributions to the smooth operation of entrance and reception services. By meeting and greeting those entering the hospital, in guiding them to wards and other departments, in staffing refreshment, information and retail facilities, they may contribute significantly to patients’ and visitors’ experiences of hospitals.

Volunteer teams should be under the direction of a senior manager to ensure the most effective use of their time and skills.

Staff and volunteers may carry out various tasks at the entrance and reception area including:

• assisting drivers with setting-down and picking-up patients and parking outside the entrance;
• assisting patients on trolleys and in wheelchairs;
• helping with luggage;
• acting as translators;
• liaising with ambulance staff;
• staffing associated facilities (see section 7).

As well as being competent to carry out their jobs, staff and volunteers should be friendly and welcoming to patients and visitors at all times. This means they require:

• training, briefing, back-up and support at peak times;
• provision of uniforms and name badges to create a professional and approachable image;
• the ability to deal immediately with individuals’ difficulties and complaints or refer to the designated senior manager;
• the ability to follow hospital procedures for emergencies, security, fire and fire drill, especially evacuation procedures for entrance and reception areas.

Cleaning and maintenance

The appearance of a hospital will make an immediate impression on users. If the
hospital is dirty, users will assume it is uncared for and that, in turn, the care they receive may not be of a high standard. The designated manager should ensure that the entrance and reception area (including the outside area) is kept clean and in good decorative and working order.

Other housekeeping issues

As well as overseeing maintenance and cleaning tasks, the designated manager should ensure that the entrance and reception area is kept neat and tidy.

Monitoring, evaluation and survey

To maintain high standards the designated manager should monitor staff and patients and make changes where necessary.

Closure of the main entrance

NHS hospital services are provided 24 hours a day. Users may, therefore, need to use the main entrance at any time.

If the main entrance is to be closed either regularly, at less busy times (for example during part of the night, weekends, holidays), or temporarily, where circumstances require it, an alternative should be provided. The alternative entrance should meet all the requirements described in section 3, although the scale and range of facilities provided may be much reduced.

Clear signs and guidance should be provided to indicate the alternative entrance. In addition to providing signs outside the building, it is important to inform those inside of the times of closure of the main entrance and of the alternative entrance to use.

Large acute hospitals

Large acute hospitals may comprise several different buildings. Larger buildings are also likely to have several entrances. The principles outlined in this document apply whether there is one main entrance or a number of “main entrances”.

The operational management of all public entrances to a hospital, excluding the A&E department, should be the responsibility of one designated senior manager. Consideration should be given to extending this area of responsibility to include the general circulation, including lifts and stairs.
Good practice example of “ownership” of a reception area: University Hospital Lewisham, London

| University Hospital Lewisham has a light and spacious main reception area encompassing a smart coffee shop and a newsagent. | Neatly-kept information leaflets and the presence of plants create an impression of a well-maintained reception area. This is largely due to the presence of the “telephone manager”, who takes ownership of the area and ensures it is kept clean and tidy. |
| Large windows to the front of the building provide lots of natural light and aid people waiting for transport. This is complemented by attractive “downlighting” in the coffee shop and above the reception desk, and “uplighting” in the roof area. | Toilets are located straight ahead of the main entrance and are immediately obvious. |
| A high ceiling with visible rafters and tiled flooring adds to the aesthetic quality of the space. | Other facilities within the entrance/reception area include pay phones, a water fountain, litter bins and a post box. |
| A large semi-circular reception desk is immediately noticeable on entering the main entrance. The desk features bold colourways of red and blue. It has a lowered section for wheelchair users and is fitted with an induction loop. An accurate clock is on display. | A security camera and CCTV provide reassurance to staff and visitors that the area is being monitored. |
| Neatly-kept information leaflets and the presence of plants create an impression of a well-maintained reception area. This is largely due to the presence of the “telephone manager”, who takes ownership of the area and ensures it is kept clean and tidy. | Artwork further enhances the appearance of the overall area. |

and, externally, between separate hospital buildings. This would eliminate areas of “no man’s land”, outside departmental responsibility, where good housekeeping may be neglected.

Smaller acute hospitals including specialist hospitals

Smaller acute hospitals may have more than one public entrance. For these, too, it is recommended that a designated senior manager is responsible for the operational management of all entrance and reception areas, including the general circulation.

Patients of specialist hospitals may need facilities at the entrance and reception area that differ in some way to those for general acute hospitals (for example maternity, women and children’s hospitals, eye hospitals, burns). Specialist hospitals should ensure entrance and reception facilities meet the needs of their patients.

Community hospitals

Most community hospitals are quite small in size and service provision and all elements of the entrance and reception area will be appropriately small in scale. For the majority, the operational management of the entrance and reception area will be included within the administration function of the hospital.
Wayfinding is of great importance for users on a first visit to a hospital. It is also important for users who may have difficulties even after a first visit, for reasons of frailty, impairment of vision or for other reasons.

Wayfinding systems alone cannot eliminate problems if the hospital site and circulation routes have become complicated (for example, there are separate buildings and entrances, long distances to traverse, and entrances on more than one level).

Other difficulties that need to be recognised include users who may not wish to ask the way when “lost”, and those entering the hospital by the “wrong” door and needing directions to the main entrance and reception area. Such users should receive a sympathetic response from all staff.

**Signage system**

Signs are needed in any building with more than a few users. They are needed to provide information, for wayfinding, fire safety etc. They should use a system of design, wording and placement that is unified, clear and consistent.

For further guidance on wayfinding refer to “Wayfinding”, NHS Estates 1999. Although this guidance provides a thorough and systematic procedure for creating a wayfinding system for an individual hospital, it is recommended that for most major schemes professional design services are used.

**Essential signage**

Signs are needed in the entrance and reception area to indicate the following:

- toilets;
- nappy-changing, breast-feeding and bottle-warming facilities;
- telephones;
- the hospital’s smoking policy and provision;
- cafeteria/lounge facilities (including 24-hour waiting and refreshment facilities, designated to the entrance and reception area);
- the alternative entrance. This sign should be displayed outside the main entrance doors when, and only when, the main entrance is closed (see section on “Closure of the main entrance” on page 19).

**Unauthorised, ad hoc and temporary direction signs**

These are found in all hospitals and range from the necessary and very useful to the obscure and unsightly. Unauthorised and ad hoc signs are frequently symptoms of some defect in the wayfinding system – for
Eye-catching wayfinding signs above the main reception desk at New Liverpool Women’s Hospital
Controls and prohibitions

Outside the building inconsiderate and unauthorised parking of vehicles is a universal problem and threatening signs are often used to counter this. Control of parking may be essential but signs should also give positive guidance on where vehicles may park, while expressing a welcoming message to users. It may be appropriate to use signs to indicate off-site car parking.

Large acute hospitals

Owing to their size and complexity, the need to simplify wayfinding in large acute hospitals is, perhaps, the overriding objective. Different building types and architectural styles, and distinctive or historic names for buildings and places within the hospital site can often be exploited to aid the wayfinding system. Art works may also be successfully incorporated.

There is a strong tendency to put plenty of wayfinding signs within the entrance and reception area of large hospitals on the assumption that this is the place where they are most needed. The same assumption underlies the decision to locate multi-lingual information, directional guidance by patient support groups and voluntary organisations, and food and magazine outlets etc here. The effect may be not only confusing but also distressing to some users. The designated manager, following expert advice, should ensure that the signage system is useful and comprehensible to all users.

Signs in the entrance and reception area for associated facilities and other information should not be excessive and should not obscure or compete with essential wayfinding signs.

Smaller acute hospitals including specialist hospitals

The medical terminology used in some departments in specialist hospitals may be unusual, incomprehensible or difficult to pronounce for some users (for example oncology, cardiology, MRI). Where possible, signs should adopt simple and sensitive language.

Community hospitals

Wayfinding is rarely a problem in smaller buildings; only minimal signage is needed. External directional signs should be well designed and especially well illuminated after dark. This is important where there is more than one hospital building on the site and, particularly, if it is a suburban or rural site.
Temporary sign, ACAD, Central Middlesex Hospital (Avanti Architects; photographer Nicholas Kane)
As the natural “hub” of the hospital, the entrance and reception area is the place where users will expect to find information. Essential information should be prominently displayed in a patient-focused and friendly format and should take priority over other types of useful information.

Essential information

The following is essential:

- routes and car-parking facilities;
- wayfinding and directional signs;
- times of closure of the main entrance, if any, and alternative provision of entrance, reception and exit facilities;
- locational signs (for example at desks, doors, waiting areas);
- public phones and taxi free phones, internal phones, use of mobile phones;
- local public transport routes and timetables;
- off-site parking near the hospital;
- hospital and NHS information concerning patients’ rights and responsibilities;
- the Patients’ Advice and Liaison Service (PALS) and the administration of the service;
- “Welcome” board and details of key personnel;
- smoking policy (see section on “Smoking” on page 37).

Information at reception

Reception staff will provide essential information to enquirers and will provide assistance, if required, to the following:

- deaf/hard-of-hearing users (using induction loop at desk, sign language, visual announcements in waiting areas);
- blind/visually-impaired users (as recommended by the Royal National Institute for the Blind (RNIB));
- non-English speakers (access to translations and translators);
- users requiring copies of hospital information (for example wayfinding plans, patients’ guidance notes etc).

Hospitals may use volunteers to provide information and act as guides for users, but essential information and guidance should continue to be provided when no volunteers are present.

Other information

The presentation of information should be under the control of the designated manager and all additional forms of information should be subject to approval and authorisation. The material should be displayed in an orderly manner and kept up-to-date. All noticeboards in the area should be “owned” by entrance and reception staff as displays tend to become untidy quickly. Unauthorised material should be promptly removed.
Particular care should be taken in using touch-screen or other interactive terminals, especially in existing facilities. The space required for the equipment and user is significant and so should not be located where it may obstruct or cause congestion.

**All types of hospital**

Hospitals are important and highly valued civic buildings serving a large, ever-changing and all-inclusive population. For this reason they are excellent sites for disseminating information of all kinds, especially the larger hospitals serving a wide area. The opportunity for this communication is very valuable to all concerned but requires sensible and continuous control.

Essential information should be of a high standard in function and design. Other additional information should be presented in a way that is discreet and does not interfere with the communication of essential information. Too prominent or too many distractions will have a negative effect on the appearance and ambience of the entrance and reception area. Done well, it will enhance users’ respect for both the service and the investment in better public buildings.
Many patients and visitors spend considerable time in hospital and may do so regularly, frequently and sometimes even daily over a long period. It is essential that they are able to obtain food and refreshments without leaving the hospital.

Facilities should be available near to the entrance and reception area to allow users to purchase drinks and light snacks and to consume them in a pleasant and relaxing environment.

Many large hospitals have a restaurant for both staff and the public. Small tea bars, staffed by volunteers, are often associated with waiting areas in out-patient units and other clinical departments. These may meet users’ needs for light snacks and drinks if they are well located and signposted but they are rarely open 24 hours a day. Vending machines for drinks and food are also commonly provided and can be permanently available. (See ‘Improving the patient experience – Restaurant services at ward level’, NHS Estates 2002 for further guidance on hospital restaurants.)

**Cafeteria/lounge**

A combined facility where users can obtain food and refreshments and sit in comfort in
a quiet, relaxed atmosphere is recommended. It should be open 24 hours a day (equipped with vending machines for refreshments when not staffed) and kept clean and tidy. Food and refreshments should be decent but affordable to most users but those who wish or need to consume their own food and drink should be permitted to do so. It may be desirable for newspapers and magazines to be on sale, unless they can be purchased nearby.

The cafeteria/lounge should be located near, but not within, the entrance and reception area. If possible it should be next to and have access to an outdoor garden or courtyard with seating and tables for use in good weather.

Northampton General Hospital previously had a “cabin” facility, run by the WRVS, which sold magazines and confectionery. In 1998, following consultation with the WRVS, patients, visitors and staff, it was decided to introduce a coffee shop (called Café Royale) into the main reception area.

The venture was funded from income generated by the hotel services department, and all profits go back into the Trust for the benefit of patient care. The service is a stand-alone operation.

The décor of Café Royale is based on a continental-style coffee shop. It has seating for up to 50 people and is open Monday to Friday, 9 am until 5 pm. As well as specialty coffees and freshly-squeezed orange juice, a range of light meals and snacks including filled rolls, pizzas, pastries, desserts and continental dishes are available.

The coffee shop's prime location next to the main hospital reception means that it is a focal point for patients, staff and visitors. It is also used by the local business community, who either eat-in or use the takeaway service.

Good practice example of a coffee shop facility: Northampton General Hospital

Retail services

Many users will find it convenient to purchase items in hospital, especially in-patients and staff. The financial and managerial arrangements for retail services are matters for individual hospitals to decide in the light of local circumstances.

There are good reasons for combining retail facilities with the entrance and reception area but it is important that they contribute to the welcoming environment. This means ensuring that the amount of space they occupy is not overwhelming and that their design and display does not conflict or compete with those of the hospital.
Good practice example of a reception desk and retail facility: Royal Oldham Hospital

Royal Oldham Hospital has a well-designed reception desk, which is at a suitable height for wheelchair users and creates a friendly and welcoming impression.

On entering the main entrance, a “WHSmith” newsagent is located to the left. High quality, corporate signage and a well-maintained outlet produce a professional aspect to the entrance area.

Other noticeable features include a freephone taxi service and a PatientLine vending machine where patients/visitors can buy tokens for TV and telephone services at the bedside. (Note: PatientLine is only one of a number of companies that holds a licence to deliver telephone and TV services at patients’ bedsides.)
Mobile and temporary activities

A busy entrance and reception area may be a good location for activities that support the hospital and its users, good causes, the local community etc. Such activities operate, usually over limited hours, from trolleys, barrows, tables etc and they need suitable space for setting up.

While they may make the entrance and reception area more welcoming, they also require sensible control. Each activity needs operating space and, possibly, some local storage; for new and refurbishment projects consideration should be given to planning some extra space to accommodate these.

All these activities need to be properly planned for and supervised so that they do not cause obstruction, create fire or security hazards or, by their appearance and noise level, affect negatively the operation and quality of the entrance and reception area.

Large acute hospitals

Large acute hospitals need to provide all the facilities described here. Pressures on space and the demands of supervision need continuous attention.

A 24-hour cafeteria/lounge will be greatly appreciated in hospitals with hundreds of in-patients. Providing this facility near the entrance and reception area may simplify existing services in other parts of the hospital.

If a hospital is to provide extensive retail services, they should be grouped in an area that is reasonably accessible from the hospital entrance, but does not impinge on the space needed there. An alternative is to place individual retail services in accommodation along the hospital street or main corridor. This may be less convenient for users and less effective for retailers. Wherever they are located, the need for control and supervision will apply.

Smaller acute hospitals including specialist hospitals

Local circumstances will determine what level of provision is made for the services described here. A 24-hour cafeteria/lounge will be needed. Suitable space for retail, mobile and temporary services will be more limited in the entrance and reception area.

Community hospitals

Community hospitals admit many elderly, frail patients and those with chronic degenerative conditions at the end of their lives. It is not unusual, therefore, to find patients’ relatives in community hospitals at all hours. Consideration should be given to providing a 24-hour cafeteria/lounge. If vending machines are found to be necessary, they should be carefully placed as their great size and typically ugly design may be damaging to the appearance and atmosphere of the entrance and reception area.

A significant number of users are needed to justify providing a retail outlet and this is unlikely at the smaller community hospitals. A modest general service staffed by volunteers may be quite satisfactory.
Interior spaces should be sufficiently sized and functionally suitable for the purpose intended and comfortable to be in. In addition, the design of interior spaces – through the use of materials, finishes, colours and contrasts for building elements, furniture and art work – can greatly enhance the hospital environment. This requires a skilled and experienced interior design team, selected by the hospital on the basis of similar projects successfully completed.

Each hospital is unique and the opportunity should be taken to celebrate local themes, materials and skills. The following paragraphs are reminders of some of the specific issues related to the entrance and reception area.

**Lighting**

The following factors should be considered with regard to lighting at the entrance and reception area:

---

The decorative glass ceiling enhances the appearance of the draught lobby at Leeds General Infirmary

(Architect Llewelyn Davies; ceiling design Sasha Ward)

Effective use of lighting in the main reception area at Hove Polyclinic

(Architect Nightingale Associates; photographer Charlotte Wood)
• the transition from outside to inside should not involve a sudden change in the level of lighting either at night (when there is external lighting) or day;
• the reception desk should be well illuminated so that its position and purpose is instantly recognised from the entrance doors. Good illumination at the desk is needed for reading documents and for the benefit of the visually impaired;
• wayfinding and other signs and landmarks need illumination enabling them to be seen and read from a distance;
• good lighting is essential for using telephones;
• waiting areas require a comfortable rather than a brilliant level of illumination, but users often read while waiting and local or spot lighting should be considered.

The design of the general lighting at the entrance and reception area should be co-ordinated with these and any other quite specific requirements. Opportunities should be considered for imaginative lighting to create an interior that users will remember with pleasure. Replacing burnt-out lamps and keeping light fittings clean is very important in maintaining the lighting quality as well as the appearance of a well-designed scheme.

Seating

A considerable amount of seating is required in waiting areas at the entrance and reception and in any associated cafeteria/lounge. Insufficient seats at any time will cause considerable user dissatisfaction.

The comfortable and relaxing waiting area at Hillington Hospital (photographer Martin Bennett)
Fixed seating in rigid rows is negative and unsociable since it determines the way users face and limits opportunities to talk. Movable seats enable users to choose what suits them. Staff should help users to rearrange seats if required.

Seats should be of different heights and some should have high backs and armrests for patients who are physically less mobile. Occupational therapists can advise on appropriate types of seating. All seating should be comfortable and pleasant to touch as well as to look at. It is very important that seating is easy to clean, in good repair and regularly maintained.

**Reception desk**

As the visual focus for users entering a hospital, the reception desk needs to be well illuminated at all times. The appearance and quality of the desk makes an important contribution to users’ first impressions of attending the hospital. The design, choice of materials, colours and finishes and the quality of manufacture should recognise this.

Although an open reception desk communicates a welcoming message, the design of the desk should enable staff to carry out their tasks in safety. This can be achieved by ensuring that the width of the desk prevents assaults.

The desk is also an important item of working equipment and should be professionally designed to suit the specific requirements of the hospital. Some requirements are described in the section on “The reception area” on page 10. It has to function as a workstation for staff dealing with and storing documents and reference directories, using telephones and computer terminals. Sections of the desk need to be of different heights for users seated in wheelchairs and those who wish or need to sit, some nursing babies or with small children. Other requirements include appropriate desk lighting, public address, emergency call and fire alarms. Some lockable storage within the desk may also be necessary.

**Storage**

Inadequate storage space results in items being left in unsuitable places, which produces an untidy and uncared for impression of the hospital. Large items left about give the impression that the hospital is disorganised. As well as being unsightly, they may obstruct the movement of people, wheelchairs and trolleys and interfere with routine cleaning.
Royal Bolton Hospital provides an outdoor smoking shelter in pleasant surroundings.
An area for parking hospital trolleys and wheelchairs should be available near the hospital entrance for users entering or leaving the hospital who need such items. The area should be strictly maintained and controlled by staff.

A separate area for users to park prams and pushchairs may also be required, providing users feel that these items will be reasonably safe. In small facilities this area may be associated with the entrance but in larger hospitals a better place may be at the entrance to the department visited. Any area for this purpose should not obstruct access to the entrance and reception area.

Food and other retail services also need adequate storage space close to where items are needed but out of sight and not obstructing other activities.

**Smoking**

Many users of hospitals are non-smokers and find an environment where smoking evidently takes places very disagreeable, stressful and even intolerable.

National policy is to make NHS premises smoke-free but to provide some facilities for users who cannot give it up, especially when events surrounding hospitalisation, treatment and care are stressful. While it is impossible to reconcile the requirements of smokers and non-smokers it is largely left to trusts to implement the NHS policy. (See ‘The health of the nation: a strategy for health in England’, Department of Health 1992, Health Service Guidelines (92)41 – ‘Towards smoke-free NHS premises’, NHS Executive 1992 and ‘Smoking kills: a white paper on tobacco’, Department of Health 1998 for further details on national smoking policy.)

This document recommends that all entrance and reception areas should be non-smoking. Clear signs informing users of this, together with suitable disposal facilities, should be placed in advance of entering the building as well as within. In the entrance and reception area, signs should describe the location of smoking rooms (if any) within the building and areas outdoors.

It is particularly important to make clear that smoking is not permitted immediately outside the hospital’s entrance or nearby. Smoking in the open air is less disagreeable to non-smokers but should not be permitted near open windows or doors.

Whatever provision is made for smokers, both indoors and outdoors, there should be proper arrangements for dealing with smokers’ litter. Special containers should be obvious but discreet in appearance, and, if possible, smoking areas should be deodorised. Containers should be cleared frequently, cleaned and maintained in good order. Cigarette ends, matches and other litter should be removed.

**Retail and temporary facilities**

Arrangements with retailers and others using the entrance and reception area for various activities should ensure that the hospital has control of the design and appearance of their facilities. An ill-considered or intrusive display, inappropriate lighting or careless wording can spoil users’ impressions of the hospital.

**Large acute hospitals**

Large acute hospitals offer considerable scope for designs that reflect their welcoming, patient-focused aims as well as their civic importance. Imaginative interiors should be created to give pleasure to users without being shocking or too challenging. A hospital should select a design team with as much care and respect for professional skill as it would select a clinician.

**Smaller acute, specialist and community hospitals**

Although the scope and scale of the interior design may be smaller for these hospitals, they should select from the best interior design teams available. The size of the project should not deter even the most successful professionals from offering their services. Community hospitals, in particular, may want to ensure that local design talent is given an equal opportunity to contribute.
Most individual hospital buildings are set within larger sites. It is important that all external areas of the site are well designed and maintained. There may be several different routes to the hospital’s main entrance depending on where users enter the site and their mode of transport. All routes should be well signposted to aid wayfinding and create a good impression.

Where the hospital building and its main entrance open directly onto a public street, the adjacent external area will be a public responsibility. The hospital will have a strong interest in the area being of high quality in design and maintenance, especially in terms of road safety, security and lighting after dark. The hospital should use its influence within the community to ensure this is the case.

**Hard and soft landscaping**

Areas outside hospital buildings should never be neglected; they are integral to the hospital site and should reflect and enhance the design and operation of hospital buildings. Well-designed and maintained external spaces will give a good first impression of the hospital site.

Functional requirements for roads and footways are as critical as internal spaces. Soft landscaping – shrubs and trees, flowerbeds, grassed areas, water features and so on – also need to meet specific functional requirements. External seating and tables, suitably positioned, can greatly enhance the hospital environment and users’ enjoyment of it. They may be in shelters or gardens, visible to users approaching the entrance, as well as within internal courtyards. For further information on landscaping, refer to Health Building Note (HBN) 45 – ‘External works for health buildings’, NHS Estates 1992.

Landscaping of external spaces should be the responsibility of an integrated and multi-skilled design team.

The day-to-day maintenance and quality control of external spaces should be the responsibility of one designated senior manager.

Maintaining the quality of external lighting and illuminated signs requires regular control of vegetation and prompt replacement of burnt-out lamps.

Where an area outside the entrance is designated for the use of smokers (see the section on “Smoking” on page 37), provision for placing litter and its regular removal should ensure an acceptable appearance at all times.
Leeds General Infirmary has an attractive circular “courtyard” area outside its main entrance, which has been designed to draw people into the building. The area features sculptures, raised garden areas and benches.

People approaching the hospital by car are directed from a mini-roundabout to the main entrance. The road then loops round the courtyard and directs traffic back out. A parking attendant is also present to control traffic.

The extremely well-designed lobby, which is large enough to house benches and plants and to protect the reception area from the cold, is angled for both functional and aesthetic reasons.

On entering the spacious reception area through the draught lobby, the reception desk is immediately noticeable straight ahead. A rounded reception desk helps to create a welcoming effect. The desk is at a height suitable for wheelchair users (aside from one raised section).

A general store and pharmacy is located to the right of the reception area, with an “Upper Crust” sandwich bar to the left. Plants and artwork, including large wooden reliefs, enhance the appearance of the overall area. A glass brick wall and a coloured floor feature provide additional interest.

Signage is large and clear, and toilets are well signed.
Parking

All drivers would like to be able to park close to their destination, free of charge and for as long as they choose. However, this is not always possible. Each hospital has to make provisions for parking based on the requirements of its users and arrangements for public and private transport onto the site.

In general, patient parking should be located in the spaces closest to the hospital. There should be adequate and appropriate-sized parking spaces for disabled users and those with pushchairs.

Car parks require a good even surface to prevent accidents and should be well-lit and signposted.

Overspill car parks should generally be for staff use only as they tend to be located at too great a distance from the hospital to be of benefit to patients and visitors. They can be costly to provide as they often require shuttle buses to transport people to the hospital.

Park-and-ride schemes and bus services onto hospital sites can ease the demand for on-site parking. Experience shows that many patients and visitors who live locally will take advantage of these options when they receive appropriate information and encouragement.

Many NHS organisations charge for car parking to subsidise the provision of adequate car parks. It also contributes towards patient transport services. This often means that patients and visitors, as well as staff, pay car parking charges.

Once users have parked their vehicles the route to the hospital entrance should be as simple and pleasant as possible so as not to add to any frustration and stress caused by parking. A communication system or parking attendant should be available to help users that need assistance in getting to the hospital entrance.

There should be no parking spaces outside the entrance area, as this space needs to be available for users to be set down and picked up by vehicles.

Well designed and securely maintained, sheltered parking for cycles should be provided. The pedestrian route from the cycle park to the entrance should be sheltered.

For further guidance on car parking, refer to HBN 21 – ‘Car parking’, NHS Estates 1996.
External lighting

Good external lighting in the evening and at night is absolutely vital. Entrances onto the site and into the hospital building, as well as the building itself and all routes on the site, should be well illuminated to aid navigation and wayfinding. The main entrance in particular should be well lit so as to be visible from a distance and easily recognisable.

At some hospitals users may have to walk some distance to parked cars. For the safety and comfort of such users, routes to and from car parks and car parks themselves should be well lit.

External lighting, including security lighting and floodlighting, should be designed so as not to shine through windows into areas where users may be disturbed.

Temporary works

Where work is being carried out to the building’s exterior or within the hospital grounds, especially road and underground works, the affected areas should be securely fenced or enclosed with hoardings. This is especially important at or near the site and building entrances and on all routes within the site. The enclosures should not look hazardous but made neat and tidy and well illuminated after dark.

For major developments enclosed by hoardings for long periods, viewing slots may be provided so that the local community can watch progress. Illustrations and information should be displayed to help involve users in the hospital’s aims for quality improvement. Hoardings may also be decorated to enhance their appearance.

Where entrance routes are temporarily diverted or disrupted, all existing signage should be adapted and new signs installed for the duration of the change. The hospital should ensure that all users, some responding to emergencies, can follow the proper route without difficulty or possibility of error.

Guidance in this section applies equally to large acute hospitals, smaller acute hospitals (including specialist hospitals) and community hospitals.

The main entrance at Birmingham Children’s Hospital by night (Architect Powell Moya Ltd; photographer David Grandorge)
There is worldwide recognition of the value of art in healthcare settings. The arts enrich the environment and, by stimulating interest or providing distraction from anxiety, they can reduce the burden of stress borne by patients, visitors and staff.

This has been pioneered in the NHS and a body of expertise is available backed by extensive experience and good research-based evidence of effectiveness.

The basic experience of users entering a hospital can be greatly enhanced by the sight of appropriate artwork. It will enhance their first impression of the hospital, give repeated pleasure and reassurance on subsequent visits and continuing pleasure to those waiting and working in entrance and reception areas. Art needs to be incorporated into the planning process of a building at the earliest opportunity. (For details on selecting artwork in hospitals that will appeal to children and young people, refer to ‘Improving the patient experience – Creating a friendly healthcare environment for children and young people’, NHS Estates 2002.)

**Funding, professional input and participation**

There are numerous hospital arts projects in the NHS and many long-established, substantial and flourishing ones, which are well-known and admired. Finding sources of funds and organising fund-raising activities are an essential requirement for any hospital arts project.

Hospitals should obtain professional guidance at an early stage when developing arts projects. The leading and most experienced source of information is Arts for Health (at Manchester Metropolitan University). The more recently formed National Network for the Arts in Health (NNAH) is also a useful source of information. Hospitals should also try to involve local artists and arts organisations but under specialist professional guidance as they may not have knowledge and experience of art in healthcare settings.

The need for expert advice and guidance is emphasised, since introducing works that are inappropriate, of poor quality or badly installed can lead to hostility from staff as well as other hospital users. In contrast, well-managed patient and staff participation has produced some of the most successful hospital arts projects. Work made entirely by amateurs and displayed in prominent public locations is rarely acceptable.

**Landmarks**

Art works, such as sculptures and murals, may become very effective and memorable landmarks for wayfinding. As such they need to be permanently installed and not subject to deterioration. Externally their...
scale, visibility and legibility need to be effective. Nothing is “vandal-proof” but if damaged or abused they should be quickly restored. Internally they can mark decision points on main corridors and other circulation routes.

Heritage and history
Almost every hospital will have valued items of heritage from its history, such as foundation stones and ceremonial objects from earlier buildings or associated sites, documents, photographs, portraits, historic medical artefacts etc. Displayed well, in an appropriate setting in the entrance and main circulation areas, these will interest many users. They will also demonstrate the hospital’s strong links with local and wider communities.

Entrance areas
The entrance and reception area is an important site for a significant and welcoming art work. Since this area, and any associated cafeteria/lounge, is used for waiting and relaxing, it is also an ideal location for smaller art works and displays, which may be viewed at close quarters. These works may be changed from time to time but these functioning areas should not be regarded by the hospital as art galleries or places for holding temporary exhibitions or sales of art works.
Artwork enhances the waiting areas at Royal Bolton Hospital
TV, video and broadcast sound

TV and video displays attract attention and invite users to stand or sit in front of the screen. Screens need to be placed where users may view them comfortably and without obstructing or interfering with the proper use of the entrance and reception area.

The noise from TV and videos and from broadcast sources such as background music may be unwelcome to some users and should only be heard by choice. For users with hearing difficulties, background noise can be a serious problem. Broadcast announcements using a public address system may be necessary in emergencies.

Performances

Arts projects may include live performances of music and drama. These can be very effective and much valued by patients, visitors and staff. It may not be appropriate to hold performances in the entrance, reception and circulation areas as they can cause obstruction.

Large acute hospitals

Professional arts project management is very important for large acute hospitals. Great opportunities exist for creating art works to act as readily recognised landmarks and aid wayfinding. Their importance and permanence requires that they are designed and made by professionals. In many large hospitals, there are successful examples of specially commissioned imaginative works with local and historical allusions, works that provide wit, humour and compassion, and works made by the local community with professional guidance. Significant art works are excellent for enhancing the hospital environment.

Smaller acute hospitals including specialist hospitals

Arts projects for smaller hospitals may be easily obtained but there is no formula that fits all. There is great variety, especially among specialist hospitals, and good opportunities for enhancing the hospital entrance and reception area through appropriate art works of high quality.

Community hospitals

Community hospitals with very limited funds may be unable to afford a professional arts project. However, it is highly recommended that art is incorporated into the entrance and reception area – particularly if this is the only way in and out of the building. Even one special and appropriate art work, or a professionally-designed display of the hospital’s heritage and history within its community, can dramatically enhance the appearance and ambience of the area.
References


www.betterhospitalfood.com


Health Service Guidelines (92)41 – ‘Towards smoke-free NHS premises’, NHS Executive, Department of Health Publications Unit 1992


Please complete this feedback form and return it to NHS Estates. The information provided will help in the assessment of the value of this document and in the planning of future Agency guidance.

Title:

Series and series number if applicable (eg Health Building Note 57):

1. How useful is this document to you/your organisation?

   [ ] Not at all useful  [ ] Very useful

2. Are you aware of other sources of the information contained in this document?

   [ ] Yes  [ ] No

   If Yes, please state below:

3. Did you feel the content was:

   [ ] Too prescriptive?
   [ ] Too ambiguous?
   [ ] About right?

4. Was the amount of technical content in the document:

   [ ] Too high?
   [ ] Too low?
   [ ] About right?

5. How would you rate the length of the document?

   [ ] Too long
   [ ] Too short
   [ ] About right

Please return this form to:

Knowledge Management
NHS Estates
1 Trevelyan Square
Boar Lane
Leeds LS1 6AE

Thank you