

Signage and Wayfinding Policy

V1.0

August 2023

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Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opting in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. This Policy provides advice and guidance to Trust employees on the production and process of Signage and Wayfinding across the Trust. It provides guidance on design to ensure a consistent approach across the whole organisation.
- 1.2. To ensure good governance is maintained, the Trust is required to operate a robust process for approval of new signage and wayfinding. Failure to keep signage and wayfinding up to date can lead to (new) staff not being able to find their way around, and patients being late for appointments, being re-referred to the hospital and increasing our outpatient waiting lists.
- 1.3. The Signage and Wayfinding Policy and Procedure will ensure that physical signage and wayfinding is refreshed every six months to capture any changes. It will also advise of the process for departments to update their signage throughout the year, as and when required.

2. Purpose of this Policy/Procedure

- 2.1. The purpose of this policy is designed to assist those responsible for keeping departmental signage up to date. It supports the objective of ensuring that all change requests go through the Trust Computer Aided Facilities Management system (CAFM).
- 2.2. Implementation of this policy will help ensure that:
 - There is an effective process for departments across the Trust to report any signage that needs updating.
 - There is a process for reporting any wayfinding issues across the three hospital sites.
 - Patient or staff experience is not impacted by out of date or misleading wayfinding and signage.
 - Physical signage is reviewed at regular intervals.
 - Physical signage design is uniform across all three hospital sites to maintain a positive and professional image for the Trust.

3. Scope

The policy applies to Royal Cornwall Hospitals NHS Trust and covers the production and approval process of all signage and wayfinding. It applies to all members of Trust staff (regardless of status or grade), located on any of the hospital sites including West Cornwall Hospital and St Michael's Hospital.

3.1. Signage in scope:

- Internal Signage
 - General directional signage

- Signage within wards/units
- External Signage
 - Entrance Maps
 - Directional signage

3.2. Signage out of scope:

- Statutory/ Safety Signage- to be provided as part of a project or during refurbishment work. Alternatively, via Health & Safety Team when new guidance / requirements are received.

4. Definitions / Glossary

- CAFM - Computer Aided Facilities Management.
- EPOC - Enhanced Peri-Operative Care.
- SDEC - Same Day Emergency Care.

5. Ownership and Responsibilities

- 5.1. The updates to signage and wayfinding requires a multi-disciplinary team approach. The Strategic Estates Team comprising a Project Manager and a Project Assistant will manage the six-monthly site wide refreshes.
- 5.2. Operational Estates will manage the ad hoc signage update requests through the CAFM system. The annual budget for physical signage and wayfinding refreshes be managed by Strategic Estates.

5.3. Responsible Reporting Group

Estates and Facilities Performance and Governance Group.

5.4. Role of the Managers

Managers of the Trust are responsible for:

- Ensuring all signage update requests are raised through the Trusts CAFM system. They should be responsible for making sure that patients and staff in their area can use the wayfinding and signage to safely make their way to the required department.
- Managers are also responsible for notifying the Strategic Estates team of any ward relocations or name changes as these will affect wayfinding. These changes may also affect the Resuscitation team and clinical site co-ordinators; therefore, managers will also be responsible for informing these services of the change.

5.5. Role of the Group

The Estates and Facilities Performance and Governance Group are responsible for:

- Ensuring Trust physical signage is updated 6 monthly.
- Ensuring all Trust physical signage is inclusive and accessible for patients and staff with disabilities, such as visual impairments.
- Continuing to research ways to make Trust physical signage more inclusive and accessible.
- Continue to investigate new ways to improve physical signage across the three sites.
- Review digital options for signage on an ongoing basis.

5.6. Role of Individual Staff

All Trust staff members are responsible for:

- Raising any physical signage, internal or external, or wayfinding concerns with their line manager to escalate and resolve.

6. Standards and Practice

6.1. Signage and Wayfinding Refresh Process:

- 6.1.1. The Strategic Estates team organises six- monthly site wide refreshes through a procured main signage contractor, funded through the Operational Estates Budget.
- 6.1.2. The refreshes will take place every April and September.
- 6.1.3. The Strategic Estates team will consult Care Group Managers every 6 months on the changes that need to be included in each refresh to ensure that physical signage is up to date across all three sites.
- 6.1.4. We have tendered for the signage package and the signage provider for the trust is now Allsigns Limited. This contract will be in place until 30/04/2024 with the option to extend for 2 years. After the 2 years a new procurement exercise will need to take place.

6.2. Ad Hoc Signage Request Process:

- 6.2.1. Ad hoc physical signage requests are made through the CAFM system, this can be found on the intranet under the 'Signage' heading. Link below:

<http://intranet-rcht.cornwall.nhs.uk/services/estates-department/>.

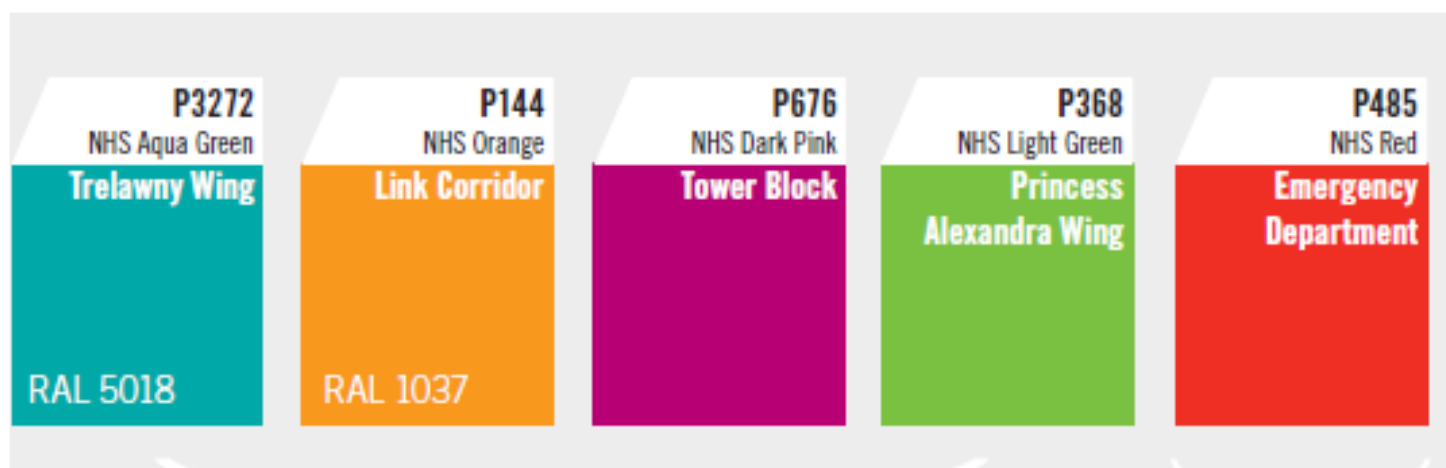
- 6.2.2. Ad hoc requests will be funded by the Care Group requesting the change.

6.3. Signage Style:

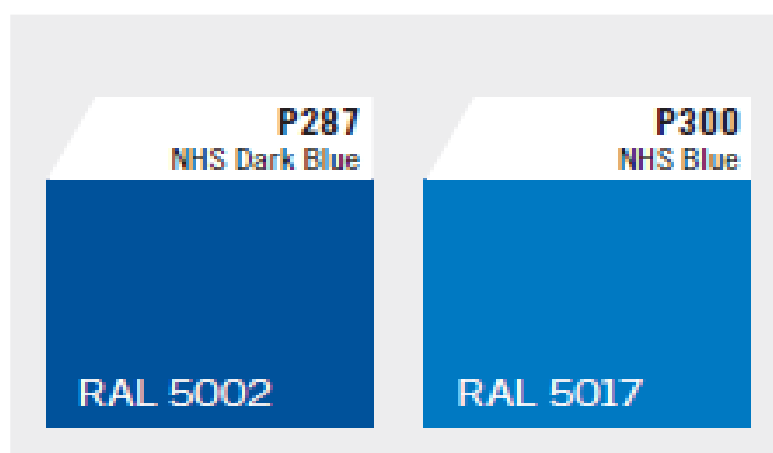
- 6.3.1. The Trust must comply with a consistent signage style across all three sites. This will allow patients, visitors and staff attending all three sites to recognise the signage and know what to look out for. The NHS England Branding Guidelines as below must be complied with:

<https://www.england.nhs.uk/nhsidentity/>

- 6.3.2. At The Royal Cornwall Hospital Trust, the signage colours are as below for each area of the hospital:



- 6.3.3. The preferred background colour for internal signs is Dark blue as below:



The full signage specification document can be found in the PDF document below:

[RCHT Wayfinding House Style Manual](#)

6.4. Temporary Signage

- 6.4.1. Temporary signage made in-house such as paper signs or laminated paper should be avoided as this will not be in keeping with the overall look and consistency of signage at the hospital sites. Temporary signage that is made in house and does not follow the signage style as described here will be monitored across the Trust.
- 6.4.2. Signage that is not appropriate as explained above will be removed and replaced as funding allows.
- 6.4.3. If there is an urgent need for signage, please contact the signage team through the CAFM system and mark as urgent.

6.5. Naming Conventions

- 6.5.1. Naming conventions for wards and units must be kept as short and simple as possible. If the naming convention is too long, it can become confusing for staff and patients following signage to a department.
- 6.5.2. All naming conventions must be no longer than 4 words, for example 'Lowen Ward ('Tremenel Unit). Final naming conventions will be approved via the Chief Operating Officer, or nominated Deputy, at the Executive Leadership Team Meeting.
- 6.5.3. The use of Acronyms in lieu of words is not acceptable. However, where names of wards are regularly shortened to acronyms, they can be written in brackets. For example, Enhanced Peri-Operative Care (EPOC) or Same Day Emergency Care (SDEC).

6.6. Makaton Signage

Where Makaton Symbols are used, the symbol must be displayed clearly and separate to any other symbols on the signage, example displayed below:



7. Dissemination and Implementation

- 7.1. This is the first Wayfinding and Signage Policy for the Trust. The policy will be disseminated throughout the Strategic and Operational Estates Teams as they will be the ones managing the policy going forward. The policy should also be disseminated through all user communications, as it is a new policy staff will need to be alerted to it.

- 7.2. There is no training needed to implement this policy. The estates teams already have the relevant training for managing the signage requests, this policy is just to make all staff aware of the process.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	• Consistency of Signage Style across all three sites. • Patient Experience. • (Clinical) Staff Experience. • Signage Requests. • Signage Refresh.
Lead	Strategic Estates Team – Assistant Project Manager.
Tool	Consistency of Signage Style across all three sites – Excel Spreadsheet. Patient Experience – This will be monitored through regular check in's with the patient experience team to ensure there have been no patient complaints relating to signage. Signage Requests – Excel Spreadsheet. Signage Refresh- Excel Spreadsheet.
Frequency	Consistency of Signage Style across all three sites – • Bi-monthly review. • Compile report 6 monthly, share if concern. Patient Experience – • Bi-monthly review. • shared if concern. Signage Requests – • Weekly review of requests. • Does not need to be shared. Signage Refresh – • 6 monthly reviews. • Does not need to be shared.
Reporting arrangements	Reports do not need to be shared at committee meetings unless there are any concerns. Reports will be shared at Estates and Facilities Governance and Performance Group.

Information Category	Detail of process and methodology for monitoring compliance
Acting on recommendations and Lead(s)	Estates and Facilities Governance and Performance Group.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 1 month. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

9. Updating and Review

- 9.1. This policy will be reviewed and updated every three years.
- 9.2. Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author should ensure the revised document is taken through the standard consultation, approval, and dissemination processes.
- 9.3. Where the revisions are minor, e.g., amended job titles or changes in the organisational structure, approval can be sought from the Executive Director responsible for signatory approval, and can be re-published accordingly without having gone through the full consultation and ratification process.
- 9.4. Any revision activity is to be recorded in the Version Control Table as part of the document control process.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Wayfinding and Signage Policy V1.0
This document replaces (exact title of previous version):	New document
Date Issued/Approved:	17 August 2023
Date Valid From:	August 2023
Date Valid To:	August 2026
Directorate / Department responsible (author/owner):	Bethan Andrew, Assistant Project Manager, Strategic Estates
Contact details:	07380193151
Brief summary of contents:	Overview of Signage and Wayfinding Policy across the three hospital sites. Includes information on the staff responsibilities to ensure signage is kept up to date and accessible.
Suggested Keywords:	Signage, Wayfinding, Ordering Signage.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Director of Estates
Approval route for consultation and ratification:	Estates and Facilities Governance and Performance Group
General Manager confirming approval processes:	Deputy Director of Estates
Name of Governance Lead confirming approval by specialty and care group management meetings:	Phil Bond, Performance and Governance Manager, Estates and Facilities

Information Category	Detailed Information
Links to key external standards:	National Brand Guidelines: https://www.england.nhs.uk/nhsidentity/ Wayfinding Guidance Department of Health(replaces HTM65 Signs): https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachmentdata/file/148500/Wayfinding.pdf
Related Documents:	None required
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Estates And Facilities / Estates

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
August 2023	V1.0	Initial issue	Bethan Andrew, Assistant Project Manager-Strategic Estates

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance, please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Wayfinding and Signage Policy V1.0
Directorate and service area:	Estates
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Bethan Andrew Assistant Project Manager
Contact details:	07380 193151

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	The policy is aimed at all Royal Cornwall Hospital Trust employees. It is also to be used by any signage contractor that provides signage to all three of the hospital sites.
2. Policy Objectives	Policy objectives is to ensure there is a consistent approach to signage style across the Trust. It also aims to direct staff to how they order or update signage.
3. Policy Intended Outcomes	Outcome is for signage to continue to stay up to date across the Trust. Outdated signage can lead to patient and staff anxiety and missed appointments.
4. How will you measure each outcome?	6 monthly reviews will take place to ensure signage is up to date. Monthly on-site review of signage to ensure it is up to date, undertaken by the estates team. Increase in orders through CAFM will show that staff are aware of the process.

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients, staff, and visitors.
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: Yes - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Estates and Facilities Governance and Performance Group.
6c. What was the outcome of the consultation?	Policy approved following Estates and Facilities Governance Meeting.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Bethan Andrew Assistant Project Manager

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)