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Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Reference Number: UHB ____
Version Number: 1f
Next Review Date: February 2022
Previous Trust/LHB Reference
Number: n/a

Cardiff & Vale University Health Board



Way Finding Best Practice Document

Version Number: 1/e
February 2019

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1.0 Introduction

This document is aimed at designers, project managers and other UHB staff who may need to design and deliver new signage on UHB premises.

Way Finding refers to the processes that people go through to find their way round an environment. It is a problem-solving process based upon a series of inter-related decisions: to go to a destination, how to get there and the route to be taken. The nature of services provided by UHB premises results in a high number of visitors with sensory loss, altered neurology or physical disability.

Problems arise when:

- People have never visited a site before and cannot understand the information available;
- People cannot remember or recognise the route they took last time; or,
- The environment and Way Finding system at the site has changed.

In order to develop an effective Way Finding system, a Way Finding document is needed. Signs in addition to or in place of new ones will rarely solve Way Finding problems or produce an effective Way Finding system. This Document identifies the UHB's approach to ensuring successful management of the various factors that determine how someone finds their way to and around the site.

Delivery of this Document will, in particular, support the UHB's drive to progressively improve the image and perception of the UHB within its area and build the confidence of the health community. In addition, the Document aims to reduce patient frustration and improve time keeping.

2.0 Background

The UHB seeks to minimise the problems identified above in the context of a constrained site with a disjointed character, buildings of varying ages and styles and a confusing layout.

The nature of the various UHB sites coupled with poor clinical adjacencies often mean that patients, staff and visitors have to cover substantial distances to move between departments, so Way Finding is critical in enabling them to achieve this as efficiently as possible.

At present, the UHB's Way Finding system has evolved over the years on a piecemeal basis without a central co-ordinated approach being adopted. Each requirement for signage has been progressed independently on a needs basis without there being a formal central co-ordinated approach controlling and driving the process.

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In addition, Way Finding / signage has never been subject to a strategic review.

Additionally, the UHB wishes to maximise the opportunities for improving Way Finding through standardisation across all the health board sites during and following site developments. This will provide the UHB with challenges during the phased implementation, which will need to be managed within a consistent strategic framework, but will facilitate site rationalisation and simplification in the longer term.

The Way Finding document is intended to set out guiding principles to which all future developments across the UHB will adhere. It should be noted that the specific features may be subject to change as the design of the buildings evolve during the procurement and design process.

A number of Way Finding issues have been identified across the UHB, these include:

- The need for clearer information on service location in appointment letters;
- Lack of (or in some areas too much) signing and lighting;
- Signage being hard to read (e.g. too small or located at too high a level);
- Some routing 'running out' before a user arrives at their destination; and,
- Poor signage to disabled car parking.

This Way Finding document will ensure improvements to Way Finding will be implemented through a co-ordinated approach:

- Set a Signage / Way Finding standard across the UHB which all future signage / Way Finding decisions will need to follow.
- Prioritise areas where existing signage is particularly poor and address those priorities.
- Tackle the issue of temporary signage across the UHB.

This Way Finding document has been established based on:

- **Welsh Health Estates Way finding: Effective Way Finding and signing systems: Guidance for healthcare facilities 2nd edition 2005; and**
- **NHS Wales: All Wales Standards for Accessible Communication and Information for People with Sensory Loss, 2013.**

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3.0 Principles of Way Finding

3.1 Aims of the Way Finding System

The Way Finding system aims to:

- Reduce stress and resentment of patients and visitors;
- Increase efficiency and effective use of staff time (as more patients will be on time for appointments and fewer staff will be asked for directions or to escort visitors); and,
- Improve accessibility for people with disabilities.

Following the redevelopment of the estate signage and Way Finding information, users will be able to access and navigate the UHB premises and its services with simplicity due to the legibility and orientation of the revised signage.

3.2 Site Users.

The UHB will strive to implement a Way Finding system which can be used successfully by all site users. It should meet the navigational needs of users:

- With different needs: ages, physical, sensory or cognitive impairments, languages etc.; and,
- With different uses: first time health facility user (patient or visitor), infrequent or frequent user, staff, and delivery and service area users,
- Means of arriving at, moving around and leaving site: walking / wheelchairs, cars / bikes / buses, parking requirements.

3.3 Simplification of the Way Finding System.

To achieve its Way Finding aims, the UHB must provide information that enables users to develop a positive mental model of the environment and the routes through it.

To achieve this, the UHB will review how the complexities of each site can be minimised to users by reviewing and developing a zoning hierarchy, based on nominal colour coding for functional categories.

In the short term, the UHB will review the degree to which the concept of zoning can be revised and embedded in advance of the redevelopment. For example, the UHB might use the concept of zoning by the signs of the compass. This could also include car parking and site access routes, and use colour coding.

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The UHB will identify circulation routes and the key decision points along routes around the sites, e.g. pedestrian exits, to identify the minimum amount and type of information required to make an informed decision.

The UHB shall develop a system that uses a mixture of the following components:

- Naming separate buildings ‘wings’ or ‘blocks’ with non-descriptive names or numbers;
- Using non-descriptive names or numbers for separate buildings;
- Dividing large buildings into wings;
- Naming, numbering or colour coding the floors of buildings;
- Colour-coding different floors;
- Colour-coding different buildings, departments or entrances;
- Using colour symbols for different parts of the building; and,
- Using internal street names.

The simplification method will include both non-descriptive names and numbers, which will consistently be used to refer to geographical locations, and service names, which will be directly linked to the service provided and will transfer with the service in the event that it is relocated at a future date.

This simplification method will be used consistently on all Way Finding information, including:

- In appointment letters and written directions;
- For all information available on or downloadable from the internet;
- When giving spoken directions;
- On locational signs to show users where they are;
- On directional signs to indicate where users should go; and,
- On site maps and floor plans.

3.4 Language.

The UHB recognises that language is an essential part of a person’s identity. The UHB also recognises that members of the public have a legal right to express their views and access services in Welsh and English and therefore has a duty to promote and have empathy with the Welsh language. The new Welsh Language standards bring this into legislation by stating:

Standard 47 - When you-

- (a) erect a new sign or renew a sign (including temporary signs); or
- (b) publish or display a notice; any text displayed on the sign or notice must be displayed in Welsh (whether on the same sign or notice as you display corresponding English language text or on a separate sign or notice); and if the same text is displayed in Welsh and in English, you must not treat the Welsh language text less favourably than the English language text.

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Standard 48 - When you-

- (a) erect a new sign or renew a sign (including temporary signs); or
- (b) publish or display a notice; which conveys the same information in Welsh and in English, the Welsh language text must be positioned so that it is likely to be read first.

Standard 49 - You must ensure that the Welsh language text on signs and notices is accurate in terms of meaning and expression.

The UHB will therefore ensure that all new permanent and temporary signs, which give information to the public using text, will be bilingual with the Welsh and English text being treated equally with regard to size, legibility and prominence.

As with written correspondence the Welsh will be to the left of or above the English. The UHB will adhere to this practice whenever signs are being installed for the first time, or whenever replacing signs unless prohibited from doing so by other legislation.

The translation of signs into the Welsh Language also be procured from credible translation services rather than simply using online search engines.

Adnoddau Dynol

Human Resources

3.5 Sensory Loss

Insert text here (Awaiting information from relevant department)

3.6 Consistency and Type of Information.

Information will be provided that reflects:

- Decision points, i.e. the points where people need to make a decision about their next action;
- Consistency between the environment and the individual's expectations about what they will see there in terms of Way Finding aids;
- An appropriate speed of information processing. Information should be able to be processed very quickly or users may make an uninformed judgement or seek another source of information; and,
- A manageable level of information, in terms of quantity, clarity, understandability and legibility.

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Way Finding information will be prioritised towards the needs of the first-time visitor. For example, staff facilities will be identified but will not be given the same prominence as heavily used patient areas such as toilets.

Similar information will be grouped together by user to create a hierarchy of information. This will reduce the amount of information each type of user has to absorb.

Consistent and clear service names will also be used to ensure that users can always understand the information that they are giving and receiving. For example, services should always be referred to by a defined name (rather than their building number for example), regardless of where they are relocated on the site, although this may be supplemented by an additional location reference.

This consistency must apply to the whole range of communication, including appointment letters, staff directions and signage.

The UHB has to consider that signage needs to be provided in both Welsh and English languages. To minimise confusion wherever possible, the UHB shall use alternatives, e.g. the use of symbols, which may be more effective in terms of clarity and cost.

Information must be available at each stage of the journey, i.e.:

- Pre-visit information: written information, appointment letters, information on the internet site, printed site maps, spoken directions over the phone including travel options.
- En-route information: road signs, prominent architectural features and site entrances.
- On-site information for getting around the site: locational signs, directional signs, directories, framed site maps, information desks, prominent building entrances, pathways.
- Locational information once arrived at the destination: locational signs, distinguishing features at the destination.

In providing information, the UHB will also take account of how users utilise their four senses, either consciously or subconsciously.

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3.7 Terminology.

The UHB will establish a consistent approach to the use of terminology for wayfinding. Destination names must be understandable to first-time users with no local or medical knowledge. In developing this approach, the UHB will ensure that the terminology:

- Minimises confusion, e.g. by being easy to pronounce, spell, remember and differentiate.
- Wherever possible, the UHB will avoid medical terms, abbreviations or using two similar terms on the same sign;
- Is consistently used, whether spoken (by patients, staff or suppliers) or written (e.g. in pre-visit information); and,
- Has longevity, i.e. is unlikely to change due to developments in medical knowledge.

Block numbers and room references will be reviewed for each building and room on each site. A single referencing system shall be implemented by technical and support staff to support these references, whether used on public-facing information or not.

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3.8 Use of Signage.

Signs are an important tool for guiding people along each stage of their journey through the site. Currently, there are a significant number of signs across UHB sites, but these need to be rationalised and oriented to specific types of user to ensure information is obvious, coherent, relevant and easy to assimilate.

Many people who attend the UHB premises have a permanent or temporary sensory impairment. The UHB will undertake consultation with relevant stakeholders prior to providing appropriate signage in an effort to ensure that signs are clear and easy to understand.

The UHB will ensure good practice taking into account the needs of all users, including those with impairments.

The UHB will work with its signage contractors to:

- Ensure optimum internal and external lighting in all areas at all times of the day;
- Aspire that no more than four or five destinations or terms are included (unless on directories) so that there is a manageable quantity of information;
- Group information using logical methods and reflecting the hierarchy in the Way Finding system, including by alphabet, priority, function, direction or by floor on directories;
- Use clear, easy to read signs, with an appropriate sans serif typeface (i.e. large x-height and consistent, thick stems) and type size;
- Use sentence case (e.g. Maternity);
- Use bold typeface to optimise legibility for main text or for emphasis of priority areas and regular typeface for secondary information;
- Align text to the left unless on short directional signs where the UHB wishes to emphasise destinations on the right;
- Use arrows on directional signs which indicate direction, are consistent in style and alignment, and use white space to create shorter lists but without too much white space between the text and arrow;
- Use colour to create a high contrast between doors and walls, floors and walls, furniture and surrounding surfaces, text and sign backgrounds, and sign backgrounds and fitting surface;
- Use paint which is matt or has a gloss factor of no more than 15%;
- Ensure signs are positioned consistently so people know where to look for information;
- Increase the font size used as the signs are raised higher (to retain the same relationship of type to reader);
- Ensure emergency signs are very clearly marked with high-contrast signs, at eye level, and that visual and audio emergency alarms are installed (wherever possible);

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- Ensure linking internal and external pathways are defined and uncluttered; and,
- Develop alternative solutions for people who cannot read signs, including offering escorts to take people to their destinations.

The NHS Wales logo has a high public recognition rate as well as reflecting a high rate of credibility and UHB. All external signs will accord with the NHS Wales corporate identity. This will include the use of:

- The UHB logo;
- The NHS Wales blue (pantone 534); and,
- The NHS Wales typeface (“frutiger” – where possible, otherwise “veranda”).

The UHB will develop a consistent approach for formatting all external signs, adapted according to the type of sign. Signs will be categorised according to whether they are:

- Vehicular directional signs.
- Pedestrian directional signs.
- Vehicular advisory/safety signs.
- Pedestrian advisory/safety signs.
- Directory signs.
- Door identity signs.
- Locational signs.
- Fascia signs.
- Temporary signs.

A consistent approach will also be determined for internal signs based on these categories.

For each internal and external type of sign, the following parameters will be standardised:

- Logo
- Colour
- Symbols;
- Layout
- Construction
- Type size
- Type face
- Height
- Viewing distance: normal vision
- Viewing distance: impaired vision.

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3.9 Temporary Signage.

The problems associated with temporary signs include:

- Non-standard design,
- Poor quality,
- Non conformity to bilingual requirements,
- Often left in situ long after event has passed.

The use of temporary signage can be categorised in the following three categories:

- One Off, i.e. interviews, seminars, etc.
- Temporary Signs, i.e. temporary clinic relocation.
- Information posters, i.e. health advice, etc

The following applies to each of the above:

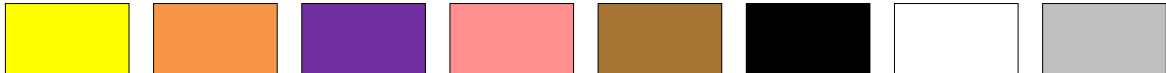
- User responsibility for provision and removal
- Each sign needs to be dated 'from' and 'to', after which time it should be removed.
- Each sign must be laminated, follow standard format including font, colour, etc.
- Include UHB logo.
- Must be bilingual.
- Must not be located within 1metre of permanent signage.
- Fixed with temporary adhesive no drilling of building fabric allowed.
- If longer than 3 months then permanent signage should be installed.

The monitoring of temporary signage will be undertaken as part of the Health & Safety workplace inspections.

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3.10 Colour Coding.

The colour coding methodology will be revised to support the simplified Way Finding system. The colour palette will include no more than 5 colours so that users can remember and differentiate between them. The colour options are: yellow, orange, purple, pink and brown. Black, white and grey can also be used. The UHB will not use two variants of the same colour.



It is intended to utilise green for “Way Out” signs and red for directions to emergency units such as Accident and Emergency.



As blue (Pantone 300 / RGB 0, 114, 198.) is the main colour used on general directional signs, it will not be used to colour code areas.

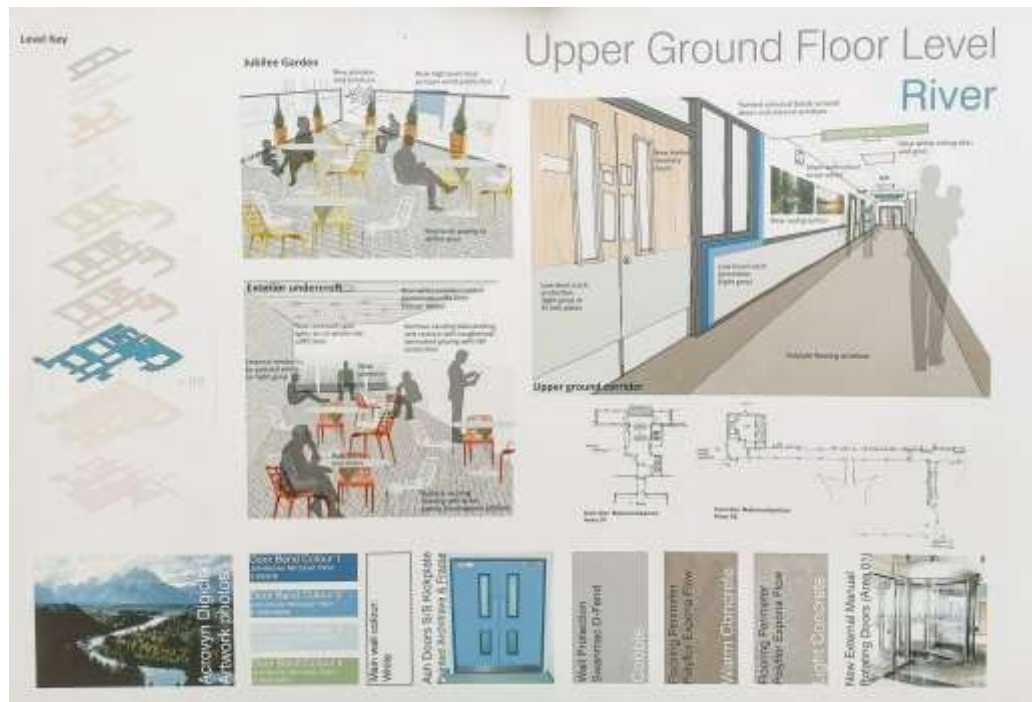
Minimising the range of colours used will provide a noticeable and understandable differentiation regime for users, enable clear verbal directions to be given and reduce development and maintenance costs to the UHB. For maximum effectiveness, the colour coding scheme will not just be used for signs. It shall also be used on features inside the buildings, such as doors and seating and be on site plans and written directions.

The UHB will (with the exception of Accident and Emergency), avoid colour-coding individual departments, rather than geographical areas of the site. This being because if a department moves location, colours used on signs and architectural features will have to be changed.

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3.11 Use of Design.

It has been noted that Way Finding is more than the use of signs and language. There is also a significant evidence base that the use of design in the healthcare environment can promote well-being and hasten recovery.



These two concepts should be combined within the UHB's Way Finding system at three levels.

Firstly, the UHB will consider the use of icons, indices or symbols to supplement written words on signs. Icons show directly what they signify, such as a spoon and bowl for a restaurant.



Indexical signs have an obvious relationship with what they represent. For example, footprints painted on a walkway suggest a pedestrian route. Lastly, symbols can be more arbitrary and abstract.

Signs communicate at different levels. At the technical level, signs must be legible and perceived as intended. At the semantic level the meaning must be understood. On the effectiveness level signs should be able to influence behaviour.

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Secondly, the UHB will review the extent to which new or existing art work can act as landmarks or is located at decision points within the Way Finding system.

The UHB will also review how artwork can be utilised to support the Way Finding system as background information, e.g. through colour and symbols to indicate floors of buildings or entrances/exits.

Thirdly, the colours used on walls and in art will be appropriate for the clinical and therapeutic environment. This review of the use of artwork must be consistent with the UHB's arts Document.

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3.12 Use of Landscaping and Landmarks.

Landscaping can be used to draw attention to decision making points, landmarks or routes around the site as well as promoting an attractive, healthy environment.

The Landscape Design Document (LDS) seeks to create, for the external space:

- A hierarchy of spaces with clearly identifiable use and function for the external needs of users;
- A legible and attractive environment with a 'sense of place' through use of a palette of materials to provide cohesion and consistency throughout the site;
- A clear focus on people and the pedestrian experience;
- Development which uses and protects the site's existing features to best advantage, respecting the site context.

Prominent landmarks and features help users to identify with their destination. The UHB shall assess the existing landmarks used by staff or visitors in finding their way around the site and consider:

- Whether these features are clear or could be used confused, including whether they can be visualised and how they are named;
- Whether they should be enhanced visually;
- Whether they should be used explicitly within directional or locational information provided to users; and,
- If there are key decision points that have no distinguishing features, whether a landmark could be created.



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3.13 Installation of Signage.

The installation of ALL signage will be undertaken by the Cardiff & Vale Capital Estates and Facilities. This is due to site issues including asbestos, hidden services cables and pipes, etc.

3.14 Use of Technology.

Advances in technology will be considered, developed and supported wherever possible. Cost and suitability will be prime considerations in whether to use new technologies into Way Finding improvement. Examples of new technologies include:

- Digital signage or screen media.
- Touch Screens
- Use of QR and UPC Barcode Readers on smartphones.

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4.0 The User's Journey

4.1 Pre-Visit Information.

Pre-visit information includes:

- Appointment letters;
- Maps sent with appointment letters;
- Information on the internet;
- Spoken directions; and,
- Written directions.

New site users and people with sensory and mobility impairments often rely on information received before their visit. Consideration will be given to making pre-visit information available in a variety of media, including large-print, Braille and audio formats.

It should highlight areas which may affect the route chosen by people with impairments, for example, routes with stairs and drop-off points for people with limited mobility.

Pre-visit information must use terms for areas, buildings and departments consistent with those used on the signs and maps at the site itself.

This information pack should also reference the UHB's commitment to a positive Transport Plan and the options for travel to the site by private vehicle and other methods.

Pre-visit information should enable the user to:

- Plan how long to get to the site and to find their destination;
- Know how to get to the site from all key routes, whether coming via car, bus or train and which site entrance to use;
- Know whether they should park at the site given their destination, or public transport stops nearby;
- Know in which building their destination is located;
- Know where they can be dropped off near their destination;
- Know which building entrance is nearest to their destination; and,
- Understand any site simplification methods.

The UHB should consider the inclusion of images of the site's prominent landmarks in pre-visit information.

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4.2 Appointment letters.

Standard guidance will be developed and implemented for the format of appointment letters in accordance with best practice. This will include:

- Completeness in relation to all relevant information (see pre-visit information above), including the requirement for a patient to bring any information with them to an appointment or costs of car parking;
- Use of emphasis (e.g. bold font) for key information;
- Division of text into manageable self-contained chunks, with headings, use of bullets, lines, white space or bold type;
- Clear indication of the number of pages or the need to turn over the page; and,
- Any information on recent changes to the destination (e.g. if it has moved within the site).

4.3 Site maps.

Site maps should enable people to create a simple mental model of the site, the main buildings and the main circulation routes around and through the site. People will not use maps unless they are easy to use.

Therefore, the UHB will ensure that its site maps are:

- Legible and understandable at the smallest printed scale, in terms of level of detail and size of text;
- Reproduced in sufficiently good quality to maintain their integrity and provide a professional representation of the UHB;
- Positioned in relation to key major roads, landmarks and population centres.
- Cognisant of the travel distances of site users, e.g. showing routes from the M4 and other healthcare sites.

In addition to the content identified above for all pre-visit information, the maps will include locations of public facilities, e.g. toilets and cafes.

4.4 Information on the Internet.

The UHB will ensure that directions to the site, internal and external site maps, public transport information, car parking information (location and costs) and other key Way Finding information is included on the UHB's website.

The terminology and symbols used shall be consistent with those on other pre-visit and visit information. Links will be provided to other key websites, including public transport sites.

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It will be possible to print off all information in varying font sizes and translate documents through the internet site. Consideration will also be given to making information available by request in other media, including Braille and audiotape.

Patients are increasingly accessing information about the site from other NHS providers, including their GP and Choose and Book systems.

The UHB will work with relevant stakeholders to ensure that the information provided to and by these stakeholders is consistent with the UHB's Way Finding system, e.g. in relation to the terminology used for service names.

4.5 Spoken Directions.

It is essential that staff provide clear directions that are consistent with written information and signs as people would often rather ask than use visual information. This is relevant to advice given over the phone or whilst encountering users in person around the site.

The UHB will identify the common routes that people ask directions for and assess their complexity. If necessary, the UHB will review the landmarks or terminology used in directions for complex routes to make them easier to describe.

The UHB will consider providing written instructions for staff that provide directions over the phone. The UHB will also provide training and guidance on the provision of spoken directions in line with the Way Finding system.

The guidance will encourage staff to provide simple, clear directions, reinforce the terminology to be used and ensure that staff are aware of the information that users have at their disposal.

Principal telephone contact points should offer suitable facilities.

All front line staff and other employees within the organisation, who have direct contact with services users, including their line managers or departmental heads, will have a level of disability awareness and accessibility awareness.

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4.6 Written directions.

Written directions provide supplementary information to that provided in maps and on signs. They shall be written to enable the user to identify information quickly and refer back as and when needed. Therefore the route should:

- Be divided into identifiable, separate, logical steps, with clear emphasis on decision points and associated actions identified;
- Include prominent landmarks or feature and recognisable names;
- Include the time it will take or distance to be travelled between decision points;
- Be numbered or named by stage;
- Include means for indicating that users have gone the wrong way.

4.7 Information En-route.

The site entrances must be identifiable from all directions of approach.

At each of the above entrances, the entrance and parking options should be clearly visible, as should be the main patient and visitor parking areas.

On site entrances and exits should be visually accessible, i.e. they should be clearly seen and identified. Users should be encouraged to use the correct entrance by pre-visit information and clear (text to be readable from 15 metres at driving speed), illuminated locational signs.

The UHB shall provide signs at site entrances to distinguish between the public entrances and the staff and service entrance. Most people will get to the site by foot, public transport/taxi or car. The mode of transport used will determine the information required.

4.8 Journey by foot.

The UHB will identify whether site pathways separate from vehicular routes, particularly for service traffic. These should be clearly identifiable to guide people along the most direct and safest, unobstructed route and indicate whether they are well-lit.

Short cuts will be identified and either blocked or discouraged (through signing) or incorporated into official routes.

Signs for pedestrians will be located at eye level and legible from a shorter distance than road signs. Signs should start from typical starting points external to the site, e.g. bus stops or the town centre.

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The UHB will enter into negotiations or arrangements with public bodies to encourage appropriate adjustments to public footpath crossings.

4.9 Journey by public transport or taxi.

The UHB will work with local public transport companies to identify information that is useful to include in pre-visit information and ensure that this is kept up-to-date.

The UHB will also ask companies to ensure that timetables and route information is available at vehicle stops.

Public transport stops will be clearly identifiable on the site at all main entrances to the various facilities and in pre-visit information, including a locational sign at the site entrance.

The UHB will ensure clear and safe pathways from public transport stops to the site and building entrances.

UHB information, reception and appointment staff will have access to public transport information, or at least the relevant telephone contact details, in case of a query from a potential site user.

4.10 Journey by car.

Whilst it is the Local Authority that is responsible for ensuring that its transport and infrastructure is accessible, the UHB will work with the Transport Department to draw attention to where barriers exist.

It will seek to work on a joint basis to review and, where appropriate, contract with them to ensure appropriate offsite signage to the site from all over the city ensuring that these reflect the main transport routes of users, provide information at key decision points and provide information if there are common areas where users may take a wrong turn.

All road signs should include the white 'H' on a red background with A&E written underneath.

Car parking zones are positioned to serve those parts of the site that have the greatest demand with deck car parking and multi-storey provisions being made for staff and visitors.

The UHB will ensure locational signs at points where the site is visible from main roads and will indicate the direction of the site entrance. Locational signs will be illuminated.

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The UHB will review any off site car parking commonly used by visitors (some perimeter roads are used). Where off-site parking is to be deterred, the UHB will work with the Local Council to agree an appropriate response.

Where off-site parking is planned, this will continue to be the remit of the Local Authority.

4.11 Journey by Bicycle.

The UHB will provide adequate cycle park areas which are clearly identified and signposted from site entrances.

The route to these cycle park areas should be clearly identifiable to guide people along the most direct and safest, unobstructed route and indicate whether they are well-lit.

Short cuts will be identified and either blocked or discouraged (through signing) or incorporated into official routes.

Signs for cyclists will be located at a suitable level and be legible from a shorter distance than road signs.

4.12 On-Site Information: External.

For users who have visited it before, the site (including routes and buildings) should be clear, recognisable and memorable. Exterior signage, landscaping and graphics will support these devices.

These differences in the areas and buildings of the site should be used as prominent landmarks to help people notice, remember and recognise their position on the site.

In relation to car parks, the UHB will ensure car parks are easily identifiable. Car park numbers will be included on site maps and on directional signs within the site and inside the buildings. These, and prominent, unobstructed locational signs within the car parks visible from all angles, will enable users to relocate their cars on their return.

Parking for disabled users on the UHW site will be marked clearly using the standard symbol.

Security personnel will continue to patrol car parks to ensure safety of users.

Taxi drop-off and pick-up points will be provided at all main building entrances.

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From pre-site information, users will be clear which building their destination is located within. Building entrances will be clearly indicated on directional signs from car parks and public transport stops.

Locational signs for the buildings will be located beside or above the entrance so that visitors will walk directly toward the building and have locational signs positioned to be read for the angle of approach. Smaller locational signs will be positioned next to the entrances at eye level (1500mm) to identify the entrance for pedestrians.

Public building entrances will be clearly identifiable through the use of a range of methods including: architectural features such as protruding entrances (e.g. canopies) or recessed entrances; the use of colour to create a contrast; and illumination. They will avoid highly polished materials as these can present problems for the partially sighted.

Outdoor shelters will be considered where people may need to wait before entering a building. Self-closing devices, whether power operated or not, will need to be carefully considered as these can present difficulties for a range of disabled people.

The presence, design and location and colour contrast of door furniture, other operational controls, intercom systems and manifestations to glazing also needs to be carefully considered.

Pedestrian pathways will be safe, reflect the shortest, unobstructed route and be well illuminated. The UHB will consider how its landscaping can help reinforce the pedestrian route.

4.13 On-Site Information: Internal

Each entrance to a major public building will have a visible, preferably sound proofed information desk, accessible by wheelchair and ambulant disabled people.

Information desk should have maps or written directions to help explain a route.

The UHB will support the use of volunteers to provide further Way Finding information and escort users to their destinations.

Also, in relation to people who are deaf or are hearing impaired:

- Reception areas will be well-lit to enable people sight or hearing difficulties to communicate effectively and lip read;
- The UHB will endeavour to ensure that there will be staff available who can use and understand sign language; and,

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- Staff will be trained to speak clearly, facing the person and be aware of terms which sound like other words.

Colour signage and super-graphics will be used within the entrances to new facilities to clearly identify departmental entrances.

The UHB will consider the use of electronic maps and touch screen information points at the principle pedestrian entrances.

Entrance lobbies will be designed to offer sufficient space for wheelchairs, pushchairs, prams and people with guide dogs to manoeuvre.

The UHB's review of how the complexities of the site can be minimised to users, identified under external Way Finding above, will incorporate internal Way Finding and circulation routes. It will consider vertical as well as horizontal routes (e.g. identification of stairs and lifts).

Where there is a change in the direction that a user needs to take along a route, the UHB will identify the minimum amount and type of information required to make an informed decision.

In order to reduce the number of and/or amount of information on signs, main circulation routes will be emphasised visually, e.g. by named routes, lighting, colour or artwork.

Signs will clearly define what floor number users are on and which floor a lift has stopped at. The Way Finding system will be developed to minimise confusion stemming from changes to the topology of the site which requires entrances and exits from multiple floors.

Internal directional signs shall direct users to the nearest building exit, car park and public transport stops.

4.14 Arriving at the Destination

Users need to know when they have arrived at their destination. The UHB shall ensure that destinations are clearly identifiable either through distinguishing features (e.g. children's artwork at paediatric wards), obvious reception facilities or prominent, legible locational signs.

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5.0 Implementing the Document

5.1 Analysis of Existing System and Future Needs

The UHB will take a systematic approach to developing its Way Finding system. A comprehensive audit of the current Way Finding system will be undertaken to determine the view of a broader range of site users.

The audit will be based on the NHS Way Finding Audit Tool, but enhanced to incorporate additional inputs from a patient perspective.

The audit will include assessment and review of the following areas:

- Site users
- Existing Way Finding information: *i.e. consistency and type throughout the journey, on and off the site, internal and external to the buildings, at organisational and department level*
- Site layout and complexity
- Current signage specifications for new and refurbished works; and
- Use of signage, maps and written directions: *i.e. colour, texture, terminology and abbreviations, language, symbols, positioning, illumination.*

Data will be analysed in order to identify Way Finding problems relating to the existing estate.



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5.2 Decision Making.

There are a number of areas where decisions need to be made in order to maximise the efficiency of the Way Finding system in terms of use and cost, for example, the use of multiple languages. To do this, the UHB will test proposed solutions with:

- A focus group including patient, user and staff representatives (to include people with disabilities); and,
- Community Health Council.
- Voluntary Agencies.
- Questionnaires and surveys.

5.3 Implementation.

A Way Finding Group has been established within the UHB with representatives across the Organisation. The terms of reference for the Way Finding Group is included in Appendix 1.

The Group reports directly to the Discretionary Capital Management Group on a monthly basis.

The Group will establish sub task and finish groups as and when required.

The Way Finding document shall be included within the technical output specifications and design briefs provided to site contractors. This is critical given that there is particular scope for confusion during transitional management and until the new facilities are embedded into users' mental model of the site.

As noted in section 2, the Way Finding document is intended to set out guiding principles to which its future procurement partners will be required to adhere but the specific features may be subject to change as the design of the buildings evolve during the procurement and design process.

In order to support site changes in advance, during and following the implementation of the site master plan, the UHB will agree a protocol with its signage contractors, medical illustration's and other key parties to ensure that they receive information to enable Way Finding tools to be updated in an accurate and timely manner.

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6.0 External Organisations

Any external organisations that have a presence on UHB sites, but do not form part of the UHB itself may use their own corporate identities and logos on their own defined premises.

Where there is a common wayfinding need, the principles of the UHB strategy must be adhered to. Common directional signs will be the standard blue and white, but logos will be permitted in lieu of symbols.



7.0 Monitoring and Review.

The Assistant Director of Capital Planning and Estates will ensure that:

1. This Document is reviewed on an annual basis and at key points in relation to the implementation of the strategic option for the estate.
2. All investment decisions are managed, documented and approved in line with this Document and that there are sufficient funds made available to implement the agreed investments.
3. Where capital investment projects impact on wayfinding, this should be reflected and costed into the relevant capital investment proposal.
4. Appropriate systems are in place to support the initial evaluation of the current system, decision making process and the ongoing monitoring of the policy providing structured progress reports as required to the Executive Management Team.
5. The resultant action plans are consistent and coordinated.

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8.0 Costs

This document is aimed at designers, project managers and other UHB staff who may need to design and deliver new signage on UHB premises. There is no dedicated Way Finding or signage budget within the UHB. It will therefore be the responsibility of the individual department to fund new signs.

This will be with the exception of capital schemes and planned redevelopments, where due to the new designs, appropriate signage will be included in the relevant capital programme allocation.

9.0 Communication.

The effectiveness of the Way Finding document will be contingent on it being consistently understood and adopted by staff.

The UHB will provide training and guidance, refreshed at each phase of the implementation of the strategic option, on the Way Finding system, including:

- The terminology to be used;
- The scope and content of pre-visit information;
- The landmarks and identified decision points; and,
- The provision of spoken directions.

However, the Way Finding system will need to be understood by all staff. Therefore it will be disseminated through the various UHB communication routes.

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APPENDIX 1

Signage / Way Finding Group – Terms of Reference

Cardiff & Vale UHB

Terms and Reference and Operating Arrangements

Signage / Way Finding Group December 2012

06-12-12

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1. INTRODUCTION.

The UHB Standing Orders provide that *'The Board may and, where directed by the Welsh Government must, appoint Committees of the LHB Board either to undertake specific functions on the Boards behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees'*.

2. PURPOSE.

The Purpose of the Signage / Way Finding Group (SWG) is to:

- Prepare a UHB signage / Way Finding document
- Continually assess and improve Way Finding strategies across the UHB.
- Ensure that the Way Finding document assists both patients and visitors to arrive at their destination by the safest and most convenient route.
- Ensure signage across the UHB is standardised with regard to size, colour, font, etc.
- Ensure that the requirements of the Welsh Language Act in respect of signage are adhered to.
- Consider the information patients / individuals receive prior to visiting site.
- Review existing Way Finding within Health Board premises and develop a plan to address any shortfalls.
- Consider latest available guidance 'Effective Way Finding and Signing Systems: Guidance for healthcare facilities' 2nd edition 2005.
- Provide clear guidance on any temporary Way Finding for use throughout the UHB.
- Fully consider the requirements of the Disability Discrimination Act (DDA).
- Implement and communicate a plan to actively engage with patients, staff and visitors in the development of a Way Finding Document.
- Consider needs of individuals with sensory loss.

3. DELEGATED POWERS AND AUTHORITY.

The SWG will report directly to the Discretionary Capital Management Group (DCMG), and will provide expert opinion to manage the provision of signage across all the UHS sites.

4. SUB-GROUPS.

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The Group may establish sub groups and task and finish groups to carry out specific aspects of business and feed their activity into the Group.

5. MEMBERSHIP.

The Group will comprise:

Chair Head of Discretionary Capital & Systems

Representatives from:

- Therapies
- Patient Experience
- Dental
- Corporate Nursing
- Health & Safety
- Vale Locality
- Estates Capital and Maintenance
- UHL General Manager
- Mental Health
- Women's and Children's
- Medicine
- Surgery
- Out-Patients
- Primary Community and Intermediate Care
- Staff Side
- Community Health Council

6. GROUPS MEETINGS.

6.1 Quorum.

At least five members of the Group (or deputy) must be present to ensure the quorum of the Group, one of whom should be the Group Chair or Vice Chair.

6.2 Frequency of Meetings.

Meeting shall be held initially no less than monthly. This will be reviewed as and when required.

7. REPORTING AND ASSURANCE ARRANGEMENTS.

The Group Chair will

- Report formally, regularly and on a timely basis to the DCMG on the Groups activities. This includes verbal updates on activity, the submission of Group minutes and highlight reports as required.

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- Bring to the attention of the DCMG any significant matters under consideration by the Group.

8. REVIEW.

- 8.1 The terms of reference and operating arrangements shall be reviewed annually by the Group.