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

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N/A

Naming of Cardiff and Vale Facilities Policy

Policy Statement

It is the policy of a Health Board to ensure that names given to Health Board facilities reflect the standards and values which it wishes to uphold.

This policy sets out the criteria for naming facilities. It includes requests to name facilities in recognition of a donation made by a donor and commemorative naming where no substantial donation has been received.

For the purpose of this policy a "facility" will include buildings, wards, departments and roads/pathways.

Policy Commitment

In the same way the physical appearance can add to or detract from the Health Boards' reputation management, so too can the naming of these facilities. In light of these issues, the following principles will apply

- Names should enhance the facility, ensuring that names are compatible with the aims, values and goals of the facility and Health Board.
- Names must have clarity and simplicity, aiding orientation and movement around the facility. Compound names (A name composed of two or more parts) should be avoided. The name must be translated into Welsh.
- Names already in use within the Health Board or surrounding area should not be re-used.
- Care should be taken when using names which are also associated with major events to avoid confusion.
- Where required legal agreement will be in place between the Health Board and benefactor/sponsor.
- Names should not be specific to disciplines.
- Names should not cause offence to the community or external stakeholders or cause any embarrassment to the Health Board.
- Names of staff should not normally be used unless associated with major change or academic achievement of the highest excellence. In either case, it is expected that names would feature prominently as part of the historical record or be associated with a significant landmark achievement in the relevant discipline. It would normally be expected that such achievements would have clear recognition outside the organisation. Such names should not be used whilst the individual remains an active member of the Health Board.
- Names of people from outside the Health Board can be used only where they have been associated with events or achievements of major significance, such as a landmark achievement e.g. Humanitarian contribution compatible with the Health Board's standards.
- Names in recognition of a major benefaction linked to the facility should normally be

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made only when 50% or more of the cost of the building has been met by the donor. Names within buildings may be more appropriate for lower-level benefactions. It may very occasionally be appropriate to name a building in recognition of extraordinary contributions made by long-standing benefactors to the Health Board, where no gift has been made towards the cost of the specific facility in question.

- Buildings should not be named after companies unless part of a contractual agreement which clearly brings other benefits to the Health Board, taking account of the other principles above.

Process for Approval.

Facilities should not be named or removed without the approval of the Board. This will require the following steps to be undertaken:

- For major capital developments initial support of the Project Team / Project Board.
- For other facilities the support of the Clinical Board Director or Executive Director
- The support of the Executive Management Team
- Endorsement to be submitted to the People, Planning and Performance Committee (PPP)
- PPP to recommend naming of the facility to the Board at a meeting held in public.

Scope

This policy applies to Health Board Facilities in all locations across Cardiff and Vale University Health Board. It includes the naming of:

- Buildings
- Rooms and facilities within buildings
- Roads and Pathways

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| Equality Impact Assessment | An Equality Impact Assessment (EqIA) has been undertaken. This policy has no impact. The EqIA can be found here |
| Health Impact Assessment | A Health Impact Assessment is not required for this policy. |
| Policy Approved by | People, Planning and Performance Committee |
| Group with authority to approve procedures written to explain how this policy will be implemented | As Above |
| Accountable Executive or Clinical Board Director | Board Secretary |

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Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

| Version Number | Date Review Approved | Date Published | Summary of Amendments |
|-----------------------|-----------------------------|-----------------------|------------------------------|
| 1 | 15/09/2015 | 18/09/2015 | New Policy |
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