

Wayfinding & Signage Policy	Policy Registration No. 11057 Status: Public
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Developed in response to:	Changes made to the Trust's Wayfinding System
Contributes to Care Quality Commission Regulation	Outcome 10

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Version No.	3.1
Issuing Directorate	Estates & Facilities
Approved by	Document Ratification Group
Approved on	25 th February 2016
Trust Executive Sign Off Date	March 2016
Implementation Date	29 th February 2016
Next Review Date	Extension agreed to December 2019
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Policy to be followed by (target staff)	All Trust staff
Distribution Method	Intranet, Trust Website
Related Trust Policies (to be read in conjunction with)	Car Parking Policy Equality & Diversity Policy Making Reasonable Adjustments for Patients with Disabilities

Document Review History:

Version No:	Authored/Reviewed by:	Issue Date:
1.0	Jo Mitchell First Policy	October 2011
1.1	Jo Mitchell addendum to include reference to temporary signs	May 2012
2.0	Jo Mitchell Formal Review	December 2012
2.1	Jo Mitchell Addendum to accommodate new map and monitoring.	February 2014
3.0	Jo Mitchell Formal Review	1 March 2016
3.1	Jo Mitchell Policy currently under joint MSB development /review; Removal of patient information leaflet (appendix C) ; clarification to point 4.18.2	25 th February 2019

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1.0 Purpose

1.1 The purpose of this policy is to ensure that there is a consistent approach to all aspects of wayfinding in premises operated by Mid Essex Hospital Services NHS Trust, hereafter referred to as the Trust, and that the Trust's Wayfinding System is understood, operated and maintained by all staff.

2.0 Introduction

2.1 The term "wayfinding" describes the processes people go through to find their way around 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
- the route to be taken once at the destination.

2.2 Problems arise with this decision process when:

- people have never visited a site before and cannot understand the information available
- people cannot remember or recognise the route they took on their previous visit
- the environment and / or wayfinding system at the site have changed.
- signage is not suitably positioned

2.3 Many factors affect how people orientate themselves and find their way, but wayfinding decisions are particularly influenced by the availability of information and its ease of understanding and interpretation. People usually create a mental model which simplifies the environment and the routes through it, based on available information. When they arrive at a site or continue along a route they then try to match their mental model to the actual environment. This is part of the process of decision execution.

2.4 Information processing is more difficult when there are a lot of elements that are not relevant. The clarity, legibility and consistency of information received before a journey, on the way to a site and at a site therefore affect how people can process information and subsequently find their way.

2.5 During 2010 the Trust developed a new Wayfinding System in response to the forthcoming changes to the estate. Amendments were made to this system during 2011. This policy has been developed to document the key principles that underpin the amended Wayfinding System and to identify how that system will be operated, maintained and updated. Control measures regarding the use of temporary wayfinding signage are also contained within this policy.

3.0 Scope

3.1 This policy relates to the Wayfinding system used by the Trust and applies to all Trust staff and visitors.

3.2 The overall principles described in this policy can be applied to the operation of the Wayfinding system across all premises operated by the Trust. However, specific

references in this policy to site layout relate to Broomfield Hospital only, as being the Trust's primary acute service location.

3.3 This policy includes:

- the principles that underpin the wayfinding system
- instructions on how the wayfinding system should be operated
- details on how the wayfinding system will be maintained
- rules regarding the use of temporary signage

4.0 Wayfinding Principles

4.1 Core Principles

4.1.1 The Trust's Wayfinding System has been developed from a number of core principles. These principles are summarised within the following paragraphs of this Section 4.0.

4.2 Zoning System

4.2.1 The core clinical areas of the hospital have been designated into distinct Zones, as illustrated in the Broomfield Hospital Wayfinding Guide. The latest version is available on the Intranet.

4.2.2 Each of the zones has been assigned a colour which have been selected from the palette of NHS colours approved within NHS identity guidelines (www.nhsidentity.nhs.uk).

4.3 Level Numbers

4.3.1 The architectural system of level numbers is to be used across the Broomfield Hospital site. References to "ground level" should be avoided where possible.

4.3.2 Signage in lift and stair lobbies should show the level and the Zone reached.

4.3.3 Voice announcements in lifts should make reference to "levels" rather than to "floors".

4.4 Alphanumeric Destination Numbers

4.4.1 Clinical departments and departments used as corporate functions and/or visited by the public at Broomfield Hospital are assigned an alphanumeric destination number. This number is made up of a letter followed by three digits.

4.4.2 The letter represents the Zone in which the department is located.

4.4.3 The first of the three digits represents the floor level on which the department is located.

4.4.4 The second and third digits are those sequentially assigned to the department within the Wayfinding system but have no other specific significance.

4.5 Department Names

4.5.1 Where department names are used within signage or other directions to patients and visitors, these should be standardised to what is the simplest for patients and should correspond to language used in patient communications. They should be kept as free from medical jargon as is practical.

4.6 Ward Numbers

4.6.1 Ward numbers at Broomfield Hospital are a direct match of their destination number.

4.7 Ward Names

4.7.1 In addition to their ward number, all wards / inpatient areas at Broomfield are known by a name, which is either:

- the functional name of the ward / inpatient area if one is commonly used (eg Emergency Assessment Unit); or
- a unique name for the ward.

4.7.2 Where there is the requirement to assign a new unique name to a ward or inpatient area such name will be on the theme of Essex villages and hamlets and will be assigned from those previously chosen by staff / public vote.

4.7.3 A list of new names for ward / inpatient areas is contained in Appendix 1 of this policy.

4.8 Designated Entrances to Broomfield Hospital

4.8.1 There is one designated Main Entrance to Broomfield Hospital. Given its adjacency to the main patient and visitor parking and to bus stops, it should be assumed that this will be where the majority of patients and visitors will arrive.

4.8.2 There are three other designated Hospital Entrances at Broomfield Hospital:

- The South Entrance
- The East Entrance
- The West Entrance

4.9 Designated Drop-offs Points at Broomfield Hospital

4.9.1 The following are designated as patient and visitor drop-off areas at Broomfield Hospital:

- External to the Main Entrance
- At Level 2 of Zone A, accessed via the ramp, for the for the Emergency Department and the Maternity Unit (emergency use only)

- At the west façade of Zone A (Emergency Assessment Unit, Chemotherapy Day Unit and Renal Unit only)
- The Quadrangle adjacent to South Entrance, providing general access to Zones B and C.

4.10 Connections from the Atrium at Broomfield Hospital

4.10.1 There are two connections from the Atrium in Zone A to the other Zones of Broomfield Hospital:

- Beneath the link bridge, being a direct route into Zone E
- Via the Central Corridor which will provide primary access toward Zones B, C and D and secondary access toward Zone E.

4.11 Public Access to the Emergency Department

4.11.1 Public access to the Emergency Department at Broomfield Hospital is via the external entrances at Level 2. Signage directs the public away from using the Main Entrance for access to the Emergency Department and upward to the Level 2 entrances.

4.12 Maternity Department Emergency Access

4.12.1 The Maternity Department at Broomfield Hospital can be accessed in an emergency via the secure lift and stair core reached via the ramp at Level 2. Signage to this area is deliberately kept minimal so as to prevent unauthorised use of that entrance.

4.12.2 Information as to how to access this entrance should be provided to expectant parents as part of the antenatal process.

4.13 Wayfinding Directories

4.13.1 Wayfinding directory boards are installed at each designated entrance to Broomfield Hospital.

4.13.2 Destination names (including ward names) are displayed in alphabetical order on the wayfinding directory boards.

4.13.3 The content of the directory boards will be limited to those individual clinical departments that are directly accessed by patients and visitors. For this reason, the majority of outpatient activities will not appear individually on directories due to the need to first utilise the self check-in system or report to a main reception / waiting area.

4.14 Signage Type

4.14.1 External signs for users of the Trust's road network should be in an approved highways format.

4.14.2 External signs for pedestrian routes should be in a street sign format other than for warning signs which should be in a recognised highways format.

4.14.3 The currently installed internal signage type, typeface and layout should continue to be used for any new or amended signs.

4.14.4 Specific colour contrast (black text on yellow background) will be used for destinations likely to be accessed by a high proportion of those with cognitive/visual impairment (this will include also the patients with dementia and also learning disabilities)

4.14.5 Standard pictograms will be used on signs to reinforce the following destinations or wayfinding instructions:

- Pharmacy
- Eye Clinic
- Cafe
- Outpatient self check-in areas
- Lifts and stairs
- External pedestrian routes

4.14.6 Projecting signs should be used where it is necessary to maintain sufficient line of sight to the signage, but only in locations where this will not cause an obstruction or visual clutter.

4.14.7 Signage shall be used where necessary to delineate those areas which are strictly only to be accessed by staff.

4.15 Exit Routes from Wards

4.15.1 Where there are exit routes that cross between wards, these should only be used in the event of an emergency. The signage for the general exit from a ward is to be via that ward only.

4.16 Directions to Meeting Rooms

4.16.1 Meeting and conference rooms are not generally destinations required by patients and visitors and therefore do not generally have their own signage. It is the responsibility of the member of Trust staff booking a meeting to ensure that appropriate directional information is provided to meeting invitees.

4.16.2 Where the availability of meeting and conference rooms for general booking is advertised on the Trust's intranet or via an alternative electronic booking system, then such systems should also incorporate appropriate directional information to the room.

4.16.3 Meetings venues that are included in the wayfinding booklet will include the following:

- Village Room (A407)
- Training & Development Classroom (C453)
- Bioskills Lab (listed as separate building)
- Medical Academic Unit (listed as separate building)
- Corporate Meeting Room (B242)

4.17 Patient Information

4.17.1 All correspondence or verbal contact with patients regarding their attendance at Broomfield Hospital should include clear reference to the destination number that the patient is expected to attend.

4.17.2 Patient appointment letters should include reference to wayfinding.

4.18 Wayfinding Maps and Guides

4.18.1 External maps of Broomfield Hospital are installed at hospital entrances and around the site. These maps are oriented to their location and include an indication of “You are here”.

4.18.2 A wayfinding guide (*‘Guide to finding-your-way at Broomfield Hospital’*) provides a simple explanation of the Wayfinding System and a full list of the destination numbers. This is maintained and supplied by the Estates & Facilities directorate and can be downloaded on the Staff Intranet and available to the public via the Trust Internet.

4.18.3 Further bespoke maps for departments must follow the same format as the wayfinding guide and be developed in conjunction with the Estates & Facilities directorate.

4.19 Signage for visitors with cognitive impairment and learning disabilities

4.19.2 The Trust will continue to build on its’ existing wayfinding system to add to signage visual pictograms for people with learning disabilities; Mental Health and sensory impairments, in line with Equality Act 2010 & NHS Accessible Standards. This will include further visual aids within X-ray; MRI; Audiology and other Outpatient Clinics.

4.19.3 All requests for new signage or changes to signage will take into account the needs of those with cognitive impairment (this will include also the patients with dementia and also learning disabilities).

5.0 Operation of the Wayfinding System

5.1 The success of a wayfinding system is judged by how easily a person gets to their destination and then knows that they have arrived.

5.2 Any pre-visit information provided to patients and visitors should enable people to:

- plan how long to allow to get to the site and find their destination
- know how to get to the site
- know whether they can park at the site or which buses stop at the site
- know in which Zone / building their destination is located and what is the nearest building entrance
- know where they can be dropped off near their destination
- know how to find a wheelchair

- understand if there are any additional forms of assistance with their journey such as the use of the Park and Ride shuttle service between Chelmsford and Broomfield Hospital

5.3 The information that people use to know that they have arrived at their destination includes:

- prominent and legible location signs using terminology that links to pre-visit information and spoken directions
- distinguishing environmental features (e.g. artwork such as statues)
- a reception desk with a location sign indicating that they have arrived at their destination
- asking someone, such as a receptionist, if they have arrived at their destination.

5.4 It is a reality of wayfinding that people would much rather ask for directions than use signs, maps or other non-verbal wayfinding aids: research has shown that almost a third of first-time users of a healthcare facility will ask for directions. Trust staff should actively assist visitors that appear lost and respond helpfully and courteously to any requests for help with wayfinding.

5.5 It is essential that staff provide clear directions that correlate with the actual environment and that link with the signs and other wayfinding information that people will see. It is therefore the responsibility of Trust staff to familiarise themselves not only with the layout of the area in which they work but also of the overall layout of the site on which they work and with the operation of the Wayfinding System, so as to be in a position to respond to wayfinding requests. To aid this, the wayfinding guide (refer to section 4.18.2 of this policy) should be provided to new members of staff as part of their induction process.

5.6 When providing directions, staff should:

- direct patients along a designated route rather than short-cuts usually used only by staff
- use the relevant destination number for the department and only refer to it by its agreed name
- avoid referring to the 'old' or 'former' location or name for a department
- only refer to landmarks along the journey that will be clearly recognisable from the description used.

6.0 Maintenance of the Wayfinding System

6.1 Any change to the layout of hospital sites or to the location or name of a clinical department will have an impact upon the wayfinding system. The extent of this impact should be considered as part of the appraisal process for space allocation requests and capital or revenue projects via the Investment Group.

6.2 The costs for designing and implementing changes to the wayfinding system should be included in the requested budgets for capital or revenue projects relating to new or altered service locations.

- 6.3 Ensuring that the required changes are made to signage and other wayfinding information provided by the Trust (e.g. the wayfinding guide, maps and direction information provided on the Trust's website) and that such changes are communicated should form part of the checklist of activities to be undertaken for any project to change the location or name of an existing department or to open a new department.
- 6.4 Short term changes in the location of a clinical department (eg the decanting of a department during a redecoration) should be dealt with via the installation of temporary signage, in accordance with the processes described in Section 8.0 of this policy.
- 6.5 Assigned department and ward names are fixed to their ward location. In the event that a service relocates, it will adopt the new destination number of its new location and transfer its name with it.
- 6.6 Any requests for a change to the installed directional signage should be made via the Estates & Facilities Directorate using the Small Works Request Form which can be found on the Intranet. Any new destination numbers should be assigned only by the Estates & Facilities Directorate. Unilateral assignment of destination numbers by individual departments is not permitted. For complex or controversial changes, it will be necessary for the request to be considered and approved by the Executive Team.
- 6.7 Only approved signage changes will be implemented. Unapproved signage and any signs which are not in the approved standard format will be removed.

7.0 Non-Directional Signage

- 7.1 All non-directional signage such as departmental or room names should be requested via the Estates & Facilities directorate using a Small Works Request which can be found on the Intranet.

8.0 Use of Temporary Signs

- 8.1 Temporary signage should only be used for short term purposes up to 1 month. Any signage used to promote or direct to an event must be removed the day after the event.
- 8.2 The following rules apply to the installation of temporary signs:
- The main accepted use of temporary signs is in the event of temporary works to an area causing its location or route of access to be temporarily altered.
 - If temporary signs need to be installed to advertise events such as seminars or conferences then these should be restricted to key areas such as points of entrance and should make reference to existing signage eg "for X seminar please follow signs to destination Y".
 - Temporary signs must be printed rather than hand written.
 - Temporary signs must be laminated.
 - Where a temporary sign relates to an event or to information of a fixed duration the date of the event or the expiry date for the information must be included on the sign.

- Temporary notices and any other form of additional information notices should only be placed in appropriate places such as on or within notice boards designed for such purposes.
- Temporary directional signs that need to be installed outside of designated notice boards must be affixed using adhesive products that will not leave a permanent mark (such as blue tac) or residue and therefore should not be glued, pinned or taped to walls, pillars or other installed signs.
- The font used on temporary signs should be in accordance with NHS identity guidelines (www.nhsidentity.nhs.uk) and in accordance with Trust corporate style guidance. In particular, the font used should be a large, clear font such as Arial.
- Text on temporary signs should not be written entirely in capital letters unless the sign relates to an absolute prohibition on a particular activity.
- Where colour is required on a temporary sign, such colour should be selected in accordance with NHS identity guidelines (www.nhsidentity.nhs.uk) and the combination of text and background should provide suitable colour contrast to aid legibility for the visually impaired.
- Temporary signs should not be used to enhance or clarify the existing wayfinding system. A permanent change should be made to the wayfinding system instead.

8.3 The following rules apply to the removal of temporary signs:

- It is the responsibility of the department which installed a temporary sign or information notice to remove it upon expiry of the purpose for its installation.
- Any member of Trust staff may remove an expired or extraneous temporary sign or information notice that they identify on passing.
- Any damage caused by the removal of an inappropriately fixed sign or notice shall be made good at the cost of the department responsible for installing the sign.

8.4 If a permanent sign is required, this should be requested via the Estates & Facilities Directorate as described in Section 6.0 of this policy.

9.0 Audit and Monitoring

9.1 Concerns or issues associated with signage will be monitored via feedback from patient groups, complaints, environmental inspections undertaken by Estates & Facilities Management directorate on a routine basis and through the annual patient environmental inspection (PLACE). Results from environmental inspections and PLACE audits are reported to H&S Group and PSQG.

9.2 Any significant breaches of the wayfinding policy will be escalated to Director of Strategy and Corporate Services for further investigation and escalation as necessary.

10.0 Communication & Implementation

10.1 This policy will be made available on the Trust's intranet & website.

10.2 The approved policy will be notified in the Trust's Staff Focus that is sent via e-mail to all staff. A summary will also be released in the Staff Focus.

11.0 Equality & Diversity

11.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals. See the equality impact assessment in Appendix 2.

New Ward Names at Broomfield Hospital

Ward names have already been identified for any future wards that open, and will be allocated to such new wards in accordance with the following priority list:

Future order of allocation	Ward name
1	Tollesbury
2	Peverel
3	Bicknacre
4	Maplestead
5	Purleigh
6	Wickham
7	Boreham
8	Stisted
9	Bradwell
10	Feering
11	Margaretting
12	Bardfield
13	Langford
14	Rivenhall

Equality Impact Assessment (EIA)

Title of document being impact-assessed:

Equality or human rights concern. (see guidance notes below)	Does this item have any differential impact on the equality groups listed? Brief description of impact.	How is this impact being addressed?
Gender	n/a	
Race and ethnicity	Possibly for those that does not have English as their first language	Recognised international symbols are utilised for key functions such as Pharmacy, Eye Clinic, public toilets etc. In addition, interpretation service is available via Main reception is required.
Disability	Possibly for those visibly impaired, with learning difficulties or physically disabled such as wheelchairs users. NHS Wayfinding consultants were used to ensure the wayfinding signage meets DDA 1995 requirements and positioned as correct heights etc.	Further review of signage to be adopted to accommodate all disabled groups in line with NHS Accessible Standards and Equality Act 2010.
Religion, faith and belief	n/a	
Sexual orientation	n/a	
Age	n/a	
Transgender people	n/a	
Social class	n/a	
Carers	n/a	

Date of assessment: January 2016

Names of Assessor (s): Jo Mitchell, Head of Assurance & Compliance (EFM)