Policy:

NP 036 Accessible Information and Communication Policy

Executive Director Lead	Executive Director of Nursing, Professions and Operations
Policy Owner	Head of Equality and Inclusion
Policy Author	Head of Equality and Inclusion

Document Type	Policy
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Date of Approval By PGG	28 June 2021
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Ratified By	QAC
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Date for Review	31/05/2024

Summary of policy
The purpose of this policy is set out how we make sure that we have a consistent, transparent approach to the provision of accessible, inclusive information and communication support to people who use our service, carers, and where appropriate members of the public.

Target audience	The policy is aimed at anyone involved in, or who have responsibility for provision of information and communications with people who use our services, carers, and where appropriate members of the public.

Keywords	Accessibility, communication, information, interpreting, translation.

Storage & Version Control
Version 1 of this policy is stored and available through the SHSC intranet/internet. This is the first version of this policy.

Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
0.1	New draft policy created	02/2021	Following approval of a Case for Need by The Policy Governance Group draft policy developed.
1.0	Approval and issue	24/05/2021	Amendments made during consultation, prior to ratification. • include a reference to 'Health Passports' • Include reference to development of a Interpreting and translation SOP

Contents

1 Introduction

Accessible information and communication are essential to ensure equal access and experience of services. People who use our services, Carers and those who may wish to access our services may require adjustments because they are blind, d/Deaf, have a learning disability, or because they have limited or no English. It may be because they need support in terms of reading (limited literacy) or they have a condition which limits their ability to communicate (for example following a brain injury or a stroke). It is important, therefore, that information is presented in an accessible way, and where appropriate in a range of languages and formats that are easily used and understood by the intended audience.

Providing accessible information and communications improves access to services, promotes inclusion and enables people to make more informed choices. Providing accessible communications and information also supports staff in aiding communication with service users to support choice, personalisation, and empowerment.

The NHS Accessible Information Standard (AIS) sets out in detail responsibilities and standards that NHS organisations must meet in taking forward a consistent approach to identifying, recording, flagging, sharing, and meeting the information and communication support needs of service users and carers and with a disability, impairment, or sensory loss.

It is a fundamental principle that we must ensure that we provide equal access and experience for all users and potential users of our services, but this is also a legal duty:

- The Equality Act 2010 requires all organisations to make reasonable adjustments for disabled people and requires public organisations to ensure they do not discriminate and promote equality between Disabled people and those who are not disabled. Providing accessible information and communications ensures that this duty is met both in practice and in principle.

- Section 250 of the Health and Social Care Act 2012 is the legal provision by which organisations must comply with information standards, as such the Accessible Information Standard, as such the Accessible Information Standard is also a legal requirement.

2 Scope

This policy applies to providing accessible information and communications as set out in the Accessible Information Standard and applies across our organisation to health and social care services we are responsible for. This policy is not aimed at people who work or volunteer in our organisation in this case the **Disabled Staff Policy** should be referred to.

The Accessible Information Standard covers four areas of need in relation to Accessible Information and Communication:

1. **Contact Method** - Being able to contact, and be contacted by, services in accessible ways, for example via email or text message.
2. **Information Format** - Receiving information and correspondence in formats they can read and understand, for example in audio, braille, easy read or large print.
3. **Professional Communication Support** - Being supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter.
4. **Support to Communicate** - for example to lip-read or use a hearing aid.

The scope of the standard specifically includes:

- An individual's need or requirement for information or correspondence in an alternative (non-standard print) format including print alternatives such as braille, and electronic and audio formats.

- An individual's need or requirement for communication support.

- An individual's need or requirement for a longer appointment to enable effective communication / the accessible provision of information.

- An individual's use of communication tools or aids.

- An individual's need or requirement for support from an advocate to support them in communicating effectively.

- An individual's use of alternative or augmentative communication tools or techniques.

- The detail or specific type of alternative format or communication support which is needed or required by the patient, service user, carer or parent.

- All information provided to individuals with particular information or communication support needs including 'personal' or 'direct' communication (for example appointment letters or prescriptions) and 'generic'/ 'indirect' communication (for example leaflets or manuals).

The scope of the standard specifically excludes:

- Recording of information or communication requirements for statistical analysis or central reporting.
- Expected standards of general health and social care communication / information (i.e. that provided to individuals without additional information or communication support needs).

- Individuals' preferences for being communicated with in a particular way, which do not relate to disability, impairment, or sensory loss, and as such would not be considered a 'need' or 'requirement' (for example a preference for communication via email, but an ability to read and understand a standard print letter).

- Individuals who may have difficulty in reading or understanding information for reasons other than a disability, impairment, or sensory loss, for example due to low literacy or a learning difficulty (such as dyslexia) (as distinct from a learning disability).
- Expected standards, including the level of accessibility, of health and social care websites.
- 'Corporate' communications produced / published by organisations which do not relate to direct patient / service user care or services, and do not directly affect individuals' health or wellbeing.
- Implementation of the Equality Act 2010 more widely, i.e., those sections that do not relate to the provision of information or communication support. This exclusion includes other forms of support which may be needed by an individual due to a disability, impairment, or sensory loss (for example ramps or accommodation of an assistance dog).
- Foreign language needs / provision of information in foreign languages – i.e., people who require information in a non-English language for reasons other than disability.
- Matters of consent and capacity, including support for decision-making, which are not related to information or communication support.
- Standards for, and design of, signage.

Although the AIS excludes several areas, as a matter of good practice, and in line with the Equality Act 2010 generally, this policy does cover policy on provision of language and translation support for people whose first language is not English.

This policy does not cover how we will make our web site and web resources accessible other than where information provided via our websites or resources is sign posted to as part of the defined care and support offered to individuals, in which case the Accessible Information Standard does apply.

The specific detail of this policy does not extend to general policy on information provided through our communications team.

The Accessible Information Standard and therefore this policy does apply to Carers of people using services.

3   Purpose
The purpose of the policy is as outlined in the introduction in section 2.0 above.

4   Definitions

Accessible information:
Information which can be read or received and understood by the individual or group for which it is intended.

Disability:
The Equality Act 2010 defines disability as follows, "A person has a disability for the purposes of the Act if he or she has a physical or mental impairment, and the impairment has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities."

Easy Read:
Written information in an 'easy read' format in which straightforward words and phrases are used supported by pictures, diagrams, symbols and / or photographs to aid understanding and to illustrate the text.

Impairment or Sensory Loss:
The groups that are most likely to be covered by this definition are:
- People who are blind or have visual loss
- People who are deaf or Deaf or have hearing loss
- People who are deafblind
- People who have a learning disability. This term is defined by the Department of Health in Valuing People (2001). People with learning disabilities have life-long development needs and have difficulty with certain cognitive skills, although this varies greatly among different individuals
- People with aphasia
- People with a mental health condition which affects their ability to communicate
- People with autism.

The above is not an exhaustive list and does not represent all the groups who may be affected.

- People with dyslexia (although the Accessible Information Standard excludes Dyslexia[1], Dyslexia may fall under the definition of Disability in the Equality Act 2010 and therefore this policy includes dyslexia)

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[1] https://www.england.nhs.uk/wp-content/uploads/2017/08/accessilbe-info-specification-v1-1.pdf p.17

Electronic Patient Record (EPR):

Patient Administration Systems (PAS) are IT systems used to record patients' contact / personal details and manage their interactions with the hospital, for example referrals and appointments. An Electronic Patient Record (EPR) system general does this and also includes patient case records.

Accessible Information Standard Scope of Activities Required – Definitions

Identification of needs – means
A consistent approach to the identification of patients', service users', carers and parents' information and communication needs, where they relate to a disability, impairment, or sensory loss.

Recording of needs – means
a.   Consistent and routine recording of patients', service users', carers' and parents' information and communication needs, where they relate to a disability, impairment or sensory loss, as part of patient / service user records and clinical management / patient administration systems.
b.   Use of defined clinical terminology, set out in four subsets, to record such needs, where Read v2, CTV3 or SNOMED CT® codes are used in electronic systems.
c.   Use of specified English definitions indicating needs, where systems are not compatible with any of the three clinical terminologies or where paper-based systems / records are used.
d.   Recording of needs in such a way that they are 'highly visible'.

Flagging of needs - means
Establishment and use of electronic flags or alerts, or paper-based equivalents, to indicate that an individual has a recorded information and / or communication need, and prompt staff to take appropriate action and / or trigger auto-generation of information in an accessible format / other actions such that those needs can be met.

Sharing of needs – means
Inclusion of recorded data about individuals' information and / or communication support needs as part of existing data-sharing processes, and as a routine part of referral, discharge and handover processes.

Meeting of needs – **means**
taking steps to ensure that the individual receives information in an accessible format and any communication support which they need.

5   Detail of the policy
The Accessible Information Standard Specification and Guidance Documents are published by NHS England and last reviewed by NHS England in 2017. This policy does not intend to duplicate the level of detail provided in both these documents, but it is intended that they will be referred to when a knowledge of the detail is required or the detail in this policy requires clarification.

The Accessible Information Standard was developed nationally after extensive consultation with stakeholders, this has been considered in terms of the scope of consultation undertaken to inform this policy, this policy reflects the published policy of NHS England in terms of inclusions exclusions and definitions.

6   Duties

- It is the duty of all staff who engage with people who use our services at any point to ensure that needs are identified, recorded, and met.
- It is the responsibility of service managers to ensure that all staff using Patient Information Systems for any reason have knowledge of the Accessible Information Standard and that resource is allocated locally to meet any need identified.
- It is the responsibility of people providing services to people in our organisation to take note of needs identified and recorded and ensure that these have been considered and provided.
- It is the responsibility of IT and related system leads to ensure that the Accessible Information Standard is met in IT procurement, contracting and training on systems.
- It is the responsibility of service user and carer experience leads to advise on providing information about the Accessible Information Standard (although resourcing of this information sits at service level).
- It is the responsibility of the Head of Equality and Inclusion to retain an overview of the detail of the Accessible Information Standard and provide advice on this and the Equality Act 2010 and to produce reports for assurance on implementation.
- It is the responsibility of Directors to be aware of the legal and policy requirements of the Accessible Information Standard and the Equality Act 2010.

7   Procedure

The Accessible Information Standard

The Accessible Information Standard requires that the need for accessible information and or communication support needs of service users and carers with a disability, impairment, or sensory loss. must be identified, recorded, flagged, and shared. In line with the Accessible Information Standard.

Identification of needs

- The primary way that people will have their needs identified is through the referral and assessment process.
- All people referred to our services at first contact will be asked if they have a Disability, impairment, or sensory loss as part of the assessment process.
- Where information is provided in referral documentation from a third party this will be recorded in the communications tab as part of the referral process.
- Where someone is unable to provide this information at the time of referral they must be asked as soon as they are well enough to provide this information as part of the process of generally ensuring that information is up to date.
- In the interim assessments and care plans must include details of any needs identified in referral information and though general assessment.
- Services must publicise, using a method suitable for their service, that Service Users and Carers are able to inform us of their needs and that these will be met, for example through:
  - Service Information
  - Posters
  - On line
  - As part of referral information

- Organisationally we will support and promote the use and knowledge of 'Health Passports' and any other ways in which people who use our service may provide information to us about their requirements and preferences.

Recording Needs

- Where a need has been identified this must be recorded (with consent) by selecting the appropriate sections of the 'Communication Tab', in the EPR System (currently known as Insight).
- Recording that a person has a disability should also be completed and the language section in personal information section of the EPR.
- Selecting Disability or BSL Language will result in a reminder flag to complete the Communications Tab.
- Details of how to record in the EPR will be included in the training of all staff using the EPR system and in the training resource pack for reference.
- It is the responsibility of all members of staff who record patient/service user information to record this information. The information does not necessarily require clinical input as it is based on the knowledge and view of the service user unless the person requires support in identifying their needs.
- Where a person is identified as a Carer their needs must also be recorded, and this function will be included in the EPR system.
- The consent of the person to have their needs recorded must be checked and not assumed.
- It is the responsibility of all staff to regularly check that this information is current and update information for people who are current users of our services at their request or following checks that personal information is up to date.

EPR (Insight) System and Flags

A system has been developed, implemented, and will be maintained:
- Needs under the four need headings set out in the Accessible Information Standard are described and recorded in a separate area of our EPR (the *Communications Tab*).
- The system alerts staff inputting information to the possibility that a person may have a need when Disability is recorded, or information can be put directly into the communications tab.
- System training includes a specific section on the communications tab and how to use it to record information and how this is subsequently flagged.
- Once recorded the fact that a person has an identified need is flagged when a reminder is needed, for example booking an appointment, sending a letter or on discharge.
- All clinical and administrative staff that use this system receive mandatory training and this is provided by the EPR system trainers.
- Information about a person's need for a language interpreter is recorded separately as part of the referral process including British Sign Language.

For Primary Care services GP should refer to the Trust guidance on the [Accessible Information Standard in Primary Care](#) and the national guidance issued on referrals and Summary care records (see section 13).

Meeting Needs

- The availability of access to alternative versions of information on request will be publicised clearly on our web pages and internally dependant on the nature of the service.

- Procured Interpreting and translation services include provision for providing the requirements set out in the Accessible Information Standard. Trust policy is to procure these services through an NHS framework agreement which includes this provision.
- Information for staff on the definitions of the types of need and ways of meeting these needs is maintained through The Accessible Information Standard section of the extranet.
- Information on how to book an interpreter or access translated documents is maintained through the Interpreting and Translation section of the extranet.
- The Trust will maintain information resources on Accessible Information for staff and for service users and the public, these will compliment this policy.
- A Plain English version of this policy will be co-produced and made available.

Advocacy

- Advocacy is available to people using our services through the [Sheffield Advocacy Hub](#)

Language Interpreting and Translation

- We will provide access to interpreting and translation services by contracting through the NOECP framework. This ensures that Interpreting and Translation services provided meet all agreed standards.
- We will work with partner organisations and providers to ensure that the needs of people whose first language is not English are met.
- Services must identify, record and pass on information about language needs in the same way as described above.
- British Sign Language (BSL) interpretation and other language and communication support will be provided by an appropriately qualified and registered professional and not by an individual's family members, friends, or members of staff.
- Where staff are able to communicate in BSL or another language they will not be discouraged from doing this for day-to-day communications, however an Interpreter must be used in delivering specific clinical support and assessment unless language skill is a specific element of the persons job description.
- The Trust will maintain a Standard Operating Procedure (SOP) on accessing Interpreting and Translation which should be referred to alongside this policy.

Easy Read Information

- Any services that provide services to people who require Easy Read information must ensure that any information provided to those service users is provided in an accessible format.

- Our organisation will provide this information using internal and external providers individual services are responsible for identifying how to provide Easy Read using advice that will be made available on options.

- Service information across all services will be provided in an Easy Read format.

- The Accessible Information Standard states that 'corporate communications' which are aimed at informing people about the activities or intentions of an organisation – and have no impact on individuals' health, wellbeing, or access to services – are excluded from the scope of the Standard. Even though the Accessible Information Standard does not require accessible versions of these documents to be made available we will aim to produce Easy Read versions of key documents such as our annual report and

any other significant publications. The considerations behind when to provide an Easy Read version will be focused on the likely audience and the type of publication.

- The communications team will consider, with the author, if a document is likely to require an Easy Read version.
- It is the responsibility of the area responsible for commissioning the original document to resource production of an Easy Read document.
- For significant publications advice may be sought from experts by experience about the best way to make the content available to relevant stakeholders.

Communication of Needs

Where information is recorded in the EPR system or the Care Plan and the person is being referred to another party, internally or externally, information on specific needs and any adjustments currently provided must be included in the referral information.

Care planning

Care Plans must include information about a persons need for reasonable adjustments and how a person's needs will be met on an ongoing basis due to a need being identified under the Accessible Information Standard.

Web Accessibility

We will publish an accessibility statement under the Public-Sector Bodies (Websites and Mobile Applications) (No. 2) Accessibility Regulations 2018 and review this annually.

8   Development, Consultation and Approval

This policy was developed using detail definitions and principles outlined in the Accessible Information Standard[2] .

The draft policy was shared with:

- The Green Light Group and the Service User Engagement Group.

- The policy was reviewed by a Service User Governor/ Expert by Experience

- The Service User Experience Team

Changes were made to the policy:

To include a reference to 'Health Passports'
To produce a Plain English version which would be co-produced as part of the implementation plan.

To note that a Standard Operating Procedure (SOP) will be developed and maintained to define the detail of how to access interpreting and translation services. This will replace the information covering these areas currently found in the extranet under Interpreting and Translation

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[2] https://www.england.nhs.uk/ourwork/accessibleinfo/

9   Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g., who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Ensuring that needs are identified recorded and flagged and met and system maintained	Annual audit of communication tab record. Review every two years if needs are being met, a process to be agreed through Service User Engagement Group. Survey of staff knowledge every three years.	Head of Equality and Inclusion Quality Assurance Committee	Annual Every two years Every three years	Head of Equality and Inclusion Head of Equality and Inclusion Head of Equality and Inclusion	Head of Equality and Inclusion / *Equality and Inclusion Group* / Quality Assurance Committee	*Equality and Inclusion Group* /Quality Assurance Committee

Policy Review Date: May 2024

10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
e.g. Upload new policy onto intranet and remove old version	Policy Governance/Communications	July 2021	
Develop a Plain English version of the policy and distribute	Head of Equality and Inclusion	30th June 2021	
Agree a SOP for interpreting and translation that will link to this policy.	Head of Equality and Inclusion / Head of Procurement	September 2021	Timeline is dependant on the outcome of the Interpreting and Translation service tender process being undertaken by the NHS North of England Commercial Procurement Collaborative
Agree governance reporting	Head of Equality and Inclusion	30th April 2021	
Make teams aware of the policy Via Connect briefing.	Head of Equality and Inclusion	30th June 2021	
This is a new policy that outlines areas that have already been implemented all policy defined in sections 6 7 and 8 are already in place	Head of Equality and Inclusion	-	-

11 Dissemination, Storage and Archiving (Control)

The policy is available on the Trust's intranet and available to all staff.

This is the first version of this policy

Archiving and version control TBC

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
1.0	July 2021	July 2021	July 2021	
2.0				
3.2				
4.0				

12   Training and Other Resource Implications

The Accessible Information Standard is not considered as mandatory in terms of training however all staff using the organisations patient information system do require mandatory training in using the system, this mandatory training will include how needs are identified, recorded and the nature and purpose of the flags embeded in the system.

Detailed Information on the Accessible Information Standard will be provided on the intranet and include access to eLearning
https://www.e-lfh.org.uk/programmes/accessible-information-standard/

Flags on the patient information system will include links to this more detailed information.

Training on Autism is mandatory and will include how to meet the information and communication needs of people, with autism.

Core Learning Disability services in the organisation will ensure that people working in those services are competent in meeting the information and communication needs of people with Learning Disabilities and providing advice to other areas of the organisation on request.

Core mental health services in the organisation will ensure that people working in those services are competent in meeting the information and communication needs of people whose mental health condition affects their ability to communicate and provide advice to other areas of the organisation on request.

As noted in this policy meeting needs are a legal requirement unless objectively providing for a need is not assessed as a reasonable adjustment for a Disabled person. For this reason, services and the organisation generally must make financial provision. The policy of the organisation is that there is no central pooled budget so resources must be identified and budgeted for based on local assessed service need.

13   Links to Other Policies, Standards (Associated Documents)

NHSEI Policy
Accessible Information Standard Specification v1.1 (PDF)

Accessible Information Standard Implementation Guidance v1.1 (PDF)

Accessible Information and Referral Primary Care
Notes on the NHS e-Referral Service (eRS) Overview of current position (May 2016) -

Notes about the Standard and Summary Care Records

Accessible Information Standard summary document *overview of the Standard for patients, service users, carers.*

Accessible Information Standard   animated video

Associated Policy

[Green Light for Mental Health Policy](#)

[Disabled Staff Policy](#)

Associated Documents Guidance and Information

Insight Essentials
[Accessible (Communication) needs](#)

Detailed information and resources – Accessible Information
[The Accessible Information Standard](#)

Detailed information and resources – Interpreting and Translation
[Interpreting and Translation](#)

Trust Guidance on The Accessible Information Standard in Primary Care
[Accessible Information Standard in Primary Care](#)

14   Contact Details

Title	Name	Phone	Email
Head of Equality and Inclusion	Liz Johnson	Ext 16703	Liz.Johnson@shsc.nhs.uk

Appendix 1

Equality Impact Assessment Process and Record for Written Policies

Stage 1 – **Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

NO – No further action is required – please sign and date the following statement. **I confirm that this policy does not impact on staff, patients or the public.**	*I confirm that this policy does not impact on staff, patients or the public.* Name/Date:	**YES,** Go to **Stage 2**

Stage 2 Policy Screening and Drafting Policy - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

Stage 3 – **Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	No	No
Disability	No The detail of this policy has been established by NHS England any exclusions from the policy are part of NHS England Policy which will have been reviewed nationally in terms of legal compliance.	Yes this policy specifically focuses on people who use or may use our services that have a disability impairment or sensory loss that may mean they require different information and communication formats or adjustments as such this policy positively benefits in terms of Disability. Easy read and accessible Versions of this policy will need to be developed.	This policy should support the principle of the social model of disability i.e. removing barriers to services experienced by disabled people. The policy also support the principle of promoting autonomy and empowerment for people with a learning Disability. The national policy this policy is based on has been extensively consulted on.

Gender Reassignment	No	No	No
Pregnancy and Maternity	No	No	No
Race	No	The need for information and communication in a different language is covered by this policy	No
Religion or Belief	No	No	No
Sex	No	No	No
Sexual Orientation	No	No	No
Marriage or Civil Partnership	No		

Please delete as appropriate: Action identified incorporated in implementation plan

Impact Assessment Completed by: Liz Johnson Head of Equality and Inclusion 24th February 2021.

Appendix 2

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
	Engagement	
1.	Is the Executive Lead sighted on the development/review of the policy?	✓
2.	Is the local Policy Champion member sighted on the development/review of the policy?	✓
	Development and Consultation	
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	✓
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	✓
5.	Has the policy been discussed and agreed by the local governance groups?	✓
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	✓ Policy developed at request of commissioners
	Template Compliance	
7.	Has the version control/storage section been updated?	✓
8.	Is the policy title clear and unambiguous?	✓
9.	Is the policy in Arial font 12?	✓
10.	Have page numbers been inserted?	✓
11.	Has the policy been quality checked for spelling errors, links, accuracy?	✓
	Policy Content	
12.	Is the purpose of the policy clear?	✓
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	✓
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	n/a
15.	Where appropriate, does the policy contain a list of definitions of terms used?	✓
16.	Does the policy include any references to other associated policies and key documents?	✓
17.	Has the EIA Form been completed (Appendix 1)?	✓
	Dissemination, Implementation, Review and Audit Compliance	
18.	Does the dissemination plan identify how the policy will be implemented?	✓
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	✓
20.	Is there a plan to i. review ii. audit compliance with the document?	✓
21.	Is the review date identified, and is it appropriate and justifiable?	✓