

## Using email and text to improve accessibility for service users

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## 1. Introduction

By law, the Accessible Information Standard (AIS) requires healthcare providers to offer email and text message as communication methods for service users and carers with sensory loss or other conditions affecting communication, such as social anxiety and Autism Spectrum Disorders.

### 1.1 Use of email/text with people with sensory loss

AWP supports a small number of people who are profoundly Deaf or hard of hearing and who cannot use the phone to communicate.

Many Deaf people and most of those on the caseload of the Deaf Service are British Sign Language (BSL) users who use English as a second language.

BSL users can find it very difficult to communicate in English in any meaningful way and often find written communications (such as email; letter) difficult to manage.

Deaf service users/carers will however engage in text messaging facilities and other IT approaches such as Skype, and can use these facilities to alert health care professionals when they require support or to set up face to face visits.

Email is also a common communication for deaf people or blind or sight impaired people who use 'screen reading' assistive technology.

## 2. Purpose or aim

This purpose of this policy is to set out:

- what all AWP teams need to do to comply with this part of the Accessible Information Standard
- a clear framework for teams to work to support the safe and secure use of email and text messaging with service users and carers.

## 3. Scope

This policy applies to

- all service users, carers and parents who have sensory disabilities or other conditions who *rely* on e-mail or text in order to communicate. It **does not apply** to those who would simply prefer for to use text and email for convenience.
- all teams, who must offer email or an SMS alternative for people who cannot use a voice number; with clear guidance that this is for those people who cannot independently access services otherwise.

This is a clinical and operational responsibility and failure to provide a means to communicate using these alternative methods can result in inequity in access to information, support and services and is a breach of the Equality Act and Accessible Information Standard.

## 4. Definitions

### 4.1 Interpreting

*Interpreting*: is the oral transmission of meaning from one language to another which is easily understood by the listener.

This includes the interpretation of British Sign Language (BSL) which is a recognised language in its own right.

Interpreting is different from advocacy and should not be used as a form of advocacy.

## 5. Policy description

### 5.1 Parameters for use of email/ text

Teams and the service user/carer should be clear about the rationale for using email and / or text and should mutually agree the purpose and scope/parameters of communication by these means. For example:

- What kind of information is to be communicated via email and / or text message? (appointment information vs clinical information; routine vs urgent information)
- How much contact should be conducted by email and / or text message. For example, is the method to be used for making or confirming appointment or for wider 'virtual' consultation in times when support is required?

It is also important to be clear about **when** these forms of communication will be available (office hours vs out of hours) and what response times can be expected. See Section 5.6 Access to Crisis Services.

### 5.2 Consent

Consent should be obtained from the service user or carer to communicate via email or text using the relevant [Consent Form for communication via email](#) on Ourspace. This should then be uploaded into the electronic record.

A record of a number or and/or email address alone does not indicate consent, which must be explicitly sought.

### 5.3 Recording contact method

A service user need to use email or text should be clearly and unambiguously recorded in the electronic record in the Care Plan and included in any onward referral information.

A carers need to use email or text can be recorded in RiO under Client Personal Contacts / New contact/ Preferred contact method and consent form should be uploaded in the Carers record.

### 5.4 Records of communications by email/text

Emails are classed as records and a copy of the email should be stored in the patient or service user's record.

The member of staff responding to and engaging in text communication is responsible for inputting the narrative from the communication into the electronic record in the same way a telephone conversation would be recorded.

## 5.5 Information security

### Generic emails/corporate mobiles

Services, and their staff, should only send emails from Trust email accounts and established corporate text messaging accounts; using Trust mobiles.

Designated phones if required can be requested from IT at a cost of £40.00+vat then £4.50+vat per month rental.

Non contract 'Pay as you go' mobiles should not be purchased independently by teams for this purpose.

### Checking accuracy of email/ text

A test text/email should be sent to the service user/carer to confirm that the number/address is correct. This should either be done whilst the service user waits with a member of staff (so that receipt of the text message can be verified) or by later reply

It is essential to explain to the service user or carer that it is their responsibility to keep and provide an up to date email address and / or mobile phone number, and to be clear that the service is not responsible for onwards use or transmission of email or text message once it has been received by the service user.

### Sending personal and confidential information to a non-secure email address

If you are sending personal confidential information to a non-secure email address, you must [follow these instructions](#).

### Management of mobile telephone device

Team managers and teams must ensure effective arrangements for management of the mobile device(s) including:

- clear responsibilities for manning the phone/ checking messages throughout shifts
- ensuring the device is charged and alerts are activated.
- responding to and inputting text messages onto the electronic health and social care record.
- taking any action required following the receipt of a text message.

## 5.6 Access to Crisis Services for Deaf and Hard of hearing service users/carers

All Crisis services **must** ensure an SMS alternative is available for Deaf and Hard of hearing service users/carers; to give them responsive access to Intensive/Crisis teams if and/ when required.

This facility must be publicised/promoted alongside the voice number.

- Each Intensive/ Crisis team will have a dedicated mobile device at their base/hub.
- The Care co-ordinator/ key worker should provide the telephone number and name of the Deaf or Hard of hearing service user to the crisis team for inputting on the relevant device.
- This number will then be provided to the service users by their care co-ordinator/ key worker, with the agreement of that crisis team.
- The service user and the care coordinator/key worker should mutually agree the parameters or limits of what information be communicated to the Intensive/Crisis team via text message and this should be communicated clearly to Intensive/Crisis team in the referral and by updating the crisis and contingency plan on RIO.

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- It is anticipated that support will be primarily to alert the Intensive/crisis team to the service user being in crisis and in need of support and setting up a face to face meeting with a BSL interpreter as soon as possible.
- The service user's crisis and contingency plan will be updated on the electronic record to reflect any referral to Intensive/Crisis team.
- The service user will be able to contact the crisis team by text message to the dedicated mobile device between 5pm and 9am Monday to Friday and 24hrs at the weekend if they feel they require support with their mental health.
- Any decision to increase the contact or support offered by the Intensive/crisis team will be made by the Intensive/crisis team in conjunction with the service user.

See also Appendix 1: [Guidance on texting and emailing Deaf or Hard of hearing service users](#).

## 6. Roles and responsibilities

### 6.1 Managers

All managers of clinical teams are responsible for ensuring an email or SMS alternative for people who cannot use a voice number; with clear guidance that this is for those people who cannot independently access services otherwise.

This is a clinical and operational responsibility and failure to provide a means to communicate using these alternative methods can result in inequity in access to information, support and services and is a breach of the Equality Act and Accessible Information Standard.

It is the responsibility of team managers to ensure effective arrangements for management of mobile device(s) including:

- clear responsibilities for manning the phone/ checking messages throughout shifts
- ensuring the device is charged and alerts are activated
- responding to and inputting text messages onto the electronic health and social care record
- taking any action required following the receipt of a text message.

### 6.2 Care co-ordinators

It is the responsibility of the care co-ordinator to :

- ensure that any communication needs are identified as part of the assessment process
- to consider the need for email /text as an alternative for telephone communication
- ensure that consent to use these communication methods is recorded in the patient record
- ensure that this communication need is passed onto other agencies/practitioners involved in delivery of care and discharge processes.

### 6.3 All team members

It is the responsibility of the member of staff responding to and engaging in text communication to input the narrative from the communication into the electronic record in the same way that a telephone conversation would be recorded.

## **7. Training and support**

### **7.1 Guidance**

See Appendix 1: [Guidance on texting and emailing Deaf or Hard of hearing service users](#).

The Trust has also produced full guidance on [how to use interpreters generally](#) and also specifically on [Working with BSL interpreters](#).

### **7.2 Specialist advice**

Any staff member requiring specialist advice on how to engage with Deaf service users can access the Specialised Deaf Service between 09.00am – 5.00pm Monday to Friday email [awp.SpecialisedDeafService@nhs.net](mailto:awp.SpecialisedDeafService@nhs.net)

The Deaf Service can also upon invitation attend team meetings to offer any further advice and information.

Advice and guidance on the wider requirements of the Accessible Information Standard is available from the Accessible Information Group – [Awp.ais@nhs.net](mailto:Awp.ais@nhs.net)

### **7.3 Training**

Deaf Mental Health and BSL Awareness Training can also be accessed via the MLE.

## **8. Monitoring or audit**

### **8.1 Reporting non compliance**

Any failures to meet a need to provide information via email text should be recorded as an incident under the category 'Care compromised' for monitoring purposes and so we can support teams to meet this communication need where required.

### **8.2 Monitoring**

Compliance with this policy will be undertaken via quarterly review of PALs, complaints and incident data by the Accessible Information Group .

## **9. Appendices**

Appendix 1 [Guidance on texting and emailing Deaf or Hard of hearing service users](#).

## Version History

Version	Date	Revision description	Editor	Status
1.0	11/09/2019	New policy	Julie Musk	Approved