



Hart First Response

Equality and Diversity Policy

Registered Charity 1092333

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1. Introduction

- 1.1. Hart First Response (HFR) supports the principle of equality and diversity within the organisation. We aim to encourage, value and manage diversity and we recognise that talent and potential are distributed across the population. Whilst there are moral and social reasons for promoting equality of opportunity, it is in the best interests of the organisation to recruit and develop the best people for the roles from as wide and diverse a pool of talent as is possible.
- 1.2. HFR is committed to equality of opportunity in education, training, treatment and volunteering opportunities.
- 1.3. HFR aims to promote practices and procedures which ensure equality of opportunity and aims to eliminate any which unfairly discriminate.
- 1.4. Every member of HFR as well as the people that come into contact with the organisation has the right to be treated with dignity and respect and all volunteers should be aware that a failure to comply with the standards of behaviour outlined in this policy would result in disciplinary action, which could lead to dismissal.

2. Related Policies, Procedures and Acts

HFR Compliments, Concerns, Comments & Complaints Policy
The Human Rights Act 1998
The Gender Recognition Act 2002
The Civil Partnership Act 2004
The Disability Discrimination Act 1995
The Equality Act 2010

3. Scope

- 3.1. This policy applies to all HFR volunteers. The philosophy and ethos embedded in this policy extends to everyone who comes into contact with HFR.

4. Key Principles

- 4.1. HFR is committed to promoting equality of opportunity to its volunteers. Every possible step will be taken to ensure that individuals are treated fairly within all aspects of volunteering. This applies to both HFR volunteers and anyone else they come into contact with including other health professionals, event organisers and participants and patients.
- 4.2. Everyone who volunteers with HFR will be treated fairly and valued equally regardless of age, disability, race, nationality, ethnicity, gender, marital status, HIV status, gender reassignment or political affiliation. It will be accepted that certain roles are not suitable for volunteers with some disabilities and where this is the case this will be explained to the volunteer.



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- 4.3. HFR aims to create a culture where all volunteers respect and value each others differences, and where individuals are encouraged to develop to their true potential.
- 4.4. HFR aims to develop an organisational culture that positively values diversity.

5. Definitions

- 5.1. Discrimination occurs when someone directly or indirectly treats a person or group of people unfavourable on the grounds of race, colour, nationality, ethnicity, age, religion, gender reassignment, sexual orientation, marital status or disability. This covers all behaviour including remarks and insinuation, both verbal and non-verbal, which cause offence.
- 5.2. Discrimination may be though exclusion, verbal comment, denigration, harassment, victimisation and a failure to appreciate or the assumption of needs without consultation.
- 5.3. HFR views all incidents of this nature seriously and will take appropriate action against those who are found to have discriminated against others.

6. Roles and Responsibilities

- 6.1. Whilst the overall responsibility for ensuring equality of opportunity and eliminating discrimination within HFR lies with the Executive Committee, it is expected that all volunteers will take a personal responsibility for adhering to the spirit of this policy.
- 6.2. The Executive Committee are required that policy is followed at all times and that volunteers are made aware of the implications of the law on equality and diversity. The Executive Committee is responsible for ensuring that any instance of discrimination are dealt with swiftly and effectively.
- 6.3. Volunteers in all roles must ensure that there is no discrimination in any of their decisions or behaviour. All staff have a responsibility to avoid any action that goes against the spirit of this policy.

7. Complaints of Discrimination

- 7.1. Any volunteer or person in contact with HFR who believes that they have been subjected to any form of discrimination has the right to raise a complaint as per the HFR Complaints policy or HFR Volunteer Handbook..
- 7.2. Any form of discrimination is unacceptable and all complaints will be investigated and treated as a disciplinary offence.

8. Policy Consultation

- 8.1. This policy has been circulated to the HFR Executive and Medical Advisor for consultation.
- 8.2. The policy will be approved by the HFR Executive with future reviews and updates tabled for approval at Exec meetings.

9. Dissemination

- 9.1. Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy placed by a member of the Exec on the member's section of the website: www.hartresponse.org.uk

10. Monitoring of Compliance and Effectiveness

- 10.1. Monitoring of the policy will be the responsibility of the HFR Executive. This will be through incidents reported on the HFR database, and annual audits. Actions and lessons



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learned from incident investigations will be monitored through the HFR Executive. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Executive.

- 10.2. Lessons learned will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.
- 10.3. Ad hoc reports on numbers, outcomes and trends of all contacts with HFR by any process, will be provided to any commissioning body for whom the Trust provides services.
- 10.4. HFR will provide all required reports to the Care Quality Commission

11. Implementation

- 11.1. The HFR Executive are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.
- 11.2. All HFR policies are available on the Hart First Response website www.hartfirstresponse.org.uk.

12. Archive Statement

- 12.1. The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

13. References

- Outcome 17, Essential standards of quality and safety, Care Quality Commission, March 2010.
- Talking to Us, The Four Cs, Compliments, Comments, Concerns and Complaints Policy, South Central Ambulance Service NHS Trust, 1st May 2010.
- The Local Authority Social Services and National Health Service Complaints (England) – Regulations 2009 www.dh.gov.uk/statutoryinstruments
- Code of Conduct for NHS Managers www.dh.gov.uk/publications
- National Patient Safety Agency – Being Open www.npsa.nhs.uk
- Listening, Responding, Improving - A guide to better customer care – DoH 2009 www.dh.gov.uk/mec - advice notes
- The Parliamentary and Health Service Ombudsman www.ombudsman.org.uk
- Independent Complaints Advocacy Service (ICAS) www.seap.org.uk/icas
- Care Quality Commission www.cqc.org.uk
- Data Protection Act 1998 www.legislation.gov.uk/ukpga/1998
- NHS Confidentiality Code of Practice www.dh.gov.uk/publications
- Equality Impact Appraisal – Complaints Policy, South East Coast Ambulance Service NHS Trust, 7th November 2008.



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Appendix 1 Equality Impact Assessment

| Impact | Age | Disability | Race | Gender | Religion or Belief | Sexual Orientation |
|---|-----|------------|------|--------|--------------------|--------------------|
| Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy? | N | N | N | N | N | N |
| Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups? | N | N | N | N | N | N |
| Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)? | N | N | Y | N | N | N |
| Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups? | N | Y | N | N | N | N |

| | |
|---|--|
| Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy? | We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently. |
| Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)? | We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups. |
| Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)? | Race –There may problems with people whose first language is not English. This is risk assessed as a low probability occurrence for HFR's current work. This would be mitigated by use of advisory support. |
| Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)? | Death by indifference: Mencap's campaign for equal healthcare treatment for people with a learning disability. This is risk assessed as a low probability occurrence for HFR's current work. This would be mitigated by use of advisory support. |

Based on the information set out above the HFR Executive has decided that a full equality impact assessment is not necessary.