

**Background** There are ongoing inequalities in access to hospice services. Our hospice recognised a need to understand and address barriers to its services amongst under-represented groups, facilitated by funding from Hospice UK and the Masonic Charitable Foundation.

**Aims** This project aimed to investigate uptake of services by diverse communities served by our hospice; and identify opportunities for improving equity of access for those with protected characteristics.

**Methods** The project comprised four work packages comprising: an audit of hospice structures, policies and procedures relevant to equality, diversity and inclusion (EDI); audits of public data on the diversity of local communities, and of service user data collected by the hospice; engagement with referrers to hospice services; and interviews with hospice staff, and within local organisations providing support to individuals with protected characteristics.

**Results** The project generated recommendations to: embed EDI-related considerations within strategic and operational procedures; and strengthen the production and accessibility of information on the diversity of communities within our catchment area, and of its service users; to ensure data is available to staff developing, implementing and evaluating initiatives to enhance equity of access/care, and those involved in service delivery. Further recommendations build on opportunities identified with: referrers to hospice services; and staff across the hospice and local community organisations with insights based on their experience of supporting equitable access/care by service users and communities' possessing protected characteristics.

**Conclusions** The project re-energised efforts to address EDI at all levels within the hospice and sets the stage for an enduring programme of deliberation, engagement, consultation, systemic review and renewal to drive the hospice's commitment to EDI in the short, medium and longer term.

#### P-193 EQUITABLE CARE – A STARTER FOR TEN

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**Background** There are inequities in access to hospice care (Hospice UK. Equality in hospice and end of life care: challenges and change. 2021; Tobin, Rogers, Winterburn et al. *BMJ Support Palliat Care*. 2022;12(2):142–151; Ambitions for Palliative and End of Life Care, 2021) and the sector has historically under-served key communities. At our hospice, we made a commitment in our organisational strategy for 2022–2025, to champion equity of access. This built on one of four objectives set out in our Inclusion Strategy approved in 2021. This abstract focuses on Objective Four: Providing Accessible Care and Support.

**Aims** Our aim is to devise a programme of work to begin to address inequities in the services we provide and supporting a wider range of our communities better reflecting the populations in our care area.

**Methods** A new role of 'Service Development Lead – Diversity and Inclusion' was approved and filled in November 2022 to progress the hospice's commitment to 'Providing accessible care and support'. In February 2023, the Senior Leadership Team approved our first 10-project Diversity and Inclusion work programme.

**Results** Collaboration and partnership, being responsive to emerging needs or opportunities, as well as learning and openness, were identified as key principles in the programme. Ten areas were recognised as requiring improvement or a new approach. Our 10-project programme was agreed in February 2023 for implementation over the coming months and years and includes:

- Diversity and Inclusion data.
- Approach to interpreting and translation.
- Inclusion 'lunch and learns' and inclusion hub.
- Learning disability outreach.
- Compassionate Neighbours and Dementia.
- Improving access to Princess Alice Hospice services to the underserved in Kingston.
- Homelessness.
- Bereavement support model in prisons.
- Public commitment to being an anti-racist organisation, and
- Financial insecurity at the end of life.

**Discussion** We do not claim to be experts. We are un- and re-learning, to better support those who are underserved. We will evaluate the impact of our work as the 10-project programme progresses which will contribute to a fuller picture.

#### P-194 IN A PREDOMINATELY WHITE RURAL AREA, HOW DO WE REACH OUT AND OFFER EQUALITY, DIVERSITY AND INCLUSION WITHIN THE HOSPICE AND ITS COMMUNITY?

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The population in Cumbria is predominantly white (97.6%), with all other ethnic groups combined representing the remaining 2.4% of the population (2021 census).

**Aims** To develop Equality, Diversity and Inclusion (EDI) Champions within the hospice and collect equality and diversity data to better inform how we can support our staff. To create an inclusive environment for staff, volunteers, patients and families. To reach out to the 2.4% and the diverse minorities and diasporas in Cumbria. To be a diverse and inclusive employer.

**Methods** Survey sent out to all staff to collect data and feedback. To train and embed a Freedom to Speak Up Guardian and Champion. Collaborate with Hospice@Home to address the needs of reaching out to non-English speaking communities. Recruit in-house staff from a variety of areas, to be ED&I champions.

**Results** Our recruitment policies are designed to encourage a diverse workforce. We have a Freedom to Speak up Guardian and Champion, and six EDI Champions. We produced a diversity statement for the hospice. We offer training to staff and volunteers. We have an application together for our Rainbow Stripes award to be an LGBTQ+ friendly organisation. We have attended Pride. We have gender neutral toilets and changing rooms and we support period poverty with free products in our toilets. We have developed an informative SharePoint section and attended the Multi Cultural Bazaar with a stall. All rooms are single occupancy. Training is planned for various topics that were highlighted in the survey feedback. We have celebrated events and marked occasions,