

EMBEDDING EQUALITY, DIVERSITY AND INCLUSION: MOVING FROM INTENT TO ACTION IN HOSPICE CARE

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BACKGROUND

At Compton Care, Equality, Diversity and Inclusion (EDI) is recognised not as a standalone initiative but as a core part of how we deliver compassionate, person-centred care. A 2024 organisational self-assessment identified gaps in EDI maturity, prompting a renewed organisational commitment and external peer review to establish a clear baseline and areas for development.

AIM

To move from stated intention to meaningful, measurable action by embedding EDI across leadership, governance, workforce and service delivery.



APPROACH

An integrated model was adopted, aligning EDI with organisational and clinical strategy rather than developing a standalone programme.

Key actions included:

- Establishing a cross-organisational EDI Steering Group with senior oversight and representation from retail, clinical, fundraising and support services
- Launching a clear EDI Statement of Intent to guide accountability
- Undertaking an external peer review to inform priorities and create a clear baseline for improvement
- Strengthening the consistency of equality impact assessments so inclusion is considered in policies, projects, events, communications and service changes
- Improving the collection and use of demographic data, including ethnicity, reasonable adjustments and interpreter needs
- Introducing practical actions such as anonymous recruitment and all-staff EDI and human rights training
- Building stronger links with local faith, cultural and grassroots community groups to better understand barriers to hospice care
- Engaging staff and leadership teams to co-produce priorities and embed EDI into routine decision-making.

OUTCOMES

Early outcomes demonstrate progress in both infrastructure and culture:

- Governance: EDI is now embedded within core organisational and clinical strategy, with routine oversight through a formal Steering Group
- Clarity and consistency: A clear organisational Statement of Intent has improved shared understanding and reduced perception of EDI as a separate initiative
- Data quality: Improved demographic recording has strengthened the ability to understand who is accessing services, where gaps may exist and what adjustments people may need
- Accessibility: Increased recording of reasonable adjustments and interpreter needs supports more personalised, inclusive and accessible care
- Decision-making: Greater consistency in equality impact assessments is helping inclusion become part of policy review, service development and organisational change
- Workforce and recruitment: Anonymous recruitment, training and focused discussion have supported more inclusive practice across the organisation, including retail roles traditionally dominated by men
- Community insight: Engagement with local communities has highlighted barriers such as awareness, trust and understanding that hospice care is free
- Engagement: Improved cross-organisational discussion has created broader representation and stronger ownership of EDI priorities.

While longer-term impact measures are still developing, improved demographic data and governance structures now provide a clearer baseline for tracking equity of access, patient experience and outcomes over time. External recognition through the Charity Retail Association Equity, Diversity and Inclusion Award also demonstrates the credibility and relevance of this work beyond the organisation.

KEY LEARNING

EDI became more meaningful when it moved from being a separate project to being built into everyday governance, leadership conversations, service planning and decision-making.

CONCLUSION

Embedding EDI within existing governance, strategy and leadership structures has enabled a shift from intention to sustained organisational practice. The work is beginning to change how we listen, plan, recruit, communicate and design services, supporting more equitable care and strengthening alignment between organisational values and day-to-day practice.

IMPLICATIONS FOR PRACTICE AND NEXT STEPS

Hospices can strengthen EDI impact by integrating it into core systems and leadership accountability, supported by clear intent, robust governance and ongoing measurement of progress. Next steps include developing the EDI Dashboard further, using data to identify underserved groups, strengthening community partnerships, reviewing patient information and ensuring lived experience continues to shape policy and service design.

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