

Our equality, diversity and inclusion strategy 2025–2030

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Our Campaigns Ambassadors at the launch of our manifesto for cancer research and care

Foreword

from our chief executive



Our vision is a world where everybody lives longer, better lives, free from the fear of cancer. And we really do mean everybody.

Our work on equality, diversity and inclusion (EDI) plays an important role in helping us achieve this vision. Over the past three years, I'm proud of the substantial progress we've made. But we're not complacent. We have much more to do and areas where we can improve. That's why we're refreshing our EDI ambitions for the next five years.

There are many opportunities and challenges ahead as we continue our work to create a charity where everyone feels like they belong, benefits from and participates in the work we do.

In January 2021, I wrote of my personal commitment and our organisational commitment to EDI. Our first charity-wide EDI strategy was a starting point and our intention was to keep learning and

improving. That remains the case and we'll continue to publish regular updates on our progress and performance.

Our EDI strategy (2025–2030) outlines our commitment to ensure that the benefits of new discoveries and treatments are translated to everyone affected by cancer. Our plan describes how we'll get there. We will uphold the values that support our mission, guided by the knowledge that together we are beating cancer for everyone.

A handwritten signature in black ink, reading 'M. Mitchell'.

Michelle Mitchell OBE
Chief Executive

'Captain Marvel' Anita beats breast cancer

Anita, 47, is a neurodiversity coach and trainer who lives in Leicester with her husband, Deep, and sons, Niyam and Kishan. After feeling a small change in her left breast area and immediately getting it checked out due to her family history, Anita was diagnosed with breast cancer in 2019.

She says: "The hardest part was telling our children. We told them I was Captain Marvel and the cancer was the villain Thanos, but that I had great doctors who were going to help me, and Mummy was going to be fine."

Anita had a skin-preserving mastectomy to remove her breast tissue while leaving as much healthy skin as possible, and reconstruction surgery the following year. She was then put on a comprehensive treatment plan, which included monthly injections of a hormone therapy drug called Zoladex for a minimum of three years, along with taking tamoxifen every day for 10 years. Tamoxifen is a drug Cancer Research UK helped bring to market.

Today, Anita is cancer free and enjoys baking, music and travelling. She says:

"As a family, we have made sure that we make precious moments count, with trips away and the sampling of as much lovely food as possible. This is a big focus in our house and my younger son is turning into quite the little chef!

"I'd really like to call attention to the importance of getting things checked out if you notice a change in your body. If I hadn't done so, I might have had a different outcome. The potential benefit of the early detection of cancer and intervention is immeasurable.

"The work that Cancer Research UK does means a lot to me personally and it's hugely impactful on wider communities."

2024

Making new memories

2019

Spotting a symptom



Our EDI strategy

(2025–2030)

We exist to beat cancer. And beating cancer means beating it for everyone.

We're the world's leading cancer charity, with a thriving global community of more than two million supporters, 25,000 volunteers, 4,000 scientists, doctors and nurses, and 4,500 members of staff.



Each year, around 24 million people access our health information. And we're a voice for people affected by cancer everywhere, using our influence to drive policy changes that will lead to better prevention measures, tests and treatments for everyone, no matter who they are, where they live or what type of cancer they have.

We believe we can make the greatest progress for people affected by cancer by making sure the research we fund and translate benefits everyone, our expert information is accessible to everyone, our culture is inclusive, and our staff, volunteers and supporters reflect the communities we support.

EDI is a core element of our organisational long-term strategy – **Making Discoveries. Driving Progress. Bringing Hope.** – which we launched in 2022, while our **research strategy** (also launched in 2022) has 'reducing cancer inequalities' as one of its three core principles. This EDI strategy (2025–2030) underpins these two core strategies and is itself complemented by

our more detailed **cancer and health inequalities strategy** (published in 2024) and our forthcoming EDI in research strategy. This ensures that our EDI activity is integrated across Cancer Research UK.

Our **organisational strategy** (2022)

Our **research strategy** (2022)

Our EDI strategy (2025–2030)
(published 2024)

Our **cancer and health inequalities strategy** (2024)

Our EDI in research strategy
(2025)

Volunteers
at our
Winter Run
event



We published our first EDI strategy in 2021 and since then we've made significant progress. We're refreshing our strategy because we're operating in a dynamic environment and it's important that we respond to new evidence, opportunities and challenges. We also want to build on what's worked and innovate in new areas.

To assess our progress and performance against our initial EDI strategy (2021–2023) and to help shape our forward view, we undertook a comprehensive review and drew on the insights of external experts. The core activities included:

- a benchmarking exercise completed by third-party independent consultants to understand our EDI maturity compared to our peers and best practice across our strategic priority areas
- a three-year performance self-assessment against focus areas, initiatives and performance metrics, as well as a review of reporting, communications and governance
- focus groups with staff, our staff networks, volunteers and people affected by cancer, facilitated by external consultants
- consultation with EDI experts



Our vision and strategic priorities are based on our initial EDI strategy:

Our vision

Beating cancer means beating it for everyone. Our vision is to ensure everyone feels like they belong, benefits from and participates in the work we do.

Our strategic priorities

1. Reduce cancer and health inequalities through our work and in partnership with others.
2. Develop a more inclusive and diverse research community through the research we fund.
3. Build an inclusive and diverse culture for all our people – staff and volunteers – so they can contribute to our success and feel like they belong.
4. Ensure inclusion and diversity across our governance and leadership.
5. Engage with people in ways that are inclusive, relevant and accessible.

Our principles

- We'll use research and evidence, and continuously improve, adopt best practices and learn from others.
- We'll use our influence to promote equality and inclusion in cancer research and care.
- We'll champion dignity and respect in every interaction.
- We'll seek to tackle cancer inequalities and be anti-racist as it relates to cancer.
- We'll partner and collaborate with organisations to accelerate progress towards our objectives and mission.

For each strategic priority, we've identified focus areas, prioritised initiatives and developed performance metrics to measure our progress. Over the next five years, we'll build on our successes using internal and external data and insights, and focus even more intently on the areas where we know we can have the biggest impact:



- Striving for a smokefree UK – **[Read more on page 9.](#)**
- Tackling cancer inequities through Cancer Grand Challenges team SAMBAI – **[Read more on page 13.](#)**

Foreword

from our EDI executive sponsor



For our EDI strategy (2025–2030), we've set a five-year timeframe with a strategic review at the three-year mark and regular annual assessments of our progress.

We believe our current five strategic priorities remain relevant, so we'll build on them. Each strategic priority is tailored to the unique needs of our core stakeholder groups: people affected by cancer, our research community, our staff and volunteers, our leaders, and our supporters and people seeking information about cancer. These priorities guide our actions, inform our decisions and shape our overall EDI initiatives.

We have bold ambitions and we're committed to driving progress. We'll also develop more in-depth and detailed strategies for our first two strategic priorities: cancer and health inequalities and EDI in research.

Guided by our first **cancer and health inequalities strategy**, we'll prioritise the actions that yield the most significant improvements in cancer outcomes. We'll strive for equitable progress so that no one is left behind, we'll improve our understanding of cancer and health inequalities, and we'll amplify our impact through partnership and collaboration.

Our refreshed EDI in research strategy, which will be launched in 2025, will help us ensure EDI principles are deeply embedded within our funding processes and decisions. This will be a dynamic blueprint, adaptable and responsive to the changing landscape, as we look to promote EDI in research, foster inclusive research environments, diversify the research community and enhance the design and delivery of cancer research.

For our staff, we want to continue to foster an inclusive and diverse culture, and we continue to strive for our staff and

our governance and advisory bodies to reflect the diversity of the communities we support and serve.

We aim to be more inclusive, relevant and accessible to everyone who engages with Cancer Research UK. And we aim to make sure our expert cancer information and campaigns are accessible for everyone, while also targeting specific initiatives to reduce cancer inequalities.

As we progress through the five-year timeline of our EDI strategy (2025–2030), we'll celebrate key milestones and targets. These include measurable reductions in smoking rates among the most deprived communities and increased representation of minority groups in our research funding recipients.

Our EDI strategy is a commitment to ensure we are beating cancer for everyone.

A handwritten signature in dark ink, appearing to read 'Ian Walker', written in a cursive style.

Dr Ian Walker

EDI Executive Sponsor and Executive Director of Policy Information and Communications

Strategic priority 1: Reduce cancer and health inequalities through our work and in partnership with others

Our journey so far

This strategic priority supports the 'Translate' pillar of our **organisational strategy**: We drive scientific discoveries forward into interventions that benefit everyone.

As research delivers insights and innovation in the prevention, diagnosis and treatment of cancer, and as policies change for the better and services improve, we have seen huge advances in cancer survival over the last 50 years. However, we know that improvements are not experienced consistently across the population. We need to make sure that no one is left behind by improvements in cancer outcomes.

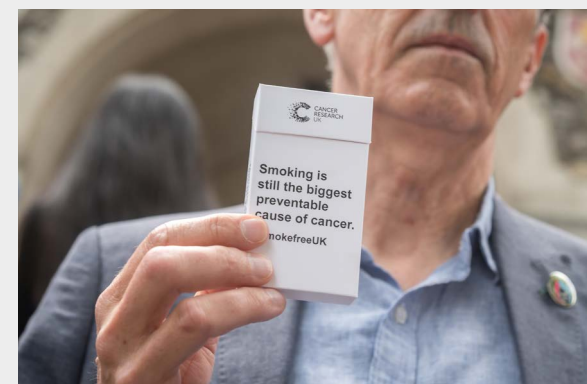
In November 2023, we published **Longer, better lives: A manifesto for cancer research and care**, which set out the measures and commitments the UK Government could make to prioritise cancer patients and prevent 20,000 cancer deaths every year by 2040. One of the manifesto's five missions is to reduce inequalities in cancer diagnosis and care through priority actions, such as a full rollout of the lung cancer screening programme across England by 2028.

Striving for a smokefree UK

Smoking is the single biggest risk factor for cancer, with significantly higher smoking rates among the most deprived communities, making it a significant driver of cancer and health inequalities. People born today in England's most affluent areas are expected to live, on average, up to a decade longer than people in the least affluent [1]. And if recent trends continue, England's most deprived areas would become smokefree almost three decades after the least deprived [2].

Realising the smokefree ambition across all socioeconomic groups would be one of the most impactful and equitable actions any government could make. So after decades of campaigning, we were thrilled to see commitments from the UK Government to reintroduce a bill to progressively raise the age of sale of tobacco products. This, alongside investment in smoking cessation services and new enforcement measures, represents a significant step towards a smokefree generation.

We've long been part of a committed community of organisations dedicated to reducing the burden of disease and premature death caused by tobacco. Working with **Action on Smoking and Health** and in partnership with the wider health community, we're aiming to reduce health inequalities caused by smoking by advocating to ensure pregnant women, people with mental health conditions and people who live in social housing have targeted, evidence-based support to stop smoking.



Our Smokefree UK campaign launch

Eliminating cervical cancer as a public health problem

We're also looking to reduce inequalities for specific cancer types. In low- and middle-income countries, incidence of cervical cancer is nearly twice as high and death rates three-times as high as in high-income countries [3]. In England, around 520 cases of cervical cancer each year are linked with deprivation [4].

In 2022, the **World Health Organization** launched its global strategy to eliminate cervical cancer as a public health problem through interventions including the human papillomavirus (HPV) vaccine, screening and improving access to treatment. Achieving this vision would go a long way to tackling cancer inequalities globally.

Over the past 70 years, our researchers have played a huge role in improving cervical screening, developing and testing the efficacy of the HPV vaccine, and improving treatment options for people with the disease. And we continue to support the introduction and rollout of vaccination programmes globally, collaborating with in-country partners.

In 2021, the results of a monumental study we funded revealed that the HPV vaccine dramatically reduces cervical cancer rates by almost 90% in women in their 20s who were offered it at ages 12 to 13 [5].

[Read more about our history in cervical cancer research](#)





Our focus areas

1. Deepening our understanding of cancer inequalities so we can find the drivers of change and what works to tackle them.
2. Using our insight and evidence to influence health systems and policy changes across the UK that will improve cancer outcomes.
3. Generating insight to inform our work and drive impact by directly involving people affected by cancer.
4. Driving impact and accelerating progress through partnership and collaboration with others.



Our key initiatives

- a. We'll work with the NHS and other organisations to push for better data to enable meaningful analysis of cancer inequalities.
- b. We'll generate and interpret evidence and insights from people impacted by cancer and health inequalities to build a clearer understanding of the barriers experienced by different groups and what works to tackle them.
- c. We'll translate evidence for a wide range of stakeholders – including health system leaders, clinicians and researchers – to support their work to reduce inequalities.
- d. We'll continue to lobby governments for changes to national policies to reduce cancer and health inequalities, especially relating to modifiable cancer risk factors such as smoking.
- e. Through our **International Cancer Prevention Programme**, we'll work in partnership with others to address global cancer inequalities driven by smoking and cancers caused by HPV.
- f. We'll continue to increase the diversity of the people we work with who have been affected by cancer and amplify their voices and experiences.



Our performance metrics

- Five novel analyses on cancer inequalities published each year.
- Hold the UK Government accountable in achieving a smokefree UK.
- Develop reciprocal relationships with eight external organisations to ensure we hear voices and experiences from communities currently less represented in our involvement work.
- Establish three new partnerships to tackle cancer inequalities.



In the coming years, reducing cancer inequalities will remain a focus for us at Cancer Research UK.

[Read more in our cancer and health inequalities strategy](#)

Strategic priority 2: Develop a more inclusive and diverse research community through the research we fund

Our journey so far

This strategic priority supports three pillars of our **organisational strategy**:

- **Discover:** We make discoveries about cancer that unlock new and better ways to beat it.
- **Translate:** We drive scientific discoveries forward into interventions that benefit everyone.
- **Partner:** We partner with organisations to have the biggest possible impact.

We're the world's largest charitable funder of cancer research. From discovery science to clinical trials, we fund world-class research into the prevention, detection and treatment of more than 200 types of cancer

through the work of more than 4,000 scientists, doctors and nurses across all career stages. Our work supports a wide range of scientific awards, ranging from project funding for individuals to long-term funding for teams and larger programmes of work, as well as funding our institutes, which provide a stable research environment and state-of-the-art facilities.

Our research will have the biggest impact on beating cancer. But we know that cancer doesn't affect everyone equally. There are differences in causes and rates of cancer, cancer types and stage of diagnosis, as well as access and response to treatment among groups or individuals in the population.



Partnering to tackle global cancer inequities

Through **Cancer Grand Challenges**, the global research initiative we co-founded with the National Cancer Institute in the US, we're supporting team SAMBAI (Social, Ancestry, Molecular and Biological Analysis of Inequalities) with £20m over five years.



Dr Melissa Davis (left), team lead with SAMBAI researchers

This interdisciplinary group of researchers based across Ghana, South Africa, the UK and the US are striving to decode the factors that cause and influence disparate cancer outcomes in underserved populations of African descent. They will generate a data repository to help understand why diverse populations are affected by cancer differently, focusing on breast, prostate and pancreatic cancer, which are typically more aggressive and develop at an earlier age in Black people. Working closely with patient communities, they hope to use what they learn to develop much-needed targeted cancer prevention and treatment strategies for underserved populations.

We're proud of the work team **SAMBAI** are embarking on to better understand cancer and health inequities. In addition to this work, we want to continue our efforts to cultivate an inclusive and diverse research community, where the brightest minds from all backgrounds can collaborate, thrive and progress at pace.

[Read more about team SAMBAI](#)

Data from biosciences academic research staff in the UK reveals a systemic and significant lack of diversity in terms of gender, ethnicity, disability and potentially other characteristics [6]. We were one of the UK's first research funders to publish our diversity data and some of the inequalities we see in our own grant funding data reflect these systemic issues. For example, more men than women apply for funding for almost every type of grant.

We've used our own data and evidence from the wider sector to design and target initiatives to improve inclusivity and diversity in the research community. Already, these targeted initiatives have helped us to make progress: overall success rates are equal for men and women who apply for our funding and we're receiving increasing numbers of fellowship applications from people from ethnic minority backgrounds. But we recognise we, and the broader sector, need to go further.

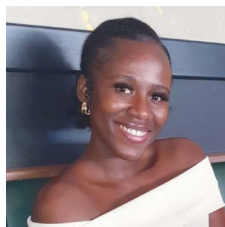
We champion women in research through our **[Women of Influence mentorship programme](#)**, which has now paired more than 100 researchers with leading businesswomen to help further their development as leaders.

We also partnered with **In2researchUK** in 2021 to provide the opportunity for 30 students from underrepresented or disadvantaged backgrounds to receive mentorship and build a career in cancer research.

We've taken more than 215 early- to mid-career researchers behind the scenes to observe how our funding decisions are made, prioritising groups who are currently underrepresented in our funding. The aim is to help demystify the process and collect feedback from participants to help improve our processes. We've recently expanded this scheme to better support researchers who identify as disabled, are neurodivergent or have a long-term physical or mental health condition.

With support from the **National Association of Disabled Staff Networks**, we updated our guidelines for applicants and grant holders to incorporate disability and accessibility support. This will help make sure all researchers have the same opportunity to access our fellowships and grant funding.

Our **Black Leaders in Cancer PhD scholarship programme** continues to grow, with seven students in fully funded places on one of our doctoral training schemes. The third round of applications is now underway, with the programme expanded to offer studentships at centres around the country.



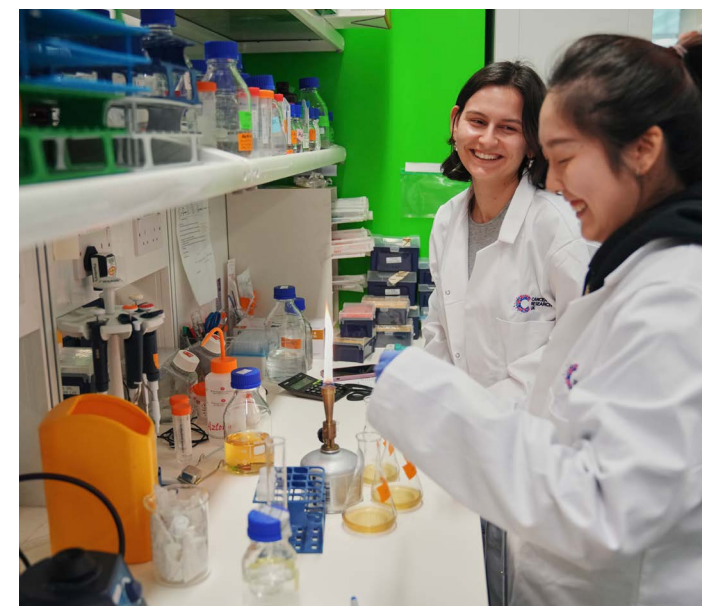
“Since cancer affects individuals of all ethnicities, it's imperative to have a diverse workforce to effectively tackle and overcome this disease.”

Abena Amponsah

One of our first Black Leaders in Cancer PhD students

Valuing our people, reducing cancer inequalities and promoting fair and inclusive research environments are key principles in our **research strategy**, published in 2022. Cancer doesn't affect everyone equally, so we need to support research that's relevant to, and where appropriate involves, a diverse population of participants, while making sure the outcomes benefit everyone.

Tackling and eliminating cancer inequalities is a complex and long-term challenge. Our refreshed **EDI in research strategy**, which will be published in 2025, will provide greater detail around the focus areas identified below, which are supported by three enablers: communication, partnership and data.





Our focus areas

1. Achieving equality in our research funding.
2. Diversifying the research community.
3. Preventing and addressing cancer inequalities through research.
4. Promoting inclusive research environments.



Our key initiatives

- a. We'll develop and publish our EDI in research strategy and action plan in 2025, which will include refreshed initiatives.
- b. We'll regularly engage with the wider cancer research community to review and improve our funding and evaluation processes, policies and culture.
- c. We'll be ambitious in our expectations of the research environment and culture in the organisations that receive our funding.
- d. We'll continue collaborating with others through strategic partnerships that seek to tackle inequalities.



Our performance metrics

- Performance metrics will be determined in our EDI in research strategy, which will be published in 2025.

Strategic priority 3: Build an inclusive and diverse culture for all our people – staff and volunteers – so they can contribute to our success and feel like they belong

Our journey so far

This strategic priority supports the ‘Sustain’ pillar of our **organisational strategy**. We build the foundations for sustainable long-term progress against cancer.

By maintaining excellent levels of engagement and cultivating an inclusive culture where everyone feels they can fulfil their potential, we aim to be a great organisation for everyone to work and volunteer for. We also believe this will help us make the fastest progress towards our vision of a world where everybody lives longer, better lives, free from the fear of cancer.

Our inclusion score, which is measured through our staff survey, has continued to improve from 69% in 2020 to 80% in 2023. This means we’re now above industry benchmarks. Our staff engagement measure is also continuously improving. It was 79% in 2023, which is significantly above the industry benchmark of 69%. In 2022, 72% of the volunteers we surveyed felt like they ‘belonged’ at Cancer Research UK.

Our staff networks continue to grow and strengthen their role in providing an effective communication channel for staff to share ideas, solutions and perspectives on employee experience and issues. The networks cover gender, sexual orientation, race, age, faith, health and disability, and support parents and carers, people experiencing grief and bereavement, and people experiencing fertility issues or baby loss.

We’ve embedded high levels of flexibility in our workplace policies, including flexible working arrangements that support a healthy work-life balance and flexible bank holidays, so most of our staff can choose when they use them. And we’re finalising our ‘Transitioning at work’ guidance to ensure the right support is in place for trans and non-binary colleagues who transition, or are thinking about transitioning, and their managers and wider teams. Also, our internal Valuing Difference campaign has proved a great way for staff to learn more about the

importance of inclusion, the diversity of our people and the role they can play in creating a more inclusive culture at work.



We achieved an

80%



inclusion score in our staff survey

In our top two pay grades (executive director and director), we've maintained our target of 50% women and we've achieved our organisation-wide ethnicity target of 16%. We also maintained our target of at least 30% of applicants coming from ethnic minority backgrounds. And we're attracting more people from younger age groups to volunteer at our events and in our shops. However, we recognise there's more we can do to make volunteering for us easier and more inclusive.

We've made improvements to the way we recruit and manage our people. Our Disability in Recruitment guide, which includes how to write inclusive role profiles and adverts, helps hiring managers be inclusive through the recruitment process. We've also introduced inclusive recruitment training for hiring managers and we're involving people affected by cancer by inviting them to interview panels for certain roles. For our people managers, we've introduced training on becoming an inclusive team leader and for our volunteer managers, we've developed EDI guidance.

We remain ambitious about making improvements. We'll continue to consider EDI in our policies, procedures and decision-making, always ensuring our policies are lawful and consider the needs of our staff to enable everyone to reach their potential. And we'll continue to work with our incredible volunteers to make sure we're inclusive.



“

Claire and the team do not make me feel different, but part of a family that are all different in their own ways.”

Terry Wheeler, Wellington shop volunteer





Our focus areas

1. Maintaining our high level of engagement with staff and taking action with demographic groups where improvements are required.
2. Maintaining our high levels of inclusion and belonging among staff and taking action with demographic groups where improvements are required.
3. Ensuring everyone can access the support they need and are enabled to reach their potential.
4. Improving the diversity of staff and volunteers based on evidence where improvements are required.



Our key initiatives

- a. We'll continue to engage our staff and volunteers and build an inclusive culture.
- b. We'll continue to review and embed EDI considerations into how we recruit staff and volunteers, and develop specific initiatives aimed at bringing underrepresented groups into Cancer Research UK.
- c. We'll continue to strengthen our learning and support offering, with tailored support for managers and remote staff and volunteers.
- d. We'll continue to enhance our listening and engagement strategies, utilising different sources and working alongside our staff networks.
- e. We'll implement an online volunteer management system in 2025, which will allow us to manage and engage with our volunteers more effectively, improve our data quality and act on insights.
- f. We'll continue to improve the accessibility of our information, support, resources and facilities for staff and volunteers.
- g. We'll continue to ensure that our policies are lawful and EDI is considered through the development of policies and processes that impact our people.



Our performance metrics

- Achieve 82% on engagement measure for all staff and set improvement targets for demographic groups that fall below this target.
- Achieve 80% inclusion measure in our staff survey and set improvement targets for demographic groups that fall below this target.
- Increase proportion of staff from ethnic minority backgrounds from 16% to 19% by 2027.
- Achieve and sustain **Disability Confident employer** status by 2029.
- Meet recognised accessibility standards for public-facing consumer organisations, for example achieving AA of the UK Government's **Web Content Accessibility Guidelines**.

We aim to increase **ethnic diversity** to

19%

by 2027



Strategic priority 4: Ensure inclusion and diversity across our governance and leadership

Our journey so far

This strategic priority also supports the 'Sustain' pillar of our **organisational strategy**. We build the foundations for sustainable long-term progress against cancer.

Our EDI strategy is a key part of how we operate responsibly and sustainably. We recognise that good governance requires us to have the right depth and breadth of experience, knowledge, skills and perspectives, and we'll continue to strive for this within our leadership.

Our Council of Trustees plays an integral role in setting our direction, values and culture, and our ambition and strategy on EDI. They also review our performance and make sure we're making effective progress towards achieving our goals. We recruit our Trustee and non-Trustee committee members in line with our inclusive recruitment principles and through open, transparent procedures. Our current Trustees have participated in an inclusion training session specifically for Council.

For our staff, we've introduced our Leadership Behaviours, which sets a clear framework for how we expect our

senior leaders to act. We also promote, inform and educate our leaders on EDI and provide opportunities for them to hear from cancer researchers, clinicians, cancer patients, and our supporters and staff about their experiences.


Going forward, we'll continue to equip our leaders with the knowledge and understanding they need to lead with impact and in an inclusive way. We'll also continue to develop a strong and diverse leadership pipeline through Ignite, our competitive development programme for high-potential ethnic minority staff. And we'll continue to work towards gender and ethnic diversity targets across our governance and leadership.

Currently, the level of ethnic diversity among our senior leadership is 7.3%. We'll continue working towards our target of 12%, which we set in 2018 (when the level was just 5.7%). However, our ambition is for this level to match the ethnic diversity across the whole organisation. We also aim to maintain our target of 50% women in our top two pay grades (executive director and director).



Some of our Ignite programme participants at the 2024 closing event

We aim to maintain

50% 

women in our top two pay grades



Our focus areas

1. Effective oversight of our progress against our EDI strategy, including at the level of Council and its committees.
2. Maintaining and growing excellent and diverse leadership.
3. Continuing to enable and support high-impact and inclusive behaviours in our leadership and culture.



Our key initiatives

- a. We'll develop effective oversight and reporting mechanisms on our progress against our EDI strategy, supported by regular reviews and clear accountabilities at the level of Council/Council committees and senior leadership.
- b. We'll maintain our commitment to ensuring our top leadership levels are a minimum of 50% women and 12% from ethnic minority backgrounds.
- c. We'll support our leaders in recruiting excellent and diverse people and build effective succession plans.
- d. We'll continue to offer competitive development opportunities that target high-potential future leaders from underrepresented groups.
- e. We'll continue to enhance our development offering on inclusive leadership.
- f. We'll continue to ensure EDI opportunities and risks are considered in key strategic decisions and business plans where appropriate.



Our performance metrics

- Annual progression against our EDI strategy across all priority areas.
- Maintain a minimum of 50% women in our top two pay grades (executive director and director).
- Increase percentage of people from ethnic minority backgrounds in our top three grades (executive director, director and head) to at least 12%.

Strategic priority 5: Engage with people in ways that are inclusive, relevant and accessible

Our journey so far

This strategic priority supports the 'Engage' pillar of our **organisational strategy**: We inspire millions to join with us in our mission.

Through our information services and opportunities to fundraise and volunteer, we reach millions of people every year. We aim to make sure that we're engaging with them in ways that are inclusive, relevant and accessible so that each individual can play their role in beating cancer.

We will strengthen our position as a leading digital provider of cancer and health information in the UK for people of all backgrounds. So far, we've consistently met or exceeded our target reading age for new online content and our information is consistently awarded the **Patient Information Forum TICK** – a quality mark that shows our content is trustworthy, written in plain English, evidence-based and incorporates user feedback. We also consistently receive the **Plain English Campaign's Crystal Mark**, which demonstrates that our content is clearly written.



Our inclusive content guidelines help to standardise our approach to EDI across our content, enabling teams to tell people's stories accurately and sensitively. And we have worked with organisations and external specialists to find new voices to feature in our communications that represent the breadth of cancer experiences, including people from underrepresented groups. Around a quarter of the media volunteers who appear in our communications and marketing activities are from underrepresented groups. Since 2021, we've doubled the number of media volunteers we feature from an ethnically diverse background and made progress in recruiting media volunteers who represent the disabled and LGBTQIA+ communities.

Every year, our Cancer Awareness Roadshow takes specially trained nurses into communities with the poorest cancer outcomes to talk to people about reducing their cancer risk, knowing what's normal for their body and going to the doctor with any concerns, as well as signposting them to local services. Outside of the roadshow, our cancer awareness nurses have introduced additional activities within the communities they serve to understand more about the health challenges people face.



“

Understanding the barriers that people and communities face in accessing information and services is vital in helping to address health inequalities and improve cancer outcomes for underserved groups.”

Lesley Green, Cancer Awareness Nurse Manager

A Cancer Awareness Roadshow nurse with a visitor





Our focus areas

Continuing to improve the inclusivity, relevance and accessibility of our:

1. cancer and health information.
2. engagement and involvement with communities and volunteers.
3. information on how people can support fundraising and campaigning.
4. communications to reflect people affected by cancer and supporters of our mission.



Our key initiatives

- a. We'll assess our mix of information channels, review our cancer and health content to identify gaps and opportunities, and run pilots to determine recommendations for targeting demographic groups within our existing resource.
- b. We'll continue to deliver community-based cancer awareness activity that's targeted to areas of greatest need and seek new ways to increase engagement and impact among underserved groups.
- c. We'll ensure EDI is considered in our brand, marketing, content, communications and social media to reflect the experiences of everyone who is affected by cancer and everyone who supports our mission.
- d. We'll implement a new content management system by 2027, using the new design system to improve the accessibility and future content of our website.
- e. We'll review our fundraising database against the UK census and make recommendations on where to improve our engagement with different demographic groups, which may influence the development of future fundraising propositions.

- f. We'll engage with our volunteer panel to reach underserved communities, which will inform our fundraising insights and opportunities.



Our performance metrics

- Maintain quality and accessibility marks for health and cancer information.
- Monitor and maintain the number of people directly engaged each year through our Cancer Awareness Roadshow, Talk Cancer and Cancer Awareness in the Workplace activity.
- Conduct an assessment of current brand perception and engagement and set targets for key demographic groups by April 2025.
- Conduct an assessment of information and fundraising audiences against external benchmarks and set targets for key demographic groups by March 2026.
- Achieve 100% of webpages moved to our new content management system, with accessibility best practices built into the process to meet recognised accessibility standards in our information.

A summary of our performance metrics

Strategic priority	Beneficiaries	Key metrics
Priority 1: Reduce cancer and health inequalities through our work and in partnership with others	People affected by cancer	<ul style="list-style-type: none">• Five novel analyses on cancer inequalities published each year.• Hold the UK Government accountable in achieving a smokefree UK.• Develop reciprocal relationships with eight external organisations to ensure we hear voices and experiences from communities currently less represented in our involvement work.• Establish three new partnerships to tackle cancer inequalities.
Priority 2: Develop a more inclusive and diverse research community through the research we fund	Researchers, patients and the public involved in research, and people affected by cancer	<ul style="list-style-type: none">• Performance metrics will be determined in our EDI in research strategy, which will be published in 2025.

A summary of our performance metrics continued

Strategic priority	Beneficiaries	Key metrics
Priority 3: Build an inclusive and diverse culture for all our people – staff and volunteers – so they can contribute to our success and feel like they belong	Staff and volunteers	<ul style="list-style-type: none"> • Achieve 82% on engagement measure for all staff and set improvement targets for demographic groups that fall below this target. • Achieve 80% inclusion measure in our staff survey and set improvement targets for demographic groups that fall below this target. • Increase proportion of staff from ethnic minority backgrounds from 16% to 19% by 2027. • Achieve and sustain <u>Disability Confident employer</u> status by 2029. • Meet recognised accessibility standards for public-facing consumer organisations, for example achieving AA of the UK Government's <u>Web Content Accessibility Guidelines</u>.
Priority 4: Ensure inclusion and diversity across our governance and leadership	Cancer Research UK leaders and advisory boards	<ul style="list-style-type: none"> • Annual progression against our EDI strategy across all priority areas. • Maintain a minimum of 50% women in our top two pay grades (executive director and director). • Increase percentage of people from ethnic minority backgrounds in our top three grades (executive director, director and head) to at least 12%.

A summary of our performance metrics continued

Strategic priority	Beneficiaries	Key metrics
Priority 5: Engage with people in ways that are more inclusive, relevant and accessible	General public and supporters	<ul style="list-style-type: none"> • Maintain quality and accessibility marks for health and cancer information. • Monitor and maintain the number of people directly engaged each year through our Cancer Awareness Roadshow, Talk Cancer and Cancer Awareness in the Workplace activity. • Conduct an assessment of current brand perception and engagement and set targets for key demographic groups by April 2025. • Conduct an assessment of information and fundraising audiences against external benchmarks and set targets for key demographic groups by March 2026. • Achieve 100% of webpages moved to our new content management system, with accessibility best practices built into the process to meet recognised accessibility standards in our information.

Governance and future updates

EDI at Cancer Research UK is governed by our:

Council of Trustees

Council reviews EDI annually and is responsible for setting the overall strategy for EDI within the charity.

Council committees

Our committees will be provided with EDI updates as required to perform their roles.

Executive Board

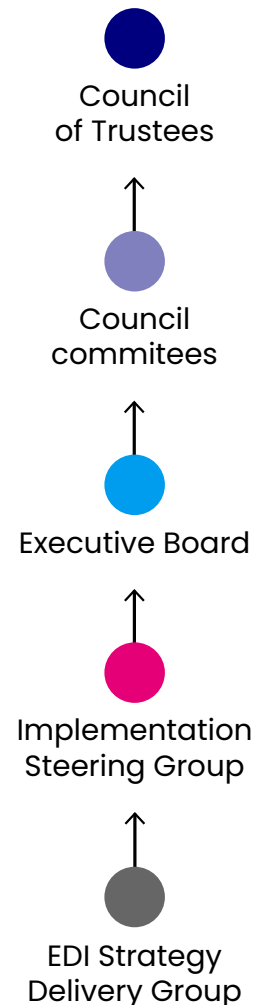
The board reviews progress against our EDI strategy twice a year.

Implementation Steering Group

The group meets quarterly to discuss and provide direction on the implementation of our EDI strategy, led by our EDI Executive Sponsor, Dr Ian Walker.

EDI Strategy Delivery Group

The group meets monthly to discuss the delivery of our EDI strategy, share learnings and raise questions and challenges.



Future updates

We want to make sure that everyone at Cancer Research UK knows what their role is in implementing our EDI strategy and that we inform the public of our progress. To do this, we will:

- communicate the strategy and its initiatives to staff, volunteers and other audiences
- make every team accountable for implementing changes for their staff and other audiences
- report biannually to the Executive Board and discuss progress against the strategy annually with our Council of Trustees
- publish updates on our progress from our chief executive twice a year, as well as regular news stories relating to EDI as they emerge

Other governance forums may also be consulted where relevant.

Glossary

We use the following definitions:

Equality

Equality means every individual has an equal opportunity to succeed. No one should have poorer life chances because of any protected characteristics they have. When we talk about equality at Cancer Research UK, we don't mean always treating everyone the same, but we do want everyone to have fair access to the same opportunities. To achieve equality, we need to treat people with fairness and impartiality. This means sometimes treating people differently, in accordance with their needs.

Diversity

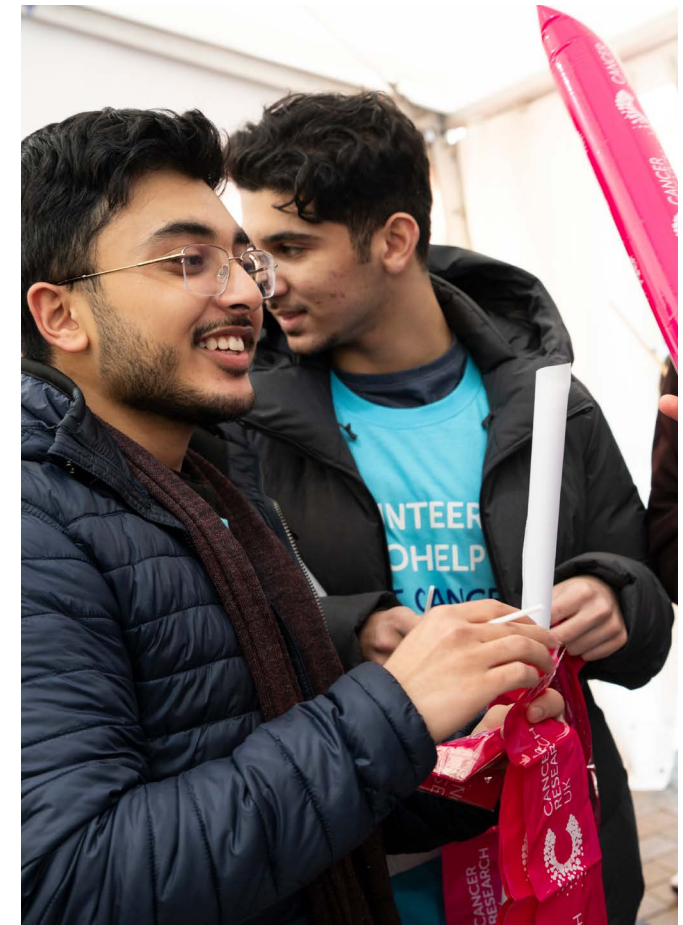
Diversity means the variations in characteristics within a group of people. These characteristics could be anything that makes us unique. Diversity isn't limited to the protected characteristics set out in the Equality Act 2010. It also covers the other ways we're different, including different ways of thinking and working, personality traits, and social and economic backgrounds.

Inclusion

Inclusion means valuing, respecting and championing differences, and removing unnecessary barriers that prevent groups and individuals from participating, engaging and succeeding.

Underrepresented groups

Underrepresented groups refers to groups of people within a community (for example, Cancer Research UK staff) whose representation is disproportionately low relative to their numbers in the general population.



References

1. Office for National Statistics. **Health state life expectancies by national deprivation deciles, England: 2017 to 2019**. 2021 (2017–2019 data is preferred as 2020 data was affected by the COVID-19 pandemic.)
2. Cancer Research UK. **The most deprived in England won't be smokefree until after 2050**. 2023
3. World Health Organization. **Global strategy to accelerate the elimination of cervical cancer as a public health problem**. 2020
4. Cancer Research UK. **Cervical cancer statistics**. Accessed 2024
5. Falcaro, Milena et al. **The effects of the national HPV vaccination programme in England, UK, on cervical cancer and grade 3 cervical intraepithelial neoplasia incidence: a register-based observational study**. The Lancet, 2021
6. Higher Education Statistics Agency. **Open data and official statistics**. Accessed 2024

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- EDI strategy project team
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- Council of Trustees

Image credits

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