

Anthony Nolan's equity, diversity and inclusion strategy

2024-2030

A fairer future for our patients and our people



Introduction from our Chief Executive, Henny Braund MBE

As an organisation, our vision is for a future where every patient who needs us can not only survive, but thrive. This means patients – no matter their background or circumstances – must have equitable access to, experience of, and outcomes from the treatment they need.

Realising this ambition will not be an easy task. There's no simple solution to achieving equity for the patients of today and the patients of tomorrow, so our organisational strategy embeds this goal in everything we do. Our people are vital to achieving our goal of equity for all our patients, so it is also vital that we support and empower every one of them to realise their full potential.

Our journey to achieve greater equity, diversity and inclusion has already started. This Equity, Diversity and Inclusion (EDI) Strategy sets out the path we will continue travelling along over the next six years.

We have listened to our people, and our community of supporters and patients, to better understand the action we need to take to build an organisation that represents all of us, working together to achieve equity for all patients. We'll continue to listen, to engage and collaborate as we deliver this strategy, because we know we can't do it alone.

To realise our vision, we know we need to use new and different tools. And we know that the world around us will continue

to evolve, meaning we must be open to learning and adapting along the way.

I'm excited to see our plans for the first year of this new strategy, and the spirit of collaboration and innovation they embody. I'm confident this will strengthen the inclusive culture that embraces and celebrates diversity in all its manifestations.

As we embed EDI into the ways we work, the services we deliver and the opportunities we create, I hope it will allow each of us to strengthen our own connection to Anthony Nolan and to feel that everyone is reflected and recognised in our work.

We hope you can join us for the next part of our journey.



A handwritten signature in black ink that reads "H Braund". The signature is fluid and cursive.

Henny Braund MBE
Chief Executive, Anthony Nolan

What do we mean by Equity, Diversity and Inclusion?

Equity

Ultimately, equity is about fairness and justice in the way people are treated. While equality means treating everyone in exactly the same way, equity takes different circumstances and needs into account, noting that we do not all start from the same place. In practice, this is about challenging the structures that limit an individual's opportunity. Achieving equity means giving everyone what they need to succeed.

Diversity

Diversity captures all of the differences that make us unique, whether that's our background, our circumstances, our personality, our life experiences, our beliefs and our talents – all of the things that make each and every one of us who we are. Our commitment to diversity means we acknowledge, welcome, respect, value and celebrate these differences. It is our collective diversity that gives us strength.

Inclusion

Inclusion means welcoming, valuing and respecting everyone regardless of their background, circumstances and identities. It means people are included and feel that they belong, empowering everyone to contribute, and to realise their potential.

Why is EDI important for Anthony Nolan?

As we embark on the next stage of our EDI journey, it's important to be reminded of why we are committed to this journey, and how a more equitable, diverse, and inclusive organisation can benefit everyone.

The case for change

Since 1974 when Shirley Nolan established the world's first stem cell donor register, our organisation has been determined to tackle an injustice still faced by some transplant patients today – that the stem cells and treatments they need to save their lives are not always available to them.

We've long recognised that our responsibility to help save patients' lives is not limited by borders; that's why we continue to support the coordination of international donor matching, the establishment and development of new registries around the world, and the recruitment of potential lifesaving donors across Africa and South Asia.

If we are to deliver on a future where every patient who needs us can survive and thrive, it will be our people who get us there – our colleagues and our volunteers. With the same ethical obligation we have to unlock new treatments for patients, we have to unlock the human potential of our people.

Making a change is not a new concept to anyone, but the process of changing seldom gets easier for either those leading or contributing to the next part of our journey. With the same moral courage and determination that inspired Shirley Nolan 50 years ago, we must find the inspiration to prepare Anthony Nolan for the next half-century.

Achieving greater EDI for patients

Every patient who needs a stem cell treatment deserves the best possible experience of treatment and care, and the best chance to survive and thrive. But some patients face barriers in accessing treatment and care, have a poorer experience, and face worse outcomes because of their background, circumstances and identity. This includes some patients from minority ethnic backgrounds.

It shouldn't be like this. We need to understand where, how and why these disparities exist, and work together to remove them. We are committed to recruiting more potential donors from minority ethnic backgrounds to our register, but we know that recruitment alone will not achieve equity for every patient.

We will therefore pursue multiple approaches including:

- Increasing the accessibility and availability of cells from all donor sources, including from unrelated and related donors, and from cord blood.
- Collaborating with international donor registries so that patients can be matched to suitable donors wherever they are in the world.
- Maintaining and developing our cord blood bank.
- Conducting and supporting research into new cell therapies that may, in time, offer an alternative to transplantation – and treatments that could mitigate the negative impact of patient/donor mismatching.

It's also important that the support patients receive from Anthony Nolan's patient services – and those provided by the NHS

– reflect and meet their specific needs. We know a 'one size fits all' approach doesn't work, so as well as more precise treatments we also need to personalise support and care.

Patients from a minority ethnic background are more likely to have a rare or even completely unique tissue type. This means it could be harder to find a well-matched unrelated donor if they need one.



“I remember being told that finding a matching donor might be more difficult, but I did not appreciate how difficult it would be. I sat waiting for the phone to ring. I got very excited and nervous every time a doctor would come and visit that this would be the precious news we had all been waiting for.

“I'd like more people to understand how real the struggle is for someone in need of a transplant and that it can happen to anyone, regardless of race, religion, age or gender.”

ANIE, STEM CELL RECIPIENT AND HER DAD

When 25-year-old Anie was told she'd need a stem cell transplant to treat her aplastic anaemia aged 17, she thought finding a matching donor would be easy. But her Asian ethnicity made it much harder to find a match.

Anie was able to receive cells donated from her dad as she could not find a higher match. Anthony Nolan wants to ensure all patients have the best access to, experience of and outcome from, treatment - by help to remove barriers and tackle inequity of care.

Achieving greater EDI for our people

Our people are our colleagues and volunteers. They are our patients' greatest asset, and we want them to be at their very best every day. Empowering our people to succeed and celebrating the power of diversity among us allows us to hear different perspectives, to create and innovate, to challenge the status quo, and to represent the people and communities we serve.

This means creating an environment and culture where everyone is welcome, and where they feel they belong. Where every person's uniqueness is celebrated, their contributions valued, and for everyone to be supported to realise their potential.

Investing in our people is not limited to building and promoting an inclusive culture at Anthony Nolan. We also want to see the infrastructure and policies we all depend upon, both physical and digital, be designed with inclusivity in mind. This will help us to attract diverse candidates, and retain our talented workforce and passionate community of volunteers.

The wider benefits that EDI can bring to Anthony Nolan:

- **Attracting and retaining talent**
Our people, now and in the future, want to feel valued and included at work and know that they have helped to make a difference.
- **Begin to break the charity sectors' class ceiling**
Our sector has long accepted that privilege has been built into the leadership and management of many national charities. Through more inclusive recruitment of colleagues and volunteers, we can create new opportunities for our people, no matter their social background.
- **Enhancing our innovation and creativity**
With a diverse workforce who are confident and have the psychological trust to share their own perspectives, we will be better able to respond to the needs and expectations of our supporters, partners and the diverse communities we exist to involve in our work and represent.
- **Resolving challenges with added resilience**
The more diverse the collective experiences of our people, along with the different ways in which we solve the same problems, the faster we can develop sustainable solutions that meet the needs of more patients and other stakeholders.

What is important to our colleagues?

What did we discover?

Through the feedback shared, we gathered the following insights about Anthony Nolan.

- **Unconscious biases exist, and we need to tackle them**

People feel unconscious bias plays a part in how we work, and the way we work with each other. Without raising awareness, they can be a barrier to accessing fair opportunities at work.

- **There are stigma and misconceptions around the impact of mental health**

People want to feel psychologically safe at work, and to have the support of managers and colleagues in taking steps to managing their mental health and wellbeing.

- **We are inclusive, but this has not always been everyone's experience**

People consider Anthony Nolan to be a positive place to work, particularly for LGBTQ+ colleagues. However, some colleagues from minority ethnic backgrounds have felt isolated at times and this can be intimidating.

- **We should be more aware of, and knowledgeable about, diversity issues**

People across Anthony Nolan want to learn more about diversity and different experiences. Opportunities for improvement include developing our awareness of culture and religion; mental health; LGBTQ+ issues such as transgender experiences; taking positive action around menstruation and menopause, how society can impact disabled people, and how to reflect intersectionality in our work.

- **We should recognise and value everyone's contributions, no matter their age**

Both younger and older colleagues want their work and the value of their contributions to be recognised. This includes being represented in the way Anthony Nolan presents itself publicly, as well as being given opportunities to develop their skills as part of their professional growth.

- **Adjusting how we work can help everyone reach their potential**

Adjustments to our processes and practices would enable everyone to fully contribute to our work and to realise their full potential. This includes making sure workspaces and meetings are physically and digitally accessible, as well as considering how ways of working can be more neuro-inclusive.

- **Positive role models and diverse, inclusive leadership builds confidence**

Having people that share your experiences has a positive influence on Anthony Nolan's culture. With many women in leadership roles, it was felt the presence of confident and capable female role models helps to tackle unconscious bias and we need to see more of this for people from diverse groups who are less well represented within Anthony Nolan.

Where should we focus?

Based on these insights, we have identified priorities that our people want to see Anthony Nolan make progress on. These include:

- **Unconscious biases**

Taking action to unpick the biases and assumptions we all have, because they risk holding back our colleagues' potential and impacting their wellbeing.

- **Psychological safety**

Nurturing a strong sense of belonging, where people feel comfortable and confident to speak up, to share their experiences and ideas, and to learn from mistakes.

- **Transparency**

Being honest and open about the action required to meet our commitment to equity, diversity and inclusion, and where there are gaps and weaknesses.

- **Education and learning**

Having an inclusive approach to educating our people on the topics that matter to them, including intersectionality, and of the challenges facing both donors and patients.

- **Representation**

Being more representative of the communities we serve and work with and empowering the diversity that exists among our people today.

- **Colleague development**

Making sure development and promotion opportunities are equitable through clear and transparent processes.

What will we do?

Our work will be led by the ultimate goal of achieving greater equity for our people and for our patients. This requires a shared understanding of where we are now, and where we want to be.

We know we won't get everything right the first time. Change is not an easy process and so by listening and learning from others, we will be prepared to adapt our approach to ensure we get the outcomes we all want.

Our EDI strategy has been aligned to our strategy for environmental sustainability, which together forms the basis of Anthony Nolan's approach to sustainable development.

More specifically, the EDI strategy supports our fulfilment of several UN sustainable development goals in contribution to Anthony Nolan's Sustainability Strategy. These include the UN's third goal on 'Good health and Wellbeing', and their tenth goal in working to 'Reduce inequalities across the world'.

Our first steps:

What we've achieved so far

Striving to achieve greater equity, diversity and inclusion has been a goal for many years - through our register, our research and our relationships with partners. Some of our EDI successes so far include:

For our patients

- We established our Cord Blood Programme in 2008 as these cord blood units can be an important lifeline for patients from minority ethnic backgrounds who might otherwise not find a viable unrelated adult donor.
- We are working to support international donor registers to help develop targeted recruitment strategies, potentially helping to improve the availability of donors to patients from a wider array of backgrounds around the world.
- Our longitudinal Patient/Donor project continues to analyse the genetic relationships between different patients and donor pairs, building our understanding of what makes a quality match that can deliver good outcomes for every transplant patient.

- The Ethnicity and Outcomes project has now completed its first phase. It found that for some minority ethnic patients receiving a transplant using donor cells, their outcomes were worse than White patients. We are now developing further research into the disparities between patients and why these occur.

For our people

- Using a specialist recruitment agency, we successfully recruited new members of our Board from diverse backgrounds as their lived experiences help enrich our strategic thinking and priority setting.
- We launched our Inclusion Champions network, empowering colleagues to share their passion and curiosity for learning about what matters to others and how our diversity is a shared strength.
- We hosted a series of Listening Groups that included representation from across our organisation, giving insights into what's going well and where there is room for improvement.
- We co-developed definitions for equity, diversity and inclusion which are relevant to our organisation, our work and the approach we want to take in achieving our ambitions.
- We carried out an EDI survey in summer 2023 for all our colleagues, helping to build a picture of their needs and expectations.
- We hosted events celebrating diversity in all faiths, neurodiversity and public events such as Pride parades.



“Any small change you make, whether it be clocking your unconscious bias, or supporting someone at work – can make a huge difference. I feel at Anthony Nolan we do this so well by creating a workplace where there is a sense of belonging and encouragement to be whoever you want to be.

“By being an Inclusion Champion, I want to be that ally at work for anyone who needs it and challenge any unconscious bias and I will do this by learning about inclusion topics and simply being there for whoever needs me.”

KAREN DEAN

CLINICAL SUPPORT COORDINATOR AND

ANTHONY NOLAN INCLUSION CHAMPION

Our vision:

We strive for a future where equity is the reality for patients and our people.

We are stronger because of our diversity. The Anthony Nolan community is a kaleidoscope of difference, united by the goal to save and improve lives.

We will:

- Acknowledge, respect, value and celebrate what makes each of us different and unique.
- Welcome everyone who wants to join us, and give everyone a true sense of belonging.
- Work every day to understand and remove the barriers that some people face because of their backgrounds, circumstances and identities.
- Treat everyone with fairness and justice, and challenge unfairness and injustice in our systems and structures.
- Strive to give patients, donors and our people what they need to flourish, succeed and realise their potential.

We know realising our vision and its ambitions will be a long-term journey, so we will deliver our EDI work over three horizons.

Short term - 12 months

Full plan supporting the first year strategy focusing on laying the foundations.

Medium term - by 2028

The outcomes detailed in this strategy for patients, our donors and our people.

Long term - 2028+

Longer term vision - equity for patients, our donors and our people

How will we realise our vision?

Knowing what we want to achieve, the critical question is how we intend to make this change. At the heart of our approach will be a focus on adaptation – as society changes, as the expectations of our people and patients change, and as Anthony Nolan itself changes, so will our approach to EDI.

Our approach

We will:

- **Lead with equity**
- **Adapt and evolve**
- **Be curious and actively listen to our community**
- **Be determined to take action and have an impact**
- **Collaborate and acknowledge that everyone has a part to play**

The tools we will use:

Engagement and discussion

Why? Through engagement and discussion, we will keep challenging each other, our assumptions and thinking while celebrating and recognising the value of our diversity.

What? We will strengthen two-way communication, making sure it is accessible, engaging and inclusive, as well as our internal feedback mechanisms; establish colleague networks and create more ways for donors and patients to meaningfully engage in and contribute to our work.

Research, data and insight

Why? We need to understand more about who our patients, donors, colleagues and community are, and the barriers they face to make sure focus our action in the right areas.

What? This evidence will come through research; by collating and analysing data, as well as capturing insight from our community.

Knowledge-sharing and influencing

Why? A strong evidence base is only of use if we are actively using this to define action, share insight and knowledge and use this knowledge to influence for wider change in our community and beyond.

What? This activity will include working with the wider community, raising awareness of the barriers faced by patients, and of the ways in which these barriers can be overcome.

Tracking our progress

Why? We will continue to develop initial roadmaps with additional planning and adaptation to support this strategy with clear owners, timelines and measures of success. This will continue to adapt as we learn more through delivery.

What? We are including updates on the EDI strategy as part of wider reports in wider progress reports for our organisational strategy at the end of Q2 and Q4 and share progress in our annual report externally.



“At Anthony Nolan we recognise the importance of data, and as we begin to develop our culture around data, I’m keen that we ensure the insights we interpret are representative of all communities. How we choose to translate data can result in very different stories, and it’s important that our approach reflects the lived experiences of both our donors and patients.

“The digital solutions we develop to support Anthony Nolan in achieving our vision also need to be accessible and inclusive. We have an exciting opportunity to create new digital systems that are user focused.”

PAUL AIREY

**CHIEF DIGITAL & INFORMATION OFFICER
AND SLT SPONSOR OF ANTHONY NOLAN’S
ACCESSIBILITY, NEURODIVERSITY AND
DISABILITY AFFINITY NETWORK**

Our plans

This strategy is set over the next six years, up to 2030. This includes the early stages of our next organisational strategy, which is expected to start in 2028. Using the tools and approach we have described, we will deliver our plans across the three horizons, adapting and evolving our work as we progress.

Achieving greater EDI for our patients

What will be different and better?

Long term impact: All patients have equitable access to, and experience of, treatment, care and support – so everyone has the best chance to survive and thrive.

We need to give every patient the best possible outcomes by understanding where, how and why these disparities exist across the full patient pathway and what we can do to remove them. Achieving this includes the following:

- We will better understand patients’ experiences, sought insights, views and opinions of patients from diverse backgrounds, including their loved ones, across the breadth of our work.
- We will have strengthened our partnerships and volunteer engagement to increase the diversity of potential donors on our register.

- We will continue to collaborate with international donor registers to find matches globally; pioneer innovative ways to both expand the global donor pool and tackle global inequity in access to transplant; and support research into cellular therapies that could potentially reduce the need for genetic matching.
- We will continue our work to increase the use, accessibility and availability of cells from all donor sources including related donors and cord blood, as well as supporting donor wellbeing throughout these processes.
- We will better engage with under-represented communities, focusing on improving access, experience and outcomes of the most marginalised patients.

What are we doing and what do we plan to do?

Research, evidence and insight:

- Grow our knowledge and understanding of inequities faced by our patients and this knowledge to take action.
- Identify patients' unmet needs and use this evidence to remove barriers and disparities.
- Understand how population changes will impact future patient need to inform our donor recruitment, retention and typing strategies.
- Evidence new models of care and delivery for patients to create services that are equally effective for all.
- Grow our knowledge and understanding of barriers experienced by under-represented donors and use this knowledge to take action.

- Understand and work with others to remove the barriers to clinical trials faced by people due to background and circumstance.

Donors and sources of stem cells:

- Develop and optimise the UK's and Anthony Nolan's donor register and cord blood bank in line with our understanding of future patient need.
- Support the development of new treatments to tackle the effects of a sub-optimal donor match, including post-transplant cyclophosphamide.
- Continue to support family members who are donors (related donors), understand their experience more fully and how this might be improved.
- Increase the availability and use of stem cells from all donor sources, including cord blood.
- Better understand donor attrition rates for potential donors from minority ethnic backgrounds, using this knowledge to further tailor donor journeys and enhance the register experience.

Raising awareness, understanding and engagement:

- Create opportunities for active, meaningful engagement in our work for patients and their loved ones from all backgrounds.
- We will be a platform for patients, families and their loved ones to amplify their voice and advocate for, and with, them to ensure their experience of access, treatments, transplant and recovery are heard, and acted upon.
- Raise awareness internally and externally on barriers around equity for patients.

Collaborating towards equity:

- Work with registries around the world to improve global availability of and access to donors. One example is our ongoing work with an Indian stem cell registry, DATRI, to investigate new strategies to recruit donors from particular regions to support local and international patient searches.
- Work with partners to improve the scale, quality and use of patient and donor data.
- Improve the technology and infrastructure that facilitate the matching of patients and donors worldwide.

Achieving greater EDI for our people

By our people, we mean our colleagues and volunteers. We know that people only achieve their best where they feel able to bring their full selves to work. To make this happen we need to develop a truly inclusive environment that can better celebrate our collective diversity.

What will be different and better?

Long term impact: Investing in our people and their experience so they can achieve their full potential and cultivate a personal sense of belonging where everyone is empowered and enabled to be part of the change we need to see.

Achieving this includes the following:

- We will cultivate a sense of belonging, celebrate our differences and work together towards achieving our equity goals whilst remaining resolute in the behaviours we expect to see.

- We will actively listen to the perspectives of our people as well as our wider community and use this insight to inform action.

What will we do and deliver to achieve this change?

Tracking our progress:

- We will use demographic data and colleague feedback to understand where barriers may exist and what we need to do to counter them.
- We will give regular, honest updates on progress including successes, challenges and learning.

Raising awareness:

- We will invest in and embed a culture of EDI learning and development to nurture the skills and abilities that are necessary for the growth of Anthony Nolan.
- We will involve, employ and engage a diversity of people in our work, removing identified barriers to engagement and participation. We will actively listen to colleague and volunteer perspectives, using this insight to inform action.

Improving our colleague lifecycle:

- We will increase the diversity of people in all roles and at all levels of the organisation to ensure we are representative of our wider communities.
- We will embed EDI at all stages of the colleague and volunteer lifecycle and review all our policies through an EDI lens, continuing to evolve our practices in line with need.
- We will create clear development paths to enable everyone to reach their full potential.

Collaborating and celebrating our diversity:

- We will engage with our people and wider community in ways that are inclusive, relevant and accessible.
- We will acknowledge the value diversity brings through celebrating different backgrounds and experiences, including and beyond awareness days.

In 2007, Anthony Nolan took the pioneering step to enable gay and bisexual men to donate stem cells. We want to continue dispelling myths around who can save lives with their stem cells, developing equity in our donor journeys - no matter your sexuality or gender identity.

Conal joined Anthony Nolan's stem cell register at school, when a school friend's brother was diagnosed with a blood cancer, and needed a donor. Conal's partner, Finbar joined the register himself during his first week of university, after hearing from his Marrow student society.

“An extra reason I signed up to the stem cell register was because at the time in Northern Ireland, you couldn't donate blood if you were in a gay relationship. This was something I could actually do to help, there was no discrimination or anything against it.”



CONAL AND FINBAR

BOTH JOINED ANTHONY NOLAN'S

STEM CELL REGISTER

Appendices

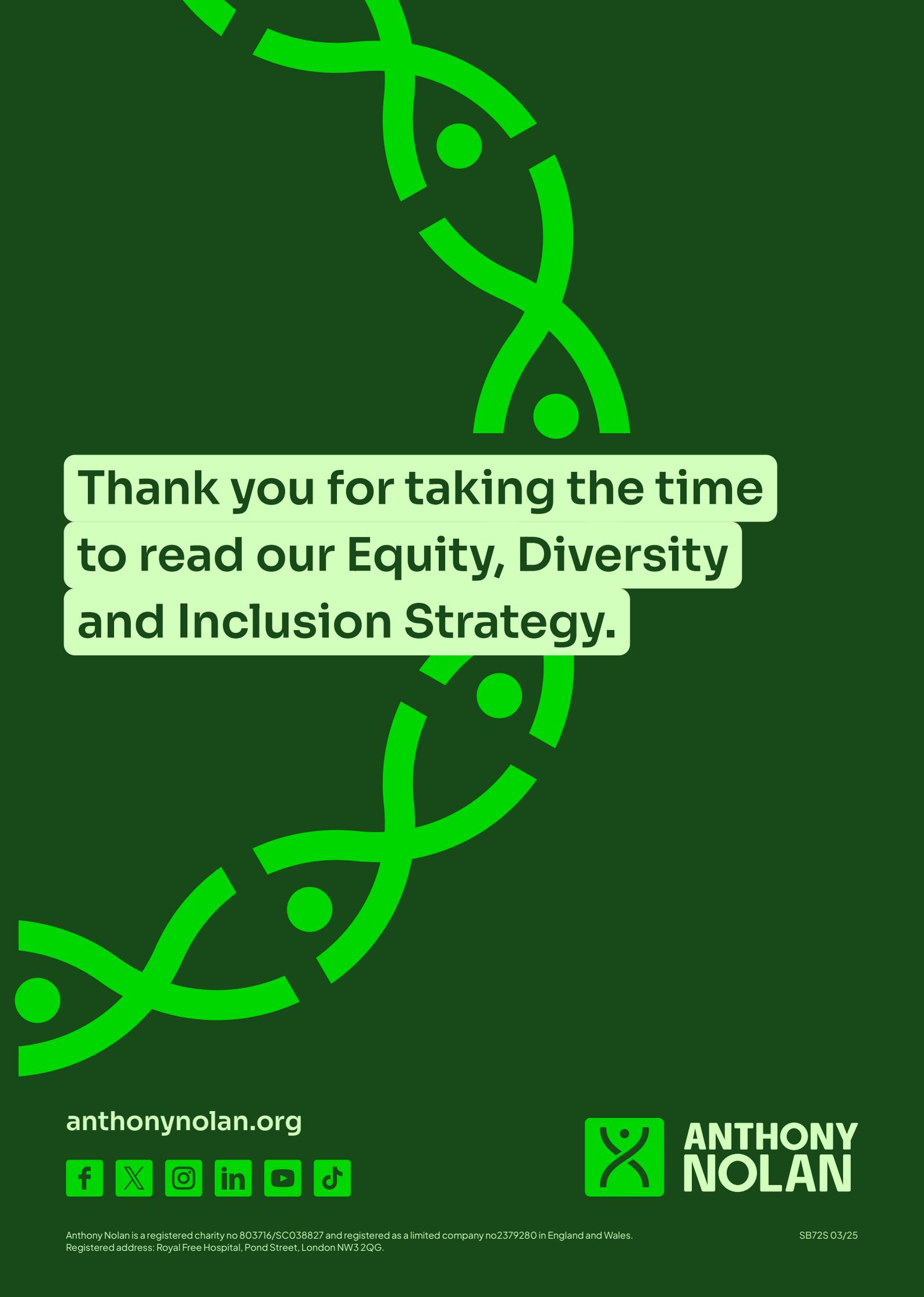
Other definitions used in this document include:

Our People - this is a term which encompasses both our colleagues and our volunteers. Where we mean either of these groups specifically, we will use more specific words.

Our Community - Our community is formed of multiple communities. It is comprised of patients, patients' loved ones, donors, potential donors, colleagues, supporters, partners, research community, clinicians and many more. It is everyone who is working with us towards our collective ambition.

Our Donors - We use donors throughout this document however know this is an umbrella term for a diverse community of people.

This term encompasses potential unrelated donors both on the Anthony Nolan register and those still to be recruited, as well as related donors, donors for research, those who have already donated and cord donors. We recognise that there are differences in experience across the donor journey, this will be taken into account in our planned work in this area.



**Thank you for taking the time
to read our Equity, Diversity
and Inclusion Strategy.**

anthohnolan.org



**ANTHONY
NOLAN**