



Marie
Curie

Care and support
through terminal illness

“I lost my old life to my illness. Marie Curie helped me start a new one.”

Read Sarah's story on page 5

S. Ezekiel

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Our thanks

At Marie Curie, we believe everyone living with a terminal illness should be able to get the most they can from the time they have left.

Marie Curie Nurses care for people living with terminal illnesses in their homes, when they need them most, day or night. Marie Curie Hospices are at the heart of communities around the UK. Marie Curie's trained staff and volunteers provide support when people need to talk. mariecurie.org.uk/who

Our core services

Marie Curie Nurses

Marie Curie Nurses work night and day, in people's homes across the UK, providing hands-on care and emotional support. If you're living with a terminal illness, they can help you stay surrounded by the people you care about, in the place where you're most comfortable.

Marie Curie Hospices

Marie Curie Hospices offer the reassurance of specialist care and support, in a friendly, welcoming environment, for people living with a terminal illness and their loved ones.

Information and support

We help everyone affected by a terminal illness to get the information and support they need, whether they are living with an illness themselves, or supporting a family member or friend.

Marie Curie Helper volunteers

We know little things make a big difference when you're living with a terminal illness. Our trained Helper and Companion volunteers visit regularly to chat, or nip to the shops to pick up the essentials.

Policy and public campaigning

We influence decision-makers on issues affecting people with a terminal illness. We keep quality care on the political agenda and encourage people to use their voice to create change.

Research

We're a leader in research into better ways of caring for people with a terminal illness. This helps improve care and support across our services, as well as those provided by others.

An introduction

Marie Curie is the leading charity for people living with a terminal illness, and their families. Everything we do, from expert care and ground-breaking research, to practical information and emotional support, helps them, and their loved ones, make the most of the time they have together.

Thanks to our incredible supporters, we're able to be there for thousands of families every year, but there is still more work to be done. Someone dies every five minutes in the UK without getting the care and support they need at the end of their life. With the UK's ageing population meaning more and more people will be relying on health and social care services in their final years, there's no time to lose.

In this report, you'll see how we're doing all we can to ensure everyone gets the care and support they deserve when they're dying. For people like Sarah, and their families, every day is precious.

Ben Gold/Marie Curie



Sarah's story

Sarah Ezekiel was diagnosed with motor neurone disease (MND) at the age of 34. The Marie Curie Hospice, Hampstead, has been her lifeline ever since.

"When I was diagnosed with MND in 2000, my first question was: 'How will I care for my children?' My daughter was three and I was seven months pregnant with my son. My neurologist assured me that I would – and I have, but it hasn't been easy.

"Soon after diagnosis, my arms became very weak and I needed help to look after both my children and myself. Although I'm very grateful, it broke my heart watching strangers care for them. The disease progressed rapidly and I became dependent on other people. My marriage collapsed."

A great comfort

"I was referred to the Marie Curie Hospice, Hampstead. I couldn't imagine being at a hospice and said I wasn't interested. But I'd become painfully thin, couldn't sleep and was very depressed. My brother made an appointment for me to see a doctor at the hospice. I was too weak to protest.

"My GP seemed more scared of MND than I was, but the hospice doctors understood how I felt. I was comforted for the first time since I'd been diagnosed. I now use the gym twice weekly and I'm sure it has kept me more mobile. It's become a part of my routine, which I think is good for me.

"Living as a severely disabled person causes complex difficulties. I'm fortunate to have survived much longer than most people with MND. The hospice supports me in every way. I lost my old life, but they helped me to start a new one. The right care is so important when you have a terminal illness."

A new lease of life

"In March 2012 I discovered the computer I use to communicate can be used to paint. Having studied art at A-level and started an art foundation course, I had always wanted to be a fine artist. Travel, marriage, babies and MND followed and my dreams of being an artist ended – or so I thought.

"Once I started painting, I couldn't stop – I wanted to create constantly. I even painted the picture on the front of this report! My surroundings become more colourful and I feel as if I have a new lease of life. After posting my work on social media, people asked if they could buy it. Now I've exhibited all over the UK. I need to perfect my technique and I'm never completely content with my work, but I still can't believe that I can paint with my eyes.

"I can't imagine my life without the hospice. Motor neurone disease terrified me at first, but I no longer fear it. The hospice has also supported my children, who were traumatised by my illness. They're now well-balanced and wonderful young people, and I'm so grateful. It's good to know that, when the time comes, I'll be able to pass away with dignity and peace."

"I had always wanted to be a fine artist. Travel, marriage, babies and MND followed and my dreams of being an artist ended – or so I thought."



Ben Gold/Marie Curie

Our year at a glance

Our supporters made it possible for us to do a huge amount for people living with a terminal illness, and their families, in 2018/19. Here's what our core services achieved:

Marie Curie Nurses



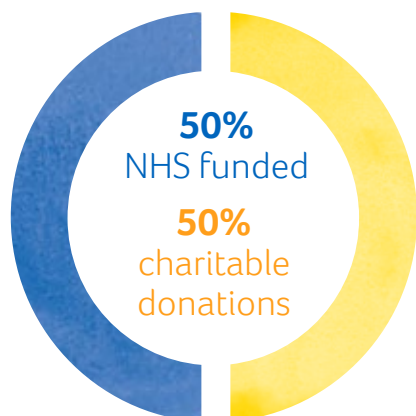
33,920
people **cared for**



2,074
nursing staff



98%
of **patients and families likely to recommend us** to friends and family



Marie Curie Hospices



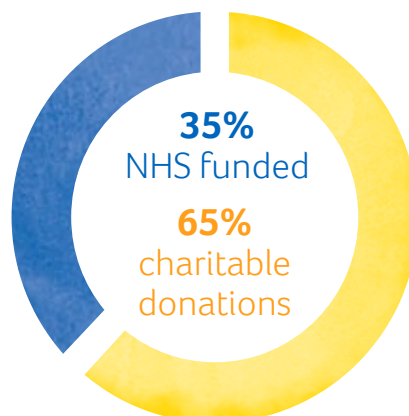
8,220
people **cared for**



9
hospices



98%
of **patients and families likely to recommend us** to friends and family



Last year, we helped more than **50,000** people

Information and support



11,369
enquiries via
phone or web chat



1.7
million
views of **online**
information*



89%
of **callers** rated the
service '**excellent**'



Marie Curie Helper volunteers



1,175
households
supported



669
active volunteers



7,999
face-to-face
support visits



*Including Palliative Care Knowledge Zone

Welcome from our Chair and Chief Executive

Thank you for taking the time to
find out more about Marie Curie



Iain Crockart

The last year has been another very full one for Marie Curie, with our nursing, hospice and other teams continuing to care for patients and their families all across the UK, enabled and supported by our fundraisers and colleagues from other teams. It has also seen a transition in our leadership, with the departure of Dr Jane Collins after her six-year tenure as Marie Curie's Chief Executive.

I would like to take this opportunity to thank Jane for her unerring commitment during that time. She has left Marie Curie significantly stronger, both operationally and financially, as well as broadening the organisation's scope beyond cancer patients and firmly establishing Marie Curie as the UK's leading end of life charity.

After an extensive search, Matthew Reed was appointed as our new Chief Executive – bringing with him a wealth of knowledge and experience of senior leadership in the charity sector, as well as a personal commitment to our mission. Having joined in February 2019, the passion and energy he brings to the role is palpable.

As an organisation, we continue to look for ways to enhance our impact on the challenges created by our ageing population. We have been finding new ways to reach the people who need our support, not least through our information and support services, with the launch of initiatives such as the Support Line Nurse service in January 2019 (read more about this on page 14). We have also stepped up our commitment to public campaigning, with awareness campaigns such as 'Scrap Six Months' bringing important issues around access to benefits to the fore.

In the coming months, we will continue to explore ways to increase our impact on the quality of palliative care in the UK and find innovative ways to support more people when they need us most.

On behalf of the Trustees, I would like to express our grateful thanks for the generosity, dedication and hard work of so many partners, supporters, volunteers, staff and organisations that has made all this possible.



**Vindi Banga,
Chair of the Board of Trustees**



It's an enormous pleasure to be writing this as Marie Curie's new Chief Executive. Since I joined the organisation in February 2019, I have been hugely impressed and inspired by the passion, energy and commitment of my fellow supporters, colleagues, Trustees, volunteers, partners and everyone I have met – and the quality of the direct and indirect care and support we provide. I feel honoured to be assuming the helm after six extraordinarily positive years for Marie Curie under Dr Jane Collins' leadership.

At Marie Curie, our work goes to the very core of our humanity and, in addition to excellent end of life care, invites the existential questions of life and death – who we are, what it means to be human, and what it means to love someone deeply and then for them to die. These questions and experiences are important to me and I feel immensely privileged to join Marie Curie and play my part in offering the best support we can, when people need it most, as experts in holistic and personalised end of life care.

Last year, our supporters made it possible for us to provide care and support to more than 50,000 people, as well as continuing to improve end of life

care through our essential research and policy work. Marie Curie remains at the forefront of exploring effective and accessible new ways of reaching people. Sadly, the need for this is growing daily.

At Marie Curie, we recognise the deep human need – and the right – for the last chapter of everyone's life to be as positive as it can. We are very aware that this support is profoundly appreciated by people who are dying, as well as their families and loved ones. As more people are entering the final chapter of their lives in the UK, and doing so with a greater range of complexities, at Marie Curie we are committed to ensuring that they and their families get the dignity and support they have the right to receive, including bereavement support.

When time really matters, it's important that no one is denied their wish or ability to spend their last remaining days at their place of choice surrounded by their loved ones. As a society, we only get one chance to get this right and I am driven and determined to do the very best we can for everyone.

With the amazing team at Marie Curie, and the wider movement whose families have been touched by our work, I hope we will play an increasing role in supporting as many people as possible. I look forward to engaging with everyone at the organisation to make this happen.

Thank you to everyone involved in our work, and particularly my colleagues and fellow supporters, for making everything we do for families and communities across the UK possible.

Matthew

**Matthew Reed,
Chief Executive**

The Marie Curie Nursing Service supports families facing terminal illness by providing nurses to care for people in their own homes. Having the choice to spend your final days at home – surrounded by the people you love, in comfortable and familiar surroundings – is something that we believe, where possible, everyone should be able to do.

Last year, Marie Curie Nurses cared for 33,920 people

We support our nursing staff to develop knowledge and expertise in end of life care. Our nurses can provide support to people with any terminal illness in their own homes – whether they are living with cancer, dementia, neurological disorders, heart failure or any other terminal condition.

Depending on a person’s specific requirements and location, Marie Curie Nurses can provide flexible 24-hour care in partnership with local district nurses, GPs and hospice teams.

The Marie Curie Quality Account 2018/19 sets out how we monitor, measure and ensure the quality of the care we provide. It contains additional background, context and detail relating to nursing and quality. Read the Quality Account online at mariecurie.org.uk/qualityaccount

Localising our services

Last year, Marie Curie implemented a project to deliver a big change to the way nursing care is provided to people living with a terminal illness, and their families. To do this, during the second half of 2018 we moved away from one national contact centre and established nine local co-ordination centres across the UK.

Each centre acts as a local point of contact for staff, healthcare professionals, and the people we support, helping to make our services even more accessible and easy to navigate. Local NHS commissioners support this change, and also support our desire to ensure that people in the greatest clinical need get the nursing care they need at the right time, in the most effective and responsive way.



Chris’s story

Chris Yard’s wife, Erin, was diagnosed with cervical cancer in 2014 and died three years later, leaving Chris to care for their three children as a single parent.

“Towards the end, we had three regular Marie Curie Nurses who came to our home to look after Erin. Rachel, Barbara and Sam were superstars. Our daughter Amelia was only three when she met the nurses and although she is shy, they made time to play with her to make her feel comfortable around them. That was great.”

2018/19 targets and achievements

Targets

- Localise the co-ordination of our services to make it quicker and easier for us to deliver care and support to patients and their families.
- Develop and expand our services, embracing innovation, partners and new ways of working so we can help more people.
- Continue to prioritise quality, maintaining highest evaluation scores from our external regulators of care in the NHS and ensuring we meet our rigorous standards of clinical quality.
- Implement new technology and processes for our nursing services across the UK.

Achievements

- We successfully moved our services from a single co-ordination centre to nine regional centres, co-ordinating care locally.
- We embraced new ways of working, for instance in Northamptonshire we now employ advanced nurse practitioners who work across local acute hospitals and the community to enable more people to die in their place of choice.
- We secured new contracts from the NHS which will enable us to expand services in Northamptonshire, Northern Ireland, west Cornwall, Surrey, Fife, Kirklees and Hampshire.
- We continued to forge partnerships with other organisations to meet the needs of more people. In London, the launch of the Newham Rapid Response Service means we have been working with St Joseph's Hospice, East London NHS Foundation Trust and NHS Newham Clinical Commissioning Group.
- From a sample of friends and family surveyed, 98% said they would be likely to recommend us.
- Last year, there were four inspections of our nursing services by external regulators – the London Nursing Service and South East Nursing Service were both rated 'good'. Scotland North was rated 'very good', while Scotland South has been inspected and we are awaiting the report.
- We embraced new technology and processes with a major investment in IT. This began with the implementation of e-Rostering in our hospices. During phase two of the project, this technology will be applied to rostering and scheduling of our nursing services (by the end of 2019).

Working collaboratively

We know that collaboration and adaptability, at every level, creates the very best end of life care. Last year saw us embrace many new ways of working, such as the launch of an Advance Care Planning pilot in two London nursing homes, created in partnership with Coordinate My Care, Innovation Unit and NHS Wandsworth Clinical Commissioning Group. Advance Care Planning involves patients making decisions about their future care with health and social care professionals. This service is new for Marie Curie and will introduce more people to our services, giving them the opportunity to be actively involved in the planning of their own care. Our experiences will be evaluated by the Health Innovation Network and any learnings will be used to spread good practice where we can. Innovations such as this will help us reach more people who are in need of our expert care and support.

“As Erin’s illness took hold, I realised I couldn’t do all of her care myself. Every evening a Marie Curie Nurse would come – just for an hour or two, but it made a huge difference.”

Marie Curie Hospices support families through terminal illness in their communities, providing everything from day therapy to specialist in-patient care. We are the largest UK provider of hospice care outside the NHS, operating in all four nations.

Last year, our nine hospices cared for 8,220 people

We enable people living with a terminal illness to get the most from the time they have left. With our expert care and support, they can carry on doing the things that matter to them and spend time with the people they care about.

We offer a broad range of services including outpatient assessments, rehabilitation and specialist hospice care. Most people who are admitted into our hospices will already have some experience of our care, whether that's by attending day therapy, or coming in for an appointment to help manage their symptoms.

Reflecting our diverse communities

We have looked closely at the patient assessment on admission to our hospices to make sure it supports our overarching person-centred approach to care. We are rolling this out across our nine hospices so that in 2019/20 the charity will be in a position to provide regular reports to assure ourselves and commissioners that people have equal access to hospice services.

Improving the quality of our care and ensuring everyone has access to our services is hugely important to us. In the last year, a network of Diversity Champions has been set up across the charity. We have also focused on refreshing our equality, diversity and inclusion policy to ensure that it reflects good practice and we are meeting our statutory requirements.

We will build on this work to introduce a similar approach to our community nursing services. There has been some preliminary work on developing an overall strategy and work programme to raise the profile of diversity within our organisation and to continually improve the work we undertake.

Supporting those affected by dementia

We have just completed a major review of dementia services within Marie Curie, supported by research from UCL that was part-funded by our organisation. The review has already been partly implemented in the hospices and includes three levels of dementia training for all staff.

We currently support people affected by dementia, both directly, through our services – such as our dedicated dementia service in west Wales – and indirectly, through supporting research into improving end of life care.

We have also invested in the physical environment and signage to make all nine of our hospices more suitable for dementia care. We have tested a model of outreach from the hospice into local care homes in Liverpool and introduced additional training in palliative care in the care homes in Edinburgh.

Tackling the loneliness of bereavement

The Marie Curie Hospice, Newcastle, took time last year to review its bereavement service, with the aim of increasing the number of people it can support. The team has also been planning to develop new bereavement groups, including one specifically for young people, as well as a sibling support group.

All of our hospices provide bereavement support services to families of patients. These are provided by a combination of counsellors, social workers, chaplains and volunteers. In some hospices this is extended to the wider community – for example, through cafes – to help people affected by grief.

As well as one-to-one and group support, we offer an array of options to make this type of support more accessible and to suit people with different interests, for example through a choir, art sessions, gardening and support groups specifically for men. Our teams engage with people living with a terminal illness, and their families, early on in order to provide emotional support pre-bereavement, which can play a critical part in grief once someone dies.

2018/19 targets and achievements

Targets

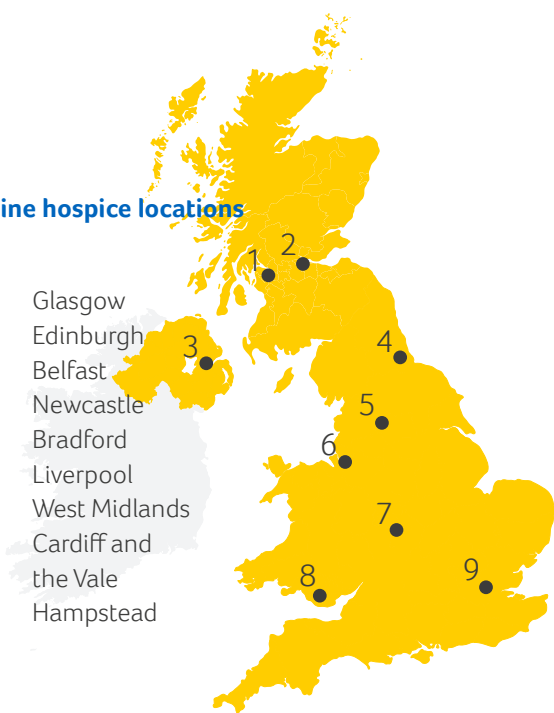
- Deliver service improvements so that we make the most of each of our hospices as a vital part of the communities they serve.
- Continue to prioritise quality, maintaining our excellent scores and ensuring we meet our rigorous standards of clinical quality.

Achievements

- We began to deliver service improvements via new technology and processes with the ongoing systems improvement programme. This major investment in IT support for our hospices and nursing service kicked off with the implementation of e-Rostering, which will make it easier and more cost-effective for us to deliver care to the people who need it most.
- The Marie Curie Hospice, Newcastle, won the Hospice UK award for Innovation in Care for their work preventing pressure damage in patients spending long periods in bed. Staff discovered a new scanner capable of detecting tissue damage long before it was visible. They approached the company that made it and worked with them to develop a pilot scheme using this new technology. Following the pilot, the hospice achieved a 47% reduction in pressure damage among patients over a six-month period. They are now sharing their learnings with other hospices.
- Over the last year, our hospices have undergone major refurbishment work (see Newcastle and Bradford improvements, left). This work was funded by our generous supporters. The Marie Curie Hospice, Cardiff and the Vale, has been refurbished following a consultation with patients and their families. This culminated in the opening of a new cafe at the end of March 2019. The cafe is open to the public and will give us extended reach, bringing us closer to the local community.
- Across all nine hospices, staff continued to work to address access to services for disadvantaged and often overlooked groups, including homeless people and members of the LGBTQ+ community.
- 93.3% of patients and families rated our hospices 'very good' – the highest possible rating.
- 98.1% of patients and families said they were likely to recommend our hospices to friends and family.

Our nine hospice locations

1. Glasgow
2. Edinburgh
3. Belfast
4. Newcastle
5. Bradford
6. Liverpool
7. West Midlands
8. Cardiff and the Vale
9. Hampstead



Specialist care for 60 years

In February 2019, the Marie Curie Hospice, Liverpool, celebrated its 60th birthday in style with a visit from His Royal Highness The Prince of Wales, as well as appearances from celebrity Marie Curie Ambassadors Alison Steadman and Simon Rimmer.

Improving the hospice environment

Throughout our hospices we have carried out major work to improve the environment to stay up-to-date with industry standards and ensure clinical standards are met. In the Marie Curie Hospice, Newcastle, a ward has been fully refurbished and a spa room has been created, allowing patients to relax in a calming environment.

At the Marie Curie Hospice, Bradford, a large refurbishment and extension to the in-patient unit is ongoing. The area has been remodelled to include a new gym, reception, consulting rooms and offices. A day therapy extension has also been added, with sliding glass doors that open onto a new covered garden area, which can be enjoyed year-round.

All major refurbishment projects undertaken last year have had very positive feedback from staff, patients and families. We are looking to spend over £1 million on maintenance projects in 2019.

Clear and accurate information can make all the difference to a person's end of life experience. From diagnosis through to bereavement, our information and support services are available across a variety of platforms to suit the individual.

Improving and promoting the services we offer

Last year, 1.2 million users accessed our online health and social care information for the public. We also responded to 11,369 enquiries across our phone Support Line, email, web chat, community forum and social media.

In October 2018, for the first time, there were more than 100,000 users of the information and support online resources in a single month. We have developed and improved our information to ensure that it covers all the key topics and details people need around a diagnosis of terminal illness.

We made it easier for people searching for reliable information online to find what they need and worked to improve people's experience of our website, for example by inviting them to chat with us and making this feature available via a mobile device. We have seen a significant increase in online enquiries since late August 2018 and demand for chat with our trained Support Line Officers continues to rise.

Ahead of the Christmas period and Mother's Day, we ran a series of Marie Curie-branded radio advertisements to direct any listeners struggling with the impact of a terminal illness or bereavement to access our information and support services. The long-term goal of these campaigns was to increase awareness of our services so people can turn to us at some point in the future.

Building on our established partnership with Superdrug, we worked with the retailer's healthcare division to raise awareness of the information and support service to its customers. From early 2019, all of Superdrug's pharmacy bags – more than 3 million distributed per year – promote the Support Line Service, as well as our online information. Looking ahead, all Superdrug pharmacies and nurse clinics will have Marie Curie printed materials available in store, including leaflets and booklets to support more people affected by a terminal illness.

Keeping the information we provide current

The information and support area of our website includes pages aimed at the public – whether that means someone who is living with a terminal illness, someone caring for that person, or a friend or relative – as well as the Palliative Care Knowledge Zone; an online information platform aimed at health and social care professionals.

We also want to ensure that the people who need us are at the heart of our service, providing input from their own experiences. From June to December 2018, we ran a survey to get input from people who were using our website content on bereavement. We collected 364 responses and analysed them to help inform the development of the content. Key feedback included that the content was reassuring, clear, informative and reflected people's own experiences of grief.

Sharing information in innovative, inclusive ways

Making sure our information is easy to understand is vital to the success of our services. As well as emotional support, people living with a terminal illness and their families can turn to us for up-to-date practical information on issues such as the benefits available to them, caring for someone and what happens when someone dies.

In January 2019, we launched our Support Line Nurse Service, which makes Marie Curie Nurses available to everyone. Five days a week, a team of Clinical Nurse Specialists are on hand to respond to clinical questions or concerns on our Support Line, meaning that any member of the public – no matter where they live in the UK – can speak directly to a Marie Curie Nurse.



Ben Gold/Marie Curie



Ben Gold/Marie Curie

2018/19 targets and achievements

Targets

- We will grow our information and support services through communications, partnerships and operational improvements.
- We will expand access to our Palliative Care Knowledge Zone to support health and social care professionals to build their expertise in palliative care.

Achievements

- At the British Medical Association Patient Information Awards in September 2018, our easy read booklets and the Palliative Care Knowledge Zone were both highly commended. The Palliative Care Knowledge Zone was also runner up in a special award for ethical issues.
- We hit our growth target for information and support a month early. We also saw a significant jump in the number of web chats, with 2,085 conducted (2017/18: 1,073) – a 94% increase on the previous year.
- We have updated our online content, including pages within the Palliative Care Knowledge Zone such as ‘Caring for someone with dementia towards the end of life’, to ensure that it helps healthcare professionals easily find what they need. There were 442,175 users of our Palliative Care Knowledge Zone (2017/18: 187,889).
- We have also updated online content for the public, such as our directory of useful support organisations to help people find information relevant to their needs and our pages for those who have been bereaved. The work put into keeping these pages fresh means it is a great resource for people who are looking for extra support. There were 1.2 million users of our information and support web pages (2017/18: 889,220).

We've also developed some very specific content, for example information on equipment commonly used to administer medicine. Many people living with a terminal illness will take medicines through a syringe driver at some point. Syringe drivers are safe to use and can be an effective way to manage symptoms.

We wanted to convey complex information to people who might be offered a syringe driver, and their families or carers, in a clear and reassuring way. In April 2018, an animation we produced around the operation of syringe drivers was uploaded to our YouTube channel and has since had more than 5,000 views. Feedback has been very positive – the film is informative, clear and will help to reduce people's anxieties.

With pressure on the NHS and social care provision continuing to grow, giving a voice to people at the end of their lives and ensuring their best interests are advocated for is crucial to Marie Curie.

Our policy team are committed to working with governments and administrations across the UK to find ways to ensure that dying people, and their families, get the support they need.

The work Marie Curie does to influence decisions made by governments and administrations in each of the four nations of the UK is led by the Policy and Public Affairs (PPA) team.

Influencing policy-making

Across the UK, our PPA team works with elected representatives to secure debates on palliative care and terminal illness. An example of this is the debate on a new carers report that was held in Scottish Parliament in January 2019. The report highlights that caring for someone who is terminally ill can be complex, highly demanding and, at times, all consuming. The debate outlined this issue and the report's recommendations to members of Scottish Parliament.

Another way we help is to give evidence to parliamentary committees and inquiries. In Northern Ireland, we gave evidence on the importance of social care to people with terminal illnesses to the Northern Ireland Affairs Committee as part of its 2018 inquiry into budget priorities and helped ensure it was taken into account. In Wales, we have been actively involved in ensuring that the new dementia strategy drew attention to end of life care issues.

Highlighting end of life care

We support relevant All-Party Parliamentary Groups (APPGs), for example providing the secretariat for the APPG for Terminal Illness in Westminster.

We hold events in parliaments and assemblies to engage with elected representatives and raise Marie Curie's profile. Policy colleagues organise regular public lectures, such as a Welsh event in November 2018 on terminal illness and learning disability.

We use robust data and analysis, ensuring our views and demands are based on what people need. We work with end of life care researchers across the UK, many funded by Marie Curie, which enables us to translate their work into policy-focused activities.

Last year, Marie Curie worked with the Royal College of General Practitioners to create the Daffodil Standards, which help GPs build on and improve end of life care.

Giving a voice to those in need

Following our successful campaign in Scotland, working in partnership with MND Scotland to secure changes to legislation shaping newly devolved disability benefits, we stepped up our commitment to helping people claim benefits across the UK.

We partnered with the MND Association to develop the 'Scrap Six Months' campaign, asking the UK Government to change the law so anyone with a terminal illness can access the welfare benefits they need. The Special Rules for Terminal Illness fast-track process helps people living with a terminal illness access financial support quickly.

At Westminster we have been supporting Madeleine Moon MP's Access to Welfare Bill as it passes through the House of Commons, building on our success in Scotland and ensuring that the whole of Britain has the same rules around benefit entitlement.

At present, accessing these benefits quickly requires a doctor or nurse to state that their patient has a 'reasonable expectation of death within six months'. This leads to people being refused benefits.

We launched a petition with the MND Association calling on the UK Government to remove the requirement of a 'reasonable expectation of death within six months', and instead allow clinicians to use their judgment of whether a person is terminally ill without reference to an arbitrary time limit.

2018/19 targets and achievements

Targets

- Use our voice and encourage others to advocate for better palliative and end of life care and improved outcomes for patients and families.

Achievements

England: starting conversations about end of life

- We secured changes to the NHS Long Term Plan to ensure end of life care was properly addressed.
- We launched a benefits campaign in partnership with the MND Association.
- Our Surrey campaign highlighted concerns that dying people were stuck in over-stretched hospitals when they'd prefer to be at home. We encouraged supporters to contact their MP, asking them to make sure those people got the care they deserve. This opened up important conversations with commissioners and MPs.

Wales: promoting good palliative care for all

- We played an important role in securing an additional £3 million for end of life care since the 2016 Assembly Elections.
- We instigated and drove the initiative that led to the Welsh Government committing to Wales becoming a Compassionate Country.

Scotland: changing approaches to death and dying

- In April 2018, Scottish Parliament passed the Social Security (Scotland) Bill. In this Bill, the new definition of terminal illness was based on clinical judgement with no timescales. By 2020, more people living with a terminal illness in Scotland will access these benefits quickly, without assessment and at the highest amount payable.
- We secured changes to Healthcare Improvement Scotland's general standards for neurological care and support, to better address palliative care.

Northern Ireland: getting support for those in need

- We secured a recommendation to scrap the six-months rule in the review of the Personal Independent Payment assessment process. We gained support for Madeleine Moon MP's Bill from four local councils and every political party in Northern Ireland, as well as the Democratic Unionist Party Westminster group.
- We ensured the needs of people with terminal illnesses are considered as part of two major health service transformation projects: the review of urgent and emergency care and the development of a new Cancer Strategy.



Ben Eldridge/Marie Curie

Mark's story

Mark Hughes is living with terminal cancer, and has first-hand experience of the difficulties faced by dying people when trying to claim the benefits they are entitled to.

"I was given six months to live in 2011. Trying to get a doctor to confirm that so I could be fast-tracked through the benefits system proved impossible. Form after form kept arriving – meanwhile, my family and I were trying to come to terms with my terminal diagnosis.

"When I heard that Marie Curie was campaigning to scrap the six-month fast-track scheme, I offered to help. Anyone with a terminal illness should be fast tracked and there should be one department that deals with all cases, so information isn't lost between teams.

"Scrapping the six-month rule on fast tracking will stop people being put through the worry of endless form-filling and being made to feel like they are claiming benefits that they aren't entitled to.

"Sadly, the likelihood is that in everyone's lifetime someone close to them will be affected by terminal illness. Supporting this campaign will help them make that difficult journey easier. The last thing dying people need is obstacles in their way."

People in the UK are living longer, with more and more of us likely to be living with multiple conditions and more complex needs at the end of our lives. As the largest charitable funder of palliative and end of life care research in the UK, we're committed to meeting this challenge by improving care for everyone.

Helping professionals provide better care

Last year, research at University College London, funded by Marie Curie and Alzheimer's Society, developed a toolkit to help healthcare professionals and carers better support people with dementia. Practical and easy to use, it is designed to help practitioners make decisions when caring for someone with dementia at the end of their life. The toolkit includes guidance that helps with eating and swallowing difficulties, managing agitation and restlessness, reviewing treatment and interventions at the end of life and providing routine care in the most sensitive ways.

In January 2019, researchers at the Marie Curie Palliative Care Research Department, University College London, received the largest ever grant for improving palliative and end of life care for people with dementia and their carers in the UK. The £3.7 million grant will be used to fund research to help understand the current and future needs for dementia palliative care.

Supporting our staff to conduct research

Last year, we launched our internal small research grants scheme, which offers Marie Curie colleagues who have an interest in research and first-hand experience of palliative care the opportunity to apply for funding. Staff who have a research idea relating to improving the care of people living with terminal illness, or their carers and families, are encouraged to apply for a grant of up to £15,000.

To date, two grants have been awarded to fund:

- a study to identify the most appropriate and acceptable method of assessing quality of life among patients receiving palliative care day services
- a study relating to the effectiveness of a screening tool called 4AT that looks for delirium in hospice patients living with a terminal illness.

Morag's story

Dr Morag Farquhar has worked in health services research for more than 30 years, predominantly in palliative and supportive care. She led on the development of the Support Needs Approach for Patients (SNAP), initially for patients with chronic obstructive pulmonary disease.

"My team were awarded a Marie Curie research grant to develop SNAP. It is designed to enable person-centred care for patients with progressive conditions. Essentially, SNAP puts the patient in the driving seat during their consultations.

"Patients and their families have told us that SNAP helps them discuss areas where they might need more support. For some, it highlights areas they didn't realise they could or should ask about.

"Similarly, healthcare professionals have been able to learn more about patient support needs – even in patients they've known for a while. So far, SNAP has been helpful in opening up conversations about future care that can be difficult to start."

Find out more about the project at

thesnap.org.uk

2018/19 targets and achievements

Targets

- Continue to fund vital research into palliative and end of life care to improve outcomes for patients and families across the UK.

Achievements

- 98 papers published in peer-reviewed journals for research studies funded by Marie Curie or carried out by Marie Curie researchers; 73% of these were open access.
- £6.6 million of additional funding was awarded to researchers funded by Marie Curie.
- 3,658 people were involved in research studies funded by Marie Curie or carried out by Marie Curie researchers.
- 20 instances where Marie Curie-funded researchers influenced policy and practice.

Focusing on issues affecting our patients

In July 2018, the 'My bladder and bowel own my life' report was published. It lays out some of the issues people with continence problems and their carers face, and questions they have. The report came about after collaborative work between Marie Curie, the James Lind Alliance and other organisations found that currently there isn't enough research into issues of importance as identified by people living with continence issues. The report puts forward key recommendations for a number of groups, including researchers, research funders, policy makers, commissioners and service providers.

Leading the way in end of life care research

We produced a report last year highlighting the gaps in palliative and end of life care research in the UK. This analysis has now been used to inform the latest call for research from the National Institute for Health Research, which is the largest public funder of clinical research in the UK.



Without the dedication of our wonderful supporters, the work we do to provide care and support to people living with a terminal illness, and their families, wouldn't be possible. The vital money and awareness that our friends help us raise means we can be there when people need us most.

The Great Daffodil Appeal

Every March, our biggest fundraising campaign, the Great Daffodil Appeal, calls on people across the UK to donate and wear a daffodil so Marie Curie Nurses and Hospices can care for more people with a terminal illness. It's supported by volunteer collectors who hit the streets in their local area to bring in donations, as well as corporate partners such as Superdrug and Morrisons.

To launch last year's campaign, Marie Curie's Great Big Daffodil toured six cities across the UK, stopping in Swansea, Bristol, Manchester, Birmingham, Belfast and Edinburgh. In each city, members of the public filled the petals of the seven-foot daffodil with touching tributes to loved ones, poignant memories and messages of support for staff and volunteers.

Marie Curie Ambassadors were out in force: Alison Steadman appeared on Channel 4's *Sunday Brunch* to promote the campaign; Chris Kamara encouraged football players and managers to get behind the daffodil; and Stephen Mangan met MPs at a parliamentary reception. Our PR team also secured national and regional press coverage.

Every team within the organisation got involved, from the dedicated staff in our hospices, to the volunteers who created daffodil displays in the windows of Marie Curie Shops. New for 2019 was the offer of virtual collections, where people could collect donations through Facebook – so even those who were unable to physically get to a collection could take part. To date, the 2019 Great Daffodil Appeal has raised over £5 million and counting.

A conversation about grief

The campaign also saw our inaugural celebrity and expert panel discussion, which last year focused on grief and loss. To tie in with the end of our Great Big Daffodil tour, we held a special event in London and invited a host of famous faces to share their stories, thoughts and ideas with an intimate audience of supporters, staff and beneficiaries.

Marie Curie's Chief Executive, Matthew Reed, opened the event by talking to Paul Chuckle about the loss of his brother and comedy partner Barry, who died in 2018: "Marie Curie supported my brother at the end of his life and I'm grateful that I'm able to get behind the Great Daffodil Appeal and wear my daffodil pin," said Paul.



Ben Gold/Marie Curie



“

“I’ll always be grateful for the last days we spent with my husband, Zahir. That wouldn’t have been possible without the support the hospice gave us.”

Robena’s story

Last year’s campaign was all about storytelling, and made use of a powerful new strapline: *‘Behind every daffodil, there’s a story’* – underlining the importance of wearing the daffodil, whether it’s for someone they love or have lost, in solidarity with those left behind, or in recognition of the work Marie Curie does, so we can use their donations to help more people.

Robena Sheikh and her children Zaynah and Usman featured in 2019’s Great Daffodil Appeal campaign to inspire more people to take part in a collection.

“By collecting donations and giving out daffodils, we’re helping Marie Curie raise money to help more families like us. I’ll always be grateful for the last days we spent with my husband, Zahir. That wouldn’t have been possible without the support the hospice gave us.”

2018/19 targets and achievements

Targets

- Raise awareness about the needs of patients and families, and the ways in which people can support our work.
- Raise the income required to deliver care and support to the people who need us, through building on our vital fundraising and retail activities.
- Value every one of our supporters and ensure they have a positive experience, however they choose to support our work.

Achievements

- Last year saw £34 million raised from people leaving gifts to Marie Curie in their Wills. Legacy income now represents the single largest form of income for Marie Curie and is an area where we expect to see continued growth.
- We set up a Fundraising and Caring Services Engagement team to streamline the way that our fundraisers and hospices work together. Our aim is to make sure every person who comes into contact with a Marie Curie service understands how vital fundraising is to it and how they can help that work to continue.
- Weekly lottery entries continue to grow. It is now bringing in enough money each week to fund three Marie Curie Nurses for a year.
- We continued reshaping our retail network, focusing on the more profitable shops. We opened three new stores in Gosforth, Exeter and Leamington Spa; relocated our Bedford and Burgess Hill stores to larger, more prominent positions on the high street; and 12 poor-performing stores were closed.
- Shop profits increased by £400,000 – a 26% improvement on the previous year, with Gift Aid sign-up continuing to be a focus and now capturing 37% of all donors.
- Complaints received about fundraising decreased by 22% in 2018, to 923. Given our large supporter base and communications programme, the vast majority of our interactions were overwhelmingly positive.

From making a regular donation to running a marathon, there are so many amazing ways to support Marie Curie in providing care and support when people need it most. Without our supporters' generous donations, none of this would be possible.

Community fundraising volunteers

Our 4,500 registered volunteers across the UK raised over £5 million last year by ensuring that the profile of Marie Curie is maximised in all communities. Volunteers, through our network of more than 500 Fundraising Groups and volunteering individually, are an essential part of community fundraising.

Challenge and event participants

Thousands of Marie Curie supporters pushed themselves to their limits in 2018/19. They took on events from the Virgin Money London Marathon to the Padstow to Rock Swim, raising over £2.9 million in the process.

Individual supporters

We're incredibly grateful to the many extremely dedicated supporters who donate generously throughout the year by giving regular and one-off gifts. We believe it's important to thank our supporters whenever we can, and show how their gifts are helping, so we create tailored communications for them, and where appropriate provide a personal point of contact at Marie Curie if they want to get in touch to discuss their support.

In 2017/18, we introduced a more personalised way of thanking our supporters, and this has continued in 2018/19. From short video messages from our nurses to handwritten notes from members of staff, we aim to show them how much we appreciate their support – as none of our work would be possible without them.

Corporate partners

We're incredibly proud to work with companies across the UK that not only raise money to help us care for more people, but also raise vital awareness about Marie Curie services. We're grateful that our partners, their customers, employees and suppliers go the extra mile to support us.

Last year, we developed and extended partnerships with Amazon Smile, SPAR UK, Superdrug, Savers, Wyevale Garden Centres, Hotter, John Lewis, the National Garden Scheme and Gardman.

We celebrated raising over £5 million with Superdrug and Savers since our partnership began back in 2013, and are enormously grateful to the National Garden Scheme for their annual donation of £500,000 which helps our Marie Curie Nurses to care for more people living with terminal illness.

Our partnership with SPAR UK and their regional businesses Appleby Westward, A. F. Blakemore, James Hall and Co., CJ Lang and Son, and Henderson Group also celebrated raising an incredible £1 million, with the partnership continuing to grow in 2019.

We're delighted to work with many new and current partners on promotional products to support our campaigns, including a bespoke daffodil print shoe with Hotter, a daffodil collar charm with Pets at Home, a range of fantastic products for our Great Daffodil Appeal and Blooming Great Tea Party with SPAR UK, a spring planting campaign with Wyevale and to be a beneficiary of the John Lewis Christmas card campaign.

A highlight of our Great Daffodil Appeal was the three-day collection weekend at Morrisons stores across the UK. It saw Morrisons staff and customers come together with our volunteers to raise over £608,000! It was a fantastic year with Morrisons, as the Morrisons Foundation donated £487,800 to help fund the refurbishment of the day therapy unit at the Marie Curie Hospice, Bradford. We are grateful to every Morrisons colleague and customer for supporting us.



Kevin's story

Kevin Doonan's mum Carol died of cancer in 2018, just 29 days after getting her diagnosis. Since her death, Kevin has thrown himself into fundraising for Marie Curie.

"When Mum was really ill, we'd had Marie Curie Nurses stay overnight at home. Their presence made us feel safe. We were so impressed by the quality of care she received. When it came to choosing a charity to support through our fundraising, there was no question – it had to be Marie Curie.

"Chatting with my sister about how best to celebrate Mum's life, we hit on the idea of marking the six-month anniversary of her death. It would also have been her 56th birthday. It seemed the perfect moment to get everyone together to remember Mum.

"On the night, we all worked together and everyone played their part in making the evening a huge success. The room was filled to capacity with 250 people and we raised £2,000 for Marie Curie – much more than we were expecting!"

Philanthropy

We would like to thank the Oak Foundation for their generous support and their grant of just over £1 million towards implementing local co-ordination of care, which is enabling Marie Curie to better meet the needs of its patients and families, NHS referrers and other agencies.

Marie Curie was delighted to have been selected as a beneficiary charity of My Peak Challenge, the global movement founded by Scottish philanthropist and *Outlander* star Sam Heughan. My Peak Challenge is dedicated to educating and inspiring its members to live healthier, happier and more balanced lives, while raising funds to change lives. We are thrilled that this partnership continues for 2019.

Special Events

Our Special Events continued to be successful, despite an increasingly challenging environment, raising £2.5 million through the introduction of innovative fundraising ideas and sourcing unique and attractive auction lots. The ongoing series of nationwide Brain Games saw an increased level of revenue and new heights of success. In particular, the London Brain Game raised £538,000 in its 28th year.

Gifts in Wills

Gifts left to Marie Curie in people's Wills totalled £34 million in 2018/19. Our supporters' generous decisions to remember the charity means we will be able to plan for a future where more people will need care at the end of their lives.

At Marie Curie, we're committed to using our supporters' generous donations to provide as much care and support as we can to as many people as possible.

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. With other charities, Marie Curie contributed to the costs of establishing the Regulator. We review compliance through audit, mystery shopping and monitoring feedback, and take corrective action where required. We also employ a dedicated Compliance Officer.

Standards and monitoring

Marie Curie is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits, mystery shopping and call listening). This helps ensure all Marie Curie fundraisers and those who work on our behalf are aware of, and are adhering to, our high standards.

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies. We don't use agencies for street fundraising, but we do work with an agency to carry out door-to-door fundraising as this is a cost-effective way for us to manage the activity we undertake each year. We also work with agencies to telephone existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure they represent our work and our organisation to the highest standards. None of our fundraisers, whether employed by us or one of our agencies, are paid on a commission basis.

Complaints

We report our complaints on a calendar year basis to comply with the Fundraising Regulator's requirements. The number of complaints received for the 12 months to 31 December 2018 regarding fundraising was 923 (2017: 1,185). Over that period, supporters had around 660 million opportunities to see or hear one of our advertisements.

Managing communications

Most people who donate to us want to know how their money is making a difference. We ask whether they would like us to keep in touch with them so we can update them on our work and how they've helped us. From time to time we ask supporters if they would like to support us further – for example, by increasing their donation or by taking part in a particular event.

We ask supporters how they would prefer us to communicate with them. We give them the option to let us know if they prefer less contact or no longer wish to hear from us, and always respect their wishes.

We do not sell or exchange lists of data with any other charities or companies.

For further details please see our privacy policy at mariecurie.org.uk/privacy

Protecting the public

All Marie Curie fundraisers, including agency staff acting on our behalf, receive detailed training in how to identify and protect people in vulnerable circumstances.

If we encounter someone showing signs of distress, confusion or vulnerability our fundraisers are trained to politely end the conversation and refuse any donation offered in such circumstances. In the unlikely event of a donation being taken in such circumstances, we refund the donation.

Gaming

Marie Curie operates raffles and a weekly lottery as a means for people to support us. These activities are regulated by the Gambling Commission. As of April 2018, it requires all charities running raffles and lotteries to publicise the percentage of raffle and lottery income that goes directly to the cause.

To run a raffle or a lottery legally, 20% of income must go to a good cause. This is the level that many organisations work to. However, last calendar year Marie Curie used 40% of income from raffles and the Weekly Lottery to directly support people living with a terminal illness. The remaining 60% was reinvested into operating and developing our gaming fundraising activities. This means we can promote our raffles and Weekly Lottery further, to help us raise more money in the long term, and increase the percentage of funds going directly back to the cause so we can continue to support people living with terminal illness into the future.

Last calendar year, Marie Curie raffles raised £598,219 from donations on top of income from ticket sales.

Our fundraising promise

As a charity, we believe you need to know we're using our resources effectively. That's why we make these promises to you:

- We promise to provide information about our work and our finances so you can see how your money is being spent and what a difference you're making to people living with a terminal illness.
- We promise to communicate with you in a way that suits you. If you tell us you'd prefer less contact or don't want to hear from us at all, we'll respect your wishes.
- We promise to check at the start of every conversation, on the phone or in person, that you're happy to speak to us.
- We promise never to sell your data to any third party. We will not share your details with other charities.
- We promise to adhere to all industry guidelines and regulations and require others acting on our behalf to do the same. We'll take appropriate action promptly if we find any failure to meet our standards. We will regularly monitor the activities and compliance of our suppliers, including for the protection of vulnerable people.
- We promise to make it easy for you to tell us your contact preferences and we're here to talk to you about our work or answer any questions.

Our volunteers and employees are truly remarkable, and we're committed to helping them succeed in every aspect of their roles.

Last year, 9,520 volunteers and 4,228 employees provided care and support to families living with terminal illness.

Transforming the ways we work

As part of our ongoing programme to improve the way we work, we have been focusing on employee recruitment and employee engagement – with significant successes in both areas. In recruitment, we ran a detailed improvement programme, involving stakeholders across Marie Curie to deliver a better experience for both hiring managers and candidates.

Last year we launched a new employee engagement tool to deliver better surveys, feedback and improve experiences for our staff, volunteers and management teams. This has seen an increase in management improving staff experiences more quickly and with a more local focus. All of this has driven an increase in staff engagement.

Supporting our colleagues

During the last year, our Human Resources team has been supporting teams across the charity to deliver their objectives, including in the localisation of care co-ordination project.

Our Learning and Development team launched an updated Learning Management System with improved functionality to enable us to have far better visibility of training activity, support reminders for mandatory training and make other training more accessible for all members of Marie Curie staff.

We have also been championing areas such as diversity, inclusion and wellbeing. A new group of Diversity Champions has been established, as well as a Wellbeing working group.

Offering training and development

Last year, core training was rolled out to more than 9,500 volunteers across the UK, focusing on the topics of data protection, safeguarding and diversity. This is part of our ongoing commitment to equipping volunteers to perform their roles to the best of their ability. We also delivered a bespoke training programme for hospice-based volunteers, tailored to their specific needs.

Over the last year we have supported our Helper volunteers, enabling them to reach 1,175 households and undertake 7,999 face-to-face support visits.

We recognised more than 30 individuals and teams at our annual People Awards. These achievements were recognised by a diverse panel, and the awards were given to the people who best reflected Marie Curie's core values as an organisation.



Ben Gold/Marie Curie



Brian Morrison/Marie Curie



Elizabeth Cuthbertson/Marie Curie

2018/19 targets and achievements

Targets

- Continue to transform our frontline and back office systems, processes and ways of working and invest in our people and technology.

Achievements

- We continued to make good progress with our improvement in ways of working project. This included:
 - the launch of a new recruitment process, making it easier for hiring managers and improving the candidate experience
 - the introduction of a new employee survey to give us more timely and rich data to help us to continue improving engagement and employee experience.
- The Learning and Development team:
 - launched a new Learning Management System improving the way we plan and manage all development activity across the charity
 - introduced new apprenticeship opportunities, including healthcare assistant apprenticeships, across roles at all levels of the organisation.
- Employee wellbeing: we established a Wellbeing working group to look at good practice and improve support for employees across physical, mental and financial wellbeing.
- Volunteering: core training rolled out to volunteers across the UK, focusing on data protection, safeguarding and diversity.
- Twenty of our most promising Retail Managers joined a retail apprenticeship scheme accredited by Brockenhurst University. It is an 18-month course that will support them in developing commercial retail skills and provide them with the opportunity to gain a professional qualification in retail management.

Looking after our people

Safeguarding

At Marie Curie, we believe in prioritising the safety and welfare of the people we care for and their families, as well as that of our staff and volunteers. Sometimes this means we need to do more to protect the most vulnerable in our society.

We all have a responsibility to safeguard the welfare of the patients, carers, family members and children we meet, work or volunteer with.

It's important everyone at the organisation understands their responsibilities and the steps they should take if they have any concerns for the wellbeing of a vulnerable person.

What is safeguarding?

Safeguarding is about protecting and supporting vulnerable people so that they can live free from harm, abuse and neglect.

To do this, we have put in place processes designed to protect those people, including:

- a robust employee and volunteering recruitment process
- mandatory training
- incident reporting processes (including Freedom To Speak Up and Whistleblowing)
- management oversight
- processes to ensure compliance with external regulation.

Why is it important?

Safeguarding needs to be considered in all Marie Curie settings and activities that may involve vulnerable people. Marie Curie is involved in an increasing number of activities that involve vulnerable people and children. This might be at a hospice, caring for someone in their own home, at a fundraising event, over the phone or online.

We are an inclusive and diverse organisation that believes everyone should be treated with dignity and respect, particularly at the end of their life. We have a moral and legal responsibility to support the welfare and safety of vulnerable people.

Who is responsible for safeguarding?

We strive to proactively safeguard and promote the welfare of our beneficiaries and their families. We are always mindful of the fact that safeguarding issues could arise and the primary need is for all staff to be vigilant and open-minded about these risks.

Marie Curie's Director of Nursing has overarching responsibility for safeguarding across the charity, but all staff and volunteers are expected to read, understand and follow our Safeguarding Policy and the guidance and procedures within it.

Gender pay gap

As of April 2017, all organisations that employ 250 people or more are required to report on their gender pay gap.

The gender pay gap is the difference in the average salaries earned by men and women in an organisation. It does not compare salaries earned by men and women in similar roles.

Our mean gender pay gap for 2018/19 is 11.2% (2017/18: 12.4%). Our median gender pay gap for 2018/19 is 9% (2017/18: 7.2%). Both of these figures are significantly below both the UK average and the average for organisations of a similar size.

Although we have fewer male employees at all levels of the organisation compared with numbers of female staff, proportionately more of the men we employ are in higher paid roles.

We're proud of the diversity across our whole workforce, but recognise there are particular challenges around recruiting men into frontline care roles; men are under-represented here across the sector as a whole.

We're committed to reducing the gender pay gap in our organisation as far as possible, and addressing causes that might contribute to it.

Remuneration policy

The talented staff we employ, alongside our skilled and committed volunteers, are vital in providing the high-quality care we offer to people living with any terminal illness, and their families.

Marie Curie is a large and complex organisation. It's essential that we attract and retain people with the right skills, talents and insight. To do so, we review our salaries annually and seek to offer suitably competitive levels of reward and appropriate recognition for all our staff, in line with the guiding principles outlined below:

- Any award must be affordable and reflect the overall financial position of the charity.
- Pay should be at or above the median market rate.
- For registered nursing staff on Marie Curie pay scales, pay should be within the range of the NHS Agenda for Change rates.
- We work towards rewarding achievement rather than paying annual increments in recognition of longevity.
- Where appropriate, we will defend our ability to attract and retain staff who have the skills and abilities we need.
- We will meet our statutory obligations in respect of pay.

To help us achieve this, we will continue to review labour market information within appropriate sectors and regularly benchmark our roles to ensure our approach is consistent with our peers. The basic salaries paid to all our employees, including the Executive Leadership Team and the Chief Executive, are reviewed at the end of each financial year to ensure we are remunerating competitively and consistently against the relevant sectors. No individual performance bonuses are paid.

Marie Curie uses a job evaluation system to ensure a fair and transparent process in determining all job performance levels. These are then benchmarked against similar jobs in other charities and relevant organisations.



Rick Pushinsky/Marie Curie



Elizabeth Cuthbertson/Marie Curie



Ben Gold/Marie Curie



Our targets for the coming year

In 2019/20 we will:

Reach more people, and their families, living with a terminal illness

- We will continue to grow our information and support service so that we can be there for more people, when they need us most.
- We will continue to develop and expand our services across the UK, embracing innovation and new ways of working with partners so that we can help more people who need our care and support.
- We will increase the number of people provided with excellent, personalised care in our hospices through service and operational improvements, so that hospice teams can continue to play a vital role for the communities they serve.

Inspire more people to support our work

- We will use our voice as leaders in end of life experience, and will continue our programme of thought leadership events to influence societal change and raise awareness about the needs of patients and families.
- We will continue to campaign for fairer and quicker access to benefits for people who are terminally ill, building on our success in Scotland.
- We will continue to build on our vital fundraising and retail activities to raise the income required to deliver care and support to the people who need us.



Improve the way terminally ill people are cared for across the UK

- We will raise our profile and foster collaborations to fund and initiate new research into palliative and end of life care, to improve outcomes for patients and families across the UK.
- We will continue to prioritise the quality of our services, ensuring we meet our rigorous standards of clinical quality and maintaining our excellent compliance rates.
- We will address the inequity in palliative and end of life care, ensuring our own services are diverse, inclusive and meet the changing needs of patients and their families.

Manage our charity as effectively and efficiently as possible

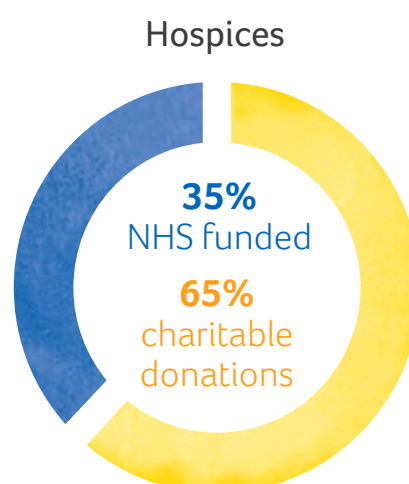
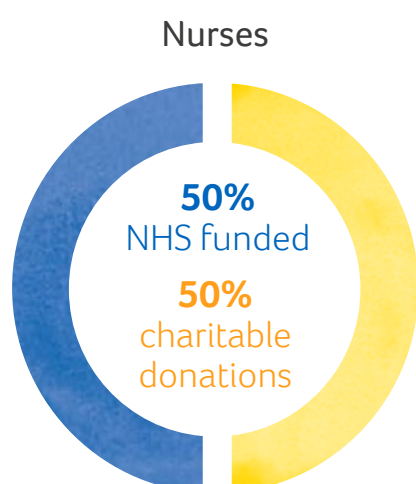
- We will value and support our staff and volunteers to do their jobs well.
- We will successfully complete the implementation of new technology for our nursing services across the UK.
- We will continue to transform our frontline and back office systems, processes and ways of working and invest in our people and technology.

Financial review

The result for 2018/19 was a surplus of £4 million before investment and pension gains, recording a surplus for the second year in a row. The breakdown is as follows:

All figures in £m	2018/19	% change	2017/18
Underlying income*	142	-1%	144
Expenditure on fundraising and publicity	(34)	-5%	(36)
Amount available for our services	108		108
% income available for our services	76%		75%
Invested in:			
Hospices	(49)	-	(49)
Nurses	(46)	-2%	(47)
Helper Service	(1)	-67%	(2)
Information and support	(1)	2%	(1)
Research and development	(3)	-3%	(3)
Policy, information and awareness	(4)	-16%	(4)
Surplus	4		2

*Net of retail costs



Underlying income

Overall underlying income was £142 million, a decrease of 1% from the previous year.

Hospice income was £17.8 million and decreased by 5% from the previous year, reflecting the general tightening of resources in the NHS. As can be seen on the previous page, the NHS now fund only 35% of the costs of the hospices, down from 40% last year, with the remainder being funded by the generosity of our supporters.

Income received from the NHS for our Nursing Service increased slightly last year, by 1%, to £23.6 million. In the final quarter of 2018/19 we secured new contracts from the NHS which will enable us to expand services in Northamptonshire, Northern Ireland, west Cornwall, Surrey, Fife, Kirklees and Hampshire.

At £95.9 million, fundraising income was slightly below the previous year. Thanks to the generosity of our supporters in remembering Marie Curie in their Wills, we received £33.8 million from legacy gifts, and, although this was slightly lower than last year, this remains our largest source of fundraising income.

Net retail income was £2.1 million and increased by 26% in the last year, despite the current challenges on the high street. We are constantly reviewing our store portfolio and offering to make sure that it brings the greatest value for money to Marie Curie.

Expenditure on fundraising and publicity

We invest in our fundraising activities to ensure we can raise vital funds to support our charitable work. The investment required decreased by £1.8 million, or 5%, as we continued to focus on becoming more efficient to ensure as much of our funding as possible was spent on caring for patients. We talk in more detail below about what else we've done to operate efficiently.

Hospices and nursing services

Our hospices and nursing services are partly funded by the NHS, but to ensure that we can continue to provide care to as many people as possible to the highest standard possible, we are reliant on the generous contributions of our supporters.

Our nurses provide crucial care for people in their homes, day and night. Our nine hospices provide a range of palliative care services, including in-patient care, outpatient services and homecare visits.

On average, the NHS pays for 35% of the cost of Marie Curie Hospices and 50% of the cost of the Marie Curie Nursing Service, with the remainder of the costs funded by donations.

We invested £49 million in running our nine hospices in 2018/19, in line with last year, and used these funds to care for 8,220 patients.

We invested £46 million in providing care to people at home, a decrease of 2% compared to last year, and used these funds to care for 33,920 patients. During the year, Marie Curie launched six new services, notably in Northamptonshire, Northern Ireland and Surrey, which will further increase patient reach in 2019/20.

Recruitment remains a challenge. In light of this, we have been working hard to make our internal recruitment processes the best they can be and to deliver a better experience for both hiring manager and candidate.

Research and development

We invested £2.8 million into researching better ways to care for people living with a terminal illness. Our research funding was amplified by an additional £6.6 million from other research funders, ensuring that our investment goes even further.

Other costs

Policy, information and awareness costs decreased from the previous year by 16%. This is due to timing issues and investment in this area is expected to increase again next year.

Support costs are the costs of functions which support more than one of the charity's activities and include HR, finance, IT and governance. These costs are not shown separately but have been allocated to other activities based on measures such as time spent or floor space. More details can be found in Note 5 on page 51.

In 2018/19 we recognised on the Income and Expenditure statement £1.1 million of VAT which had been paid to us by HMRC and where sufficient time had passed to allow us to do this.

Capital expenditure in the year was £7.3 million, an increase from £3.4 million in 2017/18. 2018/19 saw significant investment in our hospices in Hampstead, Bradford and Newcastle, which will continue in 2019/20.

Managing Marie Curie as effectively and efficiently as possible

We are continuing to work very hard to make sure that every penny of the funds provided by our generous supporters is used as effectively as possible.

Local co-ordination of care

End of life care is changing; more people are living with complex conditions and choosing to die at home, and funding for services is ever scarcer. For this reason, we changed the way in which we provide and allocate care, so that we can ensure that those patients with the greatest clinical need are prioritised and we have a single point of contact to make it easier for people to get our support.

To do this, we moved away from a single national referral centre to several local clinical care co-ordination centres across the UK. Each local centre acts as a single point of contact for referrers, staff and people living with a terminal illness. Co-ordination staff prioritise requests coming through to make sure our nurses are allocated to people who need them most urgently.

Nine co-ordination centres were established across the country throughout the second half of 2018, with the last going live in November 2018. Several NHS commissioning organisations have expressed interest in our co-ordination centres. For example, Northamptonshire Clinical Commissioning Group commissioned a 24/7 care co-ordination service from Marie Curie in December 2018.

New technology in hospices and nursing services

We are working with our chosen suppliers to roll out new electronic rostering and scheduling, and clinical records systems. These have been implemented in our hospices and will have been rolled out to our nursing services by the end of 2019.

A better rostering and scheduling system will reduce the time our co-ordinators spend planning and organising schedules. It will also be easier for our nurses to use and will therefore increase patient-facing time for our frontline staff.

Transforming the back office

We have been working on several initiatives to improve our efficiency and effectiveness in this area.

We are re-engineering our data architecture, building a data warehouse and more streamlined data flows from our applications to our business intelligence reporting functionality. This will open up access to data across the organisation.

We're currently working on electronic sign-up of Gift Aid donors in our shops. This will help us to better control this information and make sure that we are correctly recognising all the tax generously donated to us. It will also speed up and improve the sign-up experience for customers in our shops.

Through these and other initiatives, we continue to keep support costs in the back office low.

2018/19 targets and achievements

Targets:

- Continue to improve our financial performance, so we can deliver even more impact for patients and families.
- Implement new technology and processes for our nursing services across the UK.
- Continue to transform our frontline and back office systems, processes and ways of working and invest in our people and technology.

Achievements:

- We have kept support costs low, at 10.2% of total costs. This is below the benchmark for large charities of 10.5%.
- By moving to regional co-ordination of care, not only have we improved the service we provide but will also save £500,000 per year.
- We have increased the proportion of our funds available for our services by 1% to 76%.

Financial review: our funds

Reserves

Total reserves as at 31 March 2019 were £110.1 million (2018: £103.2 million). These comprised:

- **Restricted reserves: £22.1 million (2018: £22 million).** These are funds received for undertaking an activity specified by the donor when making the gift, or may result from the terms of an appeal for funds.
- **Designated reserves: £39.2 million (2018: £40.7 million).** These reserves represent funds that have been designated for a particular purpose by the Trustees. They would normally be utilised for that purpose within a specified timescale. Designated funds include the Tangible Fixed Asset Fund and the actuarial valuation of the surplus on the defined benefit pension scheme for the purposes of FRS 102.
- **Free reserves: £48.8 million (2018: £40.5 million).** These are the reserves remaining when restricted and designated reserves are excluded from the total amount. A part of these reserves, known as the target reserves, are held so that the charity can continue its operations in the event of an unforeseen shortfall in voluntary income or increase in costs.

Restricted reserves

At 31 March 2019 restricted reserves were £22.1 million (2018: £22 million), of which £20.8 million were funds raised for the construction and running of hospices.

Designated reserves

At 31 March 2019 designated reserves were £39.2 million (2018: £40.7 million), of which £28.8 million was held in the Tangible Fixed Asset Fund, reflecting the value of tangible fixed assets at cost less depreciation. The average remaining depreciable life of these assets is seven years. Other designated funds were as follows:

- The Capital Investment Fund is designated for uncommitted future expenditure to modernise hospices and other capital projects. This fund was not created with specific projects in mind, and hence hitherto has been treated as a free reserve. However, it is now expected to be spent by the end of 2020/21 on specific projects largely related to improving the technology infrastructure of the charity.
- The Hampstead Capital Fund is a designated fund for the Marie Curie Hospice, Hampstead, that has been funded from a specific legacy and will be used towards the renovation of heating and ventilation throughout the hospice, along with ward refurbishment. It is expected to be spent by the end of 2019/20.
- The valuation of the surplus on the Marie Curie Cancer Care Defined Benefit Pension Scheme for the purposes of FRS 102. The scheme had a surplus of £3.8 million at 31 March 2019, compared with a surplus of £2.1 million at 31 March 2018. This was a result of the special contributions of £700,000 per annum that were agreed in 2018 to reduce the actuarial deficit, as well as investment gains.

Free reserves (General Fund)

All charities are required to consider how much money they need to hold in reserves. The extent varies depending on the scale and nature of the charity's activities.

Marie Curie provides a range of critical health services upon which communities across the UK depend. To fund these services, we rely on a number of fluctuating income streams from donations, legacies, shop profits and investment income.

To enable us to make commitments to each community to provide its key hospice and nursing services, we need to maintain a level of free reserves so that we can continue our operations in the event of an unforeseen shortfall in voluntary income or increase in costs. This is known as our target reserves.

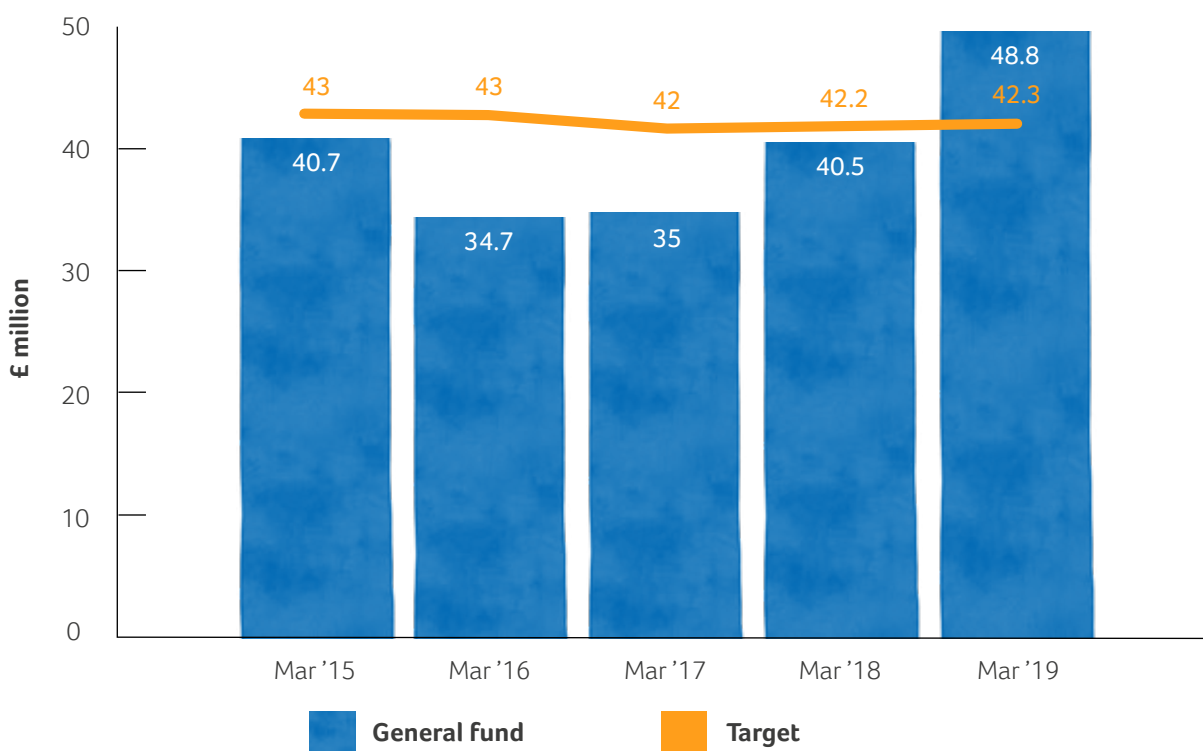
The Trustees calculate the amount that is required to be held in target reserves based on the assessment of the risks affecting the income and expenditure of the charity on an annual basis. In assessing the amount of target reserves required, the Trustees estimate the risk of a shortfall in income or an increase in expenditure and a sum is held to cover the potential shortfall for each

element of the charity's income and expenditure. The risk weightings range from 2% to 25% depending on the nature of the activities.

Based on these calculations, the Trustees estimate that a total of £42.3 million of target reserves is required. This represents approximately three months of the charity's operating expenditure for 2019/20.

The charity's reserves policy states that if reserves exceed 110% of target, management should prepare a plan of action, to be approved by Trustees within three months, to restore them to the target level. Likewise, if reserves are lower than 85% of target, management should prepare a plan, to be approved by the Trustees within three months, to restore them to the target level.

The level of free reserves (comprising the General Fund) at 31 March 2019 was £48.8 million, which is above the recommended range under the terms of our reserves policy. An action plan has been approved by the Trustees to bring reserves back to target in the medium term.



Investments

The restricted and designated reserves (excluding the Tangible Fixed Asset Fund and the pension surplus) are invested in cash investments whereas the general fund is held in a variety of investments according to the policy below.

Investment policy

The investment objective for the General Fund portfolio is to generate a return in excess of inflation over the long term while generating an income to support the ongoing activities of Marie Curie. The investments are managed according to the powers defined in the charity's constitution by independent investment managers appointed by the Trustees. The Trustees rely upon specialist advice for fund selection and allocation. The performance of our investment managers and our investment portfolio is monitored by Marie Curie staff and the Investment Committee.

The Investment Committee also assess the working capital requirements of the charity and, with support from the investment advisers, determine the asset allocation for the General Fund.

We have adopted an ethical investment policy to ensure that our investments do not conflict with our aims. Investment managers have been instructed not to directly invest in any organisation where over 10% of turnover is derived from the production of tobacco products.

Our investment managers support key codes and principles that provide a framework for best practice when considering environmental, social and governance (ESG) issues. They actively monitor and engage with the companies they invest in from an ESG perspective, using proprietary research, engagement and proxy voting rights to influence change.

Most of our investment fund is managed on a discretionary basis by Newton Investment Management Limited. These investments comprise UK and international equities and fixed interest securities. Marie Curie's property investments are invested in the Charities Property Fund. We hold relatively small hedge fund investments in the Forester Diversified Fund of Funds as a diversifier.

Marie Curie's investment portfolio rose in value by £2 million compared with an increase of £1.4 million in the previous year. An additional investment of £2.5 million was made in March 2019. The return on the charity's investment portfolio was 7%, which was lower than the return of the benchmark set by the Investment Committee of 8%, but above the average of other charity portfolios*.

Asset allocation as 31 March 2019

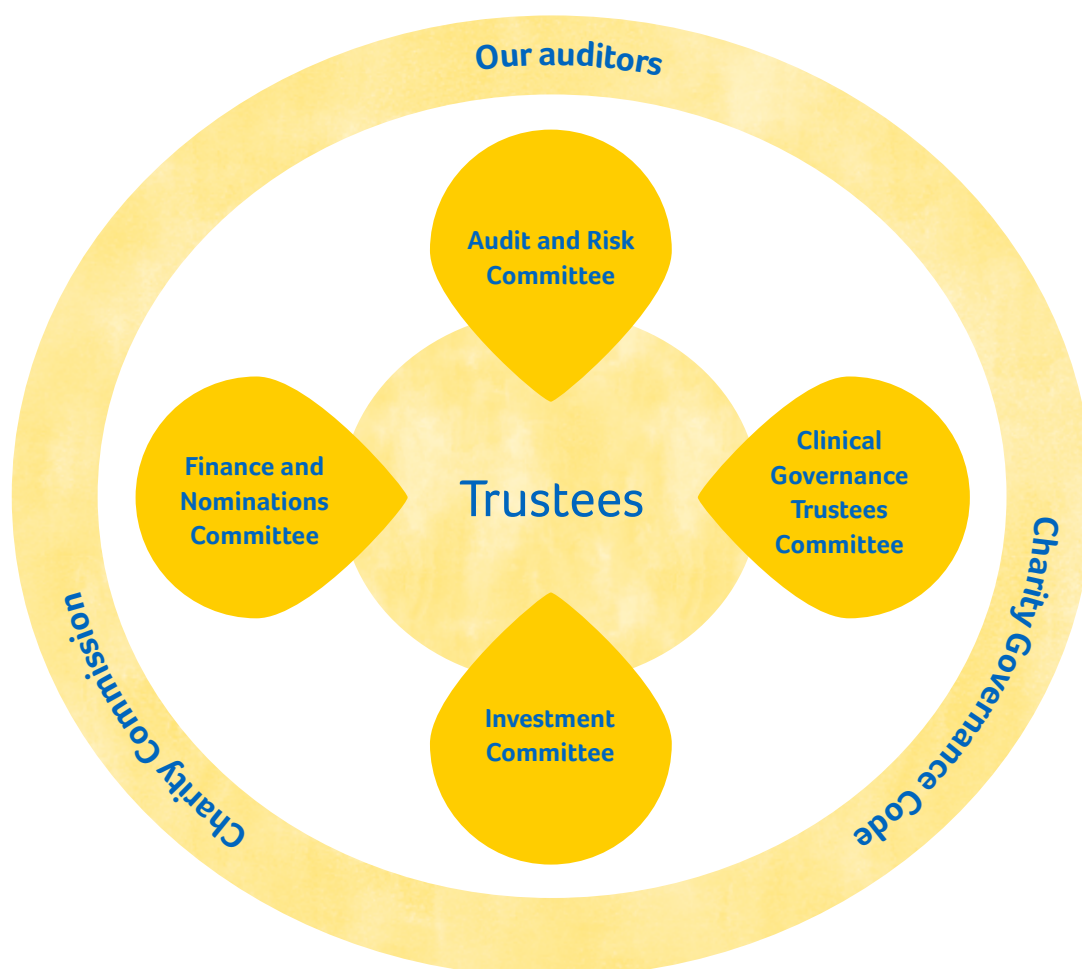
The target asset allocation of the investment fund is determined by the Investment Committee, supported by our investment advisers.

Our investment managers have the flexibility to vary the weightings of UK and international equities, based on their assessment of the relative outlook for each market, as long as the total holding in equities is close to target. This explains the variance between actual and target asset allocation for these asset classes as at 31 March 2019.

Actual	Actual £m	%	Target %	2017/18 Actual £m
UK equities	9.6	22	28	8.7
International equities	14.7	33	28	13.8
UK Government Bonds	2.9	7	8	1.7
Global bonds	6.2	14	13	5.3
Property	3.7	8	8	3.2
Absolute return	5.9	13	13	5.9
Cash	1.3	3	2	1.2
Total	44.3	100	100	39.8

*Teknometry CIG Charity Fund Universe

How we are governed



Our structure

Marie Curie is a company limited by guarantee (incorporated on 3 May 1952, registered number 00507597) and a registered charity in England and Wales (charity number 207994) and Scotland (charity number SC038731). The charity's constitution is its Articles of Association, which is available on our website.

Subsidiaries

The charity's principal subsidiary undertakings as at 31 March 2019 are all wholly owned and registered in England and Wales. Details are included in Note 19 to the financial statements. We raise some of the funds needed to run our services through the trading activities of a wholly owned subsidiary, Marie Curie Trading Limited.

Our Trustees

The Board of Trustees is legally responsible for directing our affairs. The Board delegates the day-to-day management of the charity to the Chief Executive and Executive Leadership Team, which includes making recommendations to the Board of Trustees about strategy, budget and planning. Specific responsibilities are delegated to a number of committees which report back to the Board on a regular basis (see below).

Marie Curie's Trustees are the directors of the company and serve for up to three renewable terms of three years each. The Board is made up of 12 Trustees as at 31 March 2019, with a wide range of skills, knowledge and experience, including clinical and professional expertise.

The Board meets at least six times per year to regularly review and direct Marie Curie's strategy, budget and performance. Certain matters are reserved for Board approval, including changes to strategy and budget.

The Board of Trustees appoints all new Trustees and committee members on the advice and recommendation of the Finance and Nominations Committee. We recruit Trustees through a process of advertisement, application and interviews, and based on selection criteria, which ensures a broad range of relevant skills and experience.

We offer a tailored induction programme to all new Trustees, and provide further updates and training as needed. This includes a visit to a Marie Curie Hospice and meetings with the Chief Executive, members of the Executive Leadership Team and other senior management.

The Board of Trustees would like to thank Professor Declan Walsh and Professor Peter Rigby, who each stepped down as Trustees in late 2018 after many years of dedicated service to the charity.

Our committees

The Audit and Risk Committee meets three times a year to review the charity's annual financial statements, internal financial controls, risk management systems, and external and internal audit matters. The committee discusses in detail a range of strategic and operational risk areas, for example safeguarding, data and information security and compliance.

The Clinical Governance Trustees Committee meets four times a year to review strategy for clinical services and oversee all aspects of clinical governance and quality of care, patient safety and clinical standards. It provides oversight and assurance for clinical governance, clinical risk management, quality and safety. This includes being assured that services meet the needs of patients and their families, and having oversight of applicable quality standards and regulatory compliance requirements. This committee reports on the risks within its remit to the Audit and Risk Committee.

The Investment Committee meets four times a year to review the investment strategy and monitor the returns achieved by Marie Curie's investment portfolio and the performance of the charity's

investment managers. The committee regularly reviews the charity's investment strategy and investment policy.

The Finance and Nominations Committee

meets at least three times a year to review the annual budget, including approving the Chief Executive's and Executive Leadership Team members' salaries prior to approval by the Board, assisting the Board with oversight of strategy and key strategic projects and to review the composition of the Board and its committees, as well as diversity and succession planning, and nominations for new appointments.

The Board of Trustees is also advised by National Advisory Boards in Scotland, Wales and Northern Ireland, each of which is chaired by a Trustee.

Please see pages 62-63 for a full list of Trustees and independent members of committees.

Our auditors

In accordance with Section 485 of the Companies Act 2006, an ordinary resolution proposing that BDO LLP be appointed as auditor of the charity in place of the outgoing auditor, KPMG LLP, will be put to the Annual General Meeting.

In 2018/19, a tender process was held in which five audit firms were invited to bid. The process was led by the Chair of the Audit and Risk Committee, with the participation of the entire committee. At the end of the process, the Audit and Risk Committee submitted two options to the Board, indicating a preference for BDO LLP. This preference was ratified by the Board in March 2019.

KPMG LLP declined to retender. We would like to thank them for all their help and support during their many years as our auditors.

Charity Governance Code

In November 2018, the Board agreed to adopt the principles of good governance in the Code and has since set objectives to ensure its own governance meets the high standards set out in the Code's principles and recommended practice.

Charity Commission guidance on public benefit

The Trustees have taken account of the Charity Commission's general guidance on public benefit when reviewing the charity's aims, objectives and planning.

Principal risks and uncertainties

The Board of Trustees has overall responsibility for risk management for Marie Curie and its subsidiaries. This includes setting the risk appetite for the charity, ensuring that there are reasonable procedures in place for the prevention and detection of major risks, including fraud risk and other irregularities, and ensuring that risk procedures are reviewed when issues arise.

The Clinical Governance Executive Committee oversees management of clinical risks and monitors clinical incidents and trends.

The Risk and Compliance Executive Committee meets monthly to carry out reviews of all risk registers across the organisation and inform escalation of risk to the Executive Leadership Team.

The Executive Leadership Team, chaired by the Chief Executive, regularly reviews and monitors key charity-wide strategic and operational risks.

The Clinical Governance Trustees Committee scrutinises the management of clinical risks, and the monitoring of clinical incidents and trends.

The Audit and Risk Committee reviews the results of the executive risk management reviews and the operation of our risk management processes. The Committee also reviews deep dives into selected key risks at each meeting.

In addition to this Risk, Policy and Compliance Framework, we have policies and procedures to identify and manage risks arising from our existing operations and strategic development and to provide reasonable assurance against material errors or loss.

Planning and performance: We operate a comprehensive annual planning and budgeting process. We monitor performance through the use of key performance indicators and financial targets are routinely reported to the Board of Trustees, which compare actual results against activity and financial targets. A phased budget and regular forecasting allows Trustees and the Executive Leadership Team to link financial performance with resource and activity levels.

Internal audit: Internal controls are subject to scrutiny by our Internal Audit department, which carries out a programme of cyclical reviews throughout the charity. The Audit and Risk Committee reviews and approves the internal audit plan, which is aligned to major risks. Regular reports from Internal Audit are reviewed by the Audit and Risk Committee and Executive Leadership Team on the effectiveness of controls, progress against the audit plan and recommendations from audits.

An overview of our key strategic risks and the actions we take to mitigate them is summarised in the table on the right:

Risk

How we manage it

Each risk area is supported by relevant policies and procedures that are regularly reviewed and updated, and subject to compliance testing.

<p>Services: A service or clinical quality failure which may result in patient or service user harm, adverse reputational impact, litigation and/or regulatory action.</p>	<ul style="list-style-type: none"> • Robust clinical governance processes and oversight. • High-quality specialist training for staff. • Audit and compliance visits. • Reviewing and acting upon patient and carer feedback, incidents and complaints, and trends. • Proactive engagement with the NHS.
<p>Safeguarding: Failure to comply with safe recruitment processes, or safeguarding policies and procedures, which may lead to serious harm or abuse of adults and children, adverse reputational impact, litigation and/or regulatory action.</p>	<ul style="list-style-type: none"> • Freedom To Speak Up champions and Whistleblowing specialist roles, including Protect helpline. • Safer recruitment practices, including role appropriate pre-appointment checks and screening. • Regular role-specific mandatory safeguarding training. • Whole-charity Safeguarding Assurance Group to monitor standards, performance and complaints.
<p>People and culture: Failure to recruit, retain, engage, develop and protect staff and volunteers, which may lead to operational failure or inability to deliver services and strategy.</p>	<ul style="list-style-type: none"> • People strategy and planning. • Learning and development programmes. • Benchmarking of compensation and benefits. • Staff and volunteer engagement surveys and responses. • Employee forum and feedback. • Freedom To Speak Up champions and Whistleblowing specialist roles, including Protect helpline. • Specialist health and safety function and whole-charity special interest committee for health and safety to monitor standards, performance and issues.
<p>Failure to build and maintain culture that is aligned to Marie Curie's vision and values.</p>	
<p>Failure to maintain property or health and safety requirements may lead to physical harm to staff, volunteers, patients, service users or members of the public.</p>	
<p>Financial sustainability: Insufficient funds to deliver plans and/or sustain services over the longer term due to funding model inflexibility, reduction in income and/or cost-effectiveness challenges.</p>	<ul style="list-style-type: none"> • Regular monitoring of income and expenditure and regular financial planning and review. • Robust internal financial controls and policies. • Diversification of income streams and maintenance of prudent financial reserves. • Expert management of investments. • Specialist fraud function and whole-charity special interest committee for counter fraud and bribery to monitor standards, performance and complaints.
<p>Failure to manage finances in accordance with budget or poor financial controls which may lead to overspend, poorly controlled expenditure and/or fraud or theft.</p>	
<p>Infrastructure: Failure to establish and maintain adequate systems or services to support operational requirements which may adversely impact on service delivery and lead to reputational damage, litigation, regulatory enforcement action, and/or financial loss.</p>	<ul style="list-style-type: none"> • Internal audit and self-assessment. • External testing and benchmarking. • Directorate compliance and quality committees and special interest committees (including information governance and data, counter fraud and bribery, business continuity) to monitor standards, performance, external developments and complaints.
<p>Data governance and security: Failure to adequately use or protect personal data (including patient/supporter/employee information) or the confidentiality, integrity or availability of information, which may impact on service delivery and lead to consequent reputational damage, litigation and/or regulatory enforcement action.</p>	<ul style="list-style-type: none"> • Privacy and security impact assessments for all new business initiatives. • Security audits and reviews. • Mandatory training of staff. • Specialist roles, SIRO, DPO, Caldicott. • Charity-wide special interest committee for information governance and data to monitor standards, performance, external developments and complaints.

Statement of responsibilities

of the Trustees of Marie Curie in respect of the Trustees' Annual Report and the financial statements

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

Company and charity law requires the Trustees to prepare financial statements for each financial year. Under that law they are required to prepare the group and parent company financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice), including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the group and charitable company, and of the group's excess of income over expenditure for that period. In preparing each of the group and charitable company financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- assess the group's and the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern
- use the going concern basis of accounting unless they either intend to liquidate the group or the charitable company or to cease operations, or have no realistic alternative but to do so.

The Trustees are responsible for keeping adequate and proper accounting records that are sufficient to show and explain the charitable company's transactions, disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that its financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). They are responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the group and to prevent and detect fraud and other irregularities.

The Trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the UK governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Independent auditor's report

We have audited the financial statements of Marie Curie ("the charitable company") for the year ended 31 March 2019 which comprise the Consolidated Statement of Financial Activities, Balance Sheet, Consolidated Cash Flow Statement and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 March 2019 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

We have been appointed as auditor under section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

We are required to report to you if we have concluded that the use of the going concern basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least 12 months from the date of approval of the financial statements. We have nothing to report in these respects.

Other information

The directors are responsible for the other information, which comprises the Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information
- in our opinion the information given in the Trustees' Annual Report, which constitutes the strategic report and the directors' report for the financial year, is consistent with the financial statements
- in our opinion those reports have been prepared in accordance with the Companies Act 2006.

Matters on which we are required to report by exception

Under the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) we are required to report to you if in our opinion:

- the charitable company has not kept adequate and proper accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- the charitable company's financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in these respects.

Trustees' responsibilities

As explained more fully in their statement set out on page 42, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the group's and the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the group or the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and

are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at

frc.org.uk/auditorsresponsibilities

The purpose of our audit work and to whom we owe our responsibilities

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's Trustees, as a body, in accordance with section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the charitable company's members and the charity's Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity, its members as a body and its Trustees as a body, for our audit work, for this report or for the opinions we have formed.



Lynton Richmond
(Senior Statutory Auditor)

for and on behalf of KPMG LLP,
Statutory Auditor Chartered Accountants
KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006
15 Canada Square,
London E14 5GL
United Kingdom
26 July 2019

Consolidated statement of financial activities

(Incorporating the consolidated income and expenditure account) for the year ended 31 March 2019

	Note	2019			2018		
		Unrestricted funds £'000	Restricted funds £'000	Total funds 2019 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000
Income from:							
Generated funds							
Donations and legacies	2	76,474	19,436	95,910	79,885	17,846	97,731
Retail sales of donated and purchased goods		11,111	6,366	17,477	11,198	6,174	17,372
Investments	3	1,164	-	1,164	955	-	955
		<u>88,749</u>	<u>25,802</u>	<u>114,551</u>	<u>92,038</u>	<u>24,020</u>	<u>116,058</u>
Charitable activities	4	41,659	194	41,853	42,547	307	42,854
Other income							
Other income		326	-	326	407	-	407
Total income		130,734	25,996	156,730	134,992	24,327	159,319
Expenditure on:							
Raising funds							
Cost of generating voluntary income		28,540	1,737	30,277	29,800	2,543	32,343
Publicity		3,286	-	3,286	3,021	-	3,021
Fundraising trading: cost of goods sold		11,537	3,887	15,424	11,331	4,405	15,736
Investment management costs		331	-	331	321	-	321
		<u>43,694</u>	<u>5,624</u>	<u>49,318</u>	<u>44,473</u>	<u>6,948</u>	<u>51,421</u>
Net income available for charitable application		87,040	20,372	107,412	90,519	17,379	107,898
Expenditure on charitable activities							
Hospices		36,183	12,863	49,046	36,863	12,240	49,103
Nurses		38,850	7,248	46,098	42,391	4,666	47,057
Helper Service		515	26	541	1,459	162	1,621
Information and support		1,335	-	1,335	1,306	-	1,306
Research and development	5D	2,599	164	2,763	2,137	704	2,841
Policy, information and awareness		3,639	-	3,639	4,357	-	4,357
Total charitable expenditure		<u>83,121</u>	<u>20,301</u>	<u>103,422</u>	<u>88,513</u>	<u>17,772</u>	<u>106,285</u>
Total expenditure	5	126,815	25,925	152,740	132,986	24,720	157,706
Net income/(expenditure) for the year before investment gains		3,919	71	3,990	2,006	(393)	1,613
Gains on investments	8	2,010	-	2,010	1,362	-	1,362
Net income/(expenditure) for the year		5,929	71	6,000	3,368	(393)	2,975
Other recognised gains/(losses)							
Actuarial gains/(losses) on defined benefit pension scheme	18	935	-	935	(596)	-	(596)
Net movement in funds		6,864	71	6,935	2,772	(393)	2,379
Reconciliation of funds							
Total funds at 1 April	15	81,155	22,049	103,204	78,383	22,442	100,825
Total funds at 31 March		88,019	22,120	110,139	81,155	22,049	103,204

All of the charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 48-61 form part of these financial statements.

Balance sheets

for the year ended 31 March 2019

	Note	Group		Charity	
		2019 £'000	2018 £'000	2019 £'000	2018 £'000
Fixed assets					
Tangible assets	7	49,552	47,458	49,552	47,458
Investments	8	44,516	51,085	44,902	51,471
		94,068	98,543	94,454	98,929
Current assets					
Stocks	9	141	133	-	-
Debtors	10	13,468	12,131	14,146	13,093
Investments	11	28,777	15,174	28,777	15,174
Cash at bank and in hand		3,722	6,464	3,572	6,324
		46,108	33,902	46,495	34,591
Creditors:					
Amounts falling due within one year	12a	(28,202)	(23,306)	(28,916)	(23,303)
Net current assets		17,906	10,596	17,579	11,288
Total assets less current liabilities		111,974	109,139	112,033	110,217
Creditors:					
Amounts falling due after more than one year	12b	(4,562)	(6,029)	(4,562)	(6,029)
Provision for liabilities and charges	14	(1,047)	(1,965)	(1,047)	(1,965)
Net assets (excluding pension asset)		106,365	101,145	106,424	102,223
Defined benefit pension asset	18	3,774	2,059	3,774	2,059
Net assets (including pension asset)	15	110,139	103,204	110,198	104,282
Funds					
Restricted funds	15	22,120	22,049	22,120	22,049
Designated funds	15	39,187	40,672	39,187	40,672
		61,307	62,721	61,307	62,721
Free reserves					
General funds	15	48,832	40,483	48,891	41,561
		110,139	103,204	110,198	104,282

Approved by the Board of Trustees on 23 July 2019



T Breedon
Honorary Treasurer

The notes on pages 48-61 form part of these financial statements

Consolidated cash flow statement

for the year ended 31 March 2019

	Note	2019 £'000	2018 £'000
Cash flows from operating activities:			
Net cash used in operating activities	A	8,622	6,382
Cash flows from investing activities:			
Dividends received		712	627
Interest received		202	241
Capital expenditure		(7,254)	(3,371)
Investment purchases		(10,683)	(6,638)
Investment sale proceeds		8,119	7,095
Increase in invested cash		11,143	2,234
Net cash provided by investing activities		2,239	188
Change in cash and cash equivalents in the reporting period		10,861	6,570
Cash and cash equivalents at 1 April 2018		21,638	15,068
Cash and cash equivalents at 31 March 2019		32,499	21,638
Analysis of cash and cash equivalents			
Cash at bank and in hand		3,722	6,464
Money market and other deposits		28,777	15,174
		32,499	21,638
Note A:			
Reconciliation of net expenditure to net cash flow from operating activities			
Net income/(expenditure) for the year		6,000	2,975
Adjustments for:			
Depreciation		5,160	4,993
Gains on investments		(2,010)	(1,362)
Pension funding adjustment		(780)	(775)
Dividends receivable		(712)	(638)
Interest receivable		(202)	(230)
(Increase) in stocks		(8)	(7)
(Increase) in debtors		(1,337)	(1,229)
Increase in creditors and provisions		2,511	2,655
Net cash inflow from operating activities		8,622	6,382

Notes to the financial statements

for the year ended 31 March 2019

1. Accounting policies

The principal accounting policies are summarised below.

(a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - Charities SORP (FRS 102), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. The financial statements have been prepared under the historical cost convention with the exception of investments stated at market value.

The charity meets the definition of a public benefit entity under FRS 102. The charity has availed itself of paragraph 3 (3) of Schedule 4 of the Companies Act 2016 and adapted the Companies Act formats to reflect the special nature of the charity's activities.

No material uncertainties that may cast significant doubt about the ability of the charity to continue as a going concern have been identified by the Trustees and therefore these accounts have been prepared on a going concern basis.

The preparation of the financial statements in accordance with Charities SORP (FRS102) requires the Trustees to make judgements, estimates and assumptions that affect the application of policies and reported amounts in the financial statements. Judgements made that could have a significant effect on the financial statements and estimates are disclosed in note 1 (l).

(b) Group accounts

The charity owns 100% of the share capital of Marie Curie Trading Limited which has been consolidated with the financial statements of the charity on a line by line basis. No Statement of Financial Activities (SOFA) or Income and Expenditure Account of the charity has been presented as permitted by Section 408 of the Companies Act 2006.

(c) Investments

Investments listed on a recognised stock exchange are included in the balance sheet at market value with the exception of our property investments which are valued at Net Asset Value (NAV). Unrealised gains and losses arising during the year are included in the Statement of Financial Activities. Investment income is the amount received by the charity in the year.

(d) Stocks

Stocks of bought in goods are stated at the lower of cost and net realisable value. As it is not practical to value items donated for resale on receipt because of the volume of low value items, they are not recognised in the financial statements until they are sold.

(e) Depreciation

Tangible fixed assets costing more than £2,500 are capitalised and included at cost. Freehold land is not depreciated. Depreciation is not provided on assets in the course of construction or on investment properties. Depreciation is provided on all other tangible fixed assets using a straight line basis as follows:

Freehold buildings	25 years
Long leasehold buildings	25 years
Short leasehold buildings improvements	Over the period of the lease or 10 years, whichever is the shorter
Leasehold shops improvements	Over the period of the lease or 10 years, whichever is the shorter
Furniture, IT and other equipment	25-33 % per annum

(f) Incoming resources

All income is included when the charity is entitled to the income, the amount can be quantified and receipt of the funds is probable.

Legacy income

Legacy income is recognised when it is probable that it will be received. Pecuniary legacies are recognised when probate is granted. Residuary legacies are recognised when either probate has been granted, the estate accounts have been approved and any conditions have been fulfilled or if the charity has received notification from executors of their intention to make a distribution.

Events

Income from major events is recognised in the period in which the event takes place. Income received in advance is included in deferred income.

Notes to the financial statements

for the year ended 31 March 2019

Investment income

Investment Income is accounted for on an accruals basis. See above (c).

Gifts in kind

Gifts in kind are valued at their realised amount, or the amount equivalent to an alternative commercial supply, and are included in the Consolidated SOFA when sold. No amounts are included for services donated by volunteers.

(g) Resources expended

All expenditure is accounted for on an accruals basis and allocated to the appropriate heading in the accounts. Specific accounting policies are as follows:

Grants payable

The total sum awarded during the year is expensed in the SOFA where a constructive obligation exists, notwithstanding that a proportion will be disbursed in subsequent accounting periods.

Fundraising costs

Fundraising and publicity expenditure have been shown separately. Fundraising expenditure represents the total costs of fundraising.

Support costs

The costs of functions which support more than one of the charity's activities have been allocated to those activities based on measures such as time spent or floor space.

Governance costs

Governance costs are the costs associated with the governance arrangements of the charity. These costs include external and internal audit, legal advice for Trustees and costs associated with constitutional and statutory requirements.

(h) Pensions

For the Marie Curie defined benefit pension scheme, the amounts charged in expenditure are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the income and expenditure account if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs. The interest losses are recognised in the 'Other recognised gains and losses'.

The Marie Curie defined benefit scheme is funded, with the assets of the scheme held separately from those of the charity, in Trustee-administered funds. Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit credit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities. The actuarial valuations are obtained every three years and are updated at each balance sheet date. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the balance sheet.

The following multi-employer schemes are accounted for as defined contribution schemes as the Group is unable to identify its share of the underlying assets and liabilities on a reasonable and consistent basis: NHS Pension Scheme and Universities Superannuation Scheme.

For defined contribution schemes, the amount charged to the Consolidated SOFA in respect of pension costs and other post-retirement benefits is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

(i) Leased assets

Rentals payable under operating lease contracts are charged on a straight line basis over the lease life to the SOFA.

(j) Funds

Restricted funds comprise funds subject to specific restrictions imposed by donors and funders. The purposes and uses of the restricted reserves are set out in Note 15 to the financial statements.

Income received from capital appeals is included under restricted voluntary income and the related costs, including depreciation, are charged against that income.

Designated funds comprise funds which have been set aside at the discretion of the Board of Trustees for specific purposes. The purposes and uses of the designated funds are set out in Note 15 to the financial statements. Funds contained within the designated fund comprise:

- (1) Tangible Fixed Asset Fund which represents the value of general funds invested in fixed assets.
- (2) Capital Investment Fund which represents funds held to contribute towards the renewal of the charity's assets.
- (3) Hampstead Capital Fund is the designated fund for the Hampstead hospice that has been funded from a specific legacy and will be used towards the renewal of that hospice.
- (4) Pension surplus which represents the surplus resulting from the actuarial valuation of the charity's defined benefit pension scheme.

The **General Fund** is an unrestricted fund which is available to meet possible shortfalls in revenue and unforeseen increases in expenditure.

Consolidated cash flow statement

for the year ended 31 March 2019

(k) Provisions

Provisions are recognised when there is a legal or constructive financial obligation that can be reliably estimated and for which there is an expectation that payment will be made.

(l) Accounting estimates and judgements

In preparing the financial statements, the Trustees are required to make estimates and judgements. The matters below are considered to be the most important in understanding the judgements made and the uncertainties that could impact the amounts reported in the financial statements.

Legacy income

Legacy income requires judgement about the probability of receipt which affects the timing of income recognition. As at 31 March 2019, the amount accrued for legacy income was £1.9 million.

Cost allocation

Support costs are allocated to charitable activities. Judgement is required in determining and applying the cost drivers appropriate for each support activity.

Actuarial assumptions

The defined benefit pension scheme has been valued by a qualified independent actuary in accordance with FRS 102. Significant judgement is required in a number of areas, including future changes in salaries and inflation, mortality rates and the selection of appropriate discount rates.

2. Donations and legacies

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000
Donations, events and other voluntary income	50,890	11,200	62,090	53,554	9,718	63,272
Legacies	25,584	8,236	33,820	26,331	8,128	34,459
	76,474	19,436	95,910	79,885	17,846	97,731

3. Investment income

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000
Listed investments	712	-	712	634	-	634
Cash investments	202	-	202	108	-	108
Property fund	136	-	136	132	-	132
Other investments	114	-	114	81	-	81
	1,164	-	1,164	955	-	955

4. Incoming resources from charitable activities

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000
NHS funding for nurses	23,561	-	23,561	23,281	-	23,281
NHS funding for hospices	17,785	-	17,785	18,648	-	18,648
Other NHS funding	207	-	207	297	-	297
National Lottery Community Fund	-	194	194	-	259	259
Other income	106	-	106	321	48	369
	41,659	194	41,853	42,547	307	42,854

Funding from the National Lottery Community Fund includes £55,075 for Marie Curie Helper Service in Argyll and Bute, £90,282 for Marie Curie Helper Service in Glasgow and £48,828 for the Diversity – Reducing Barriers project.

Notes to the financial statements

for the year ended 31 March 2019

5. Expenditure

	Direct costs £'000	Support costs £'000	Total 2019 £'000	Total 2018 £'000
Cost of raising funds				
Fundraising	26,518	3,759	30,277	32,343
Publicity	2,884	402	3,286	3,021
Retail activities	13,996	1,428	15,424	15,736
Investment management costs (Note C)	300	31	331	321
	43,698	5,620	49,318	51,421
Charitable activities				
Hospices	45,266	3,780	49,046	49,103
Nurses	41,338	4,760	46,098	47,057
Helper Service	408	133	541	1,621
Information and support	871	464	1,335	1,306
Research and development (Note D)	2,195	568	2,763	2,841
Policy, information and awareness	3,330	309	3,639	4,357
	93,408	10,014	103,422	106,285
Total	137,106	15,634	152,740	157,706

Allocation of support costs

	Executive, legal and strategy £'000	Governance (Note A) £'000	Finance £'000	HR and training £'000	IT £'000	Facilities and property £'000	Total 2019 £'000	Total 2018 £'000
Hospices	622	120	338	1,013	1,495	192	3,780	3,381
Nursing	1,069	125	323	1,069	2,093	81	4,760	4,350
Helper Service	16	-	15	35	60	7	133	319
Information and support	102	5	31	20	299	7	464	459
Research and development	101	60	77	27	299	4	568	622
Policy, information and awareness	144	65	15	20	60	5	309	476
Total charitable activities	2,054	375	799	2,184	4,306	296	10,014	9,607
Fundraising	967	100	492	824	1,256	120	3,759	3,481
Publicity	46	20	31	62	239	4	402	351
Retail activities	150	5	184	398	179	512	1,428	1,448
Investment management costs	-	-	31	-	-	-	31	31
Total support costs allocated	3,217	500	1,537	3,468	5,980	932	15,634	14,918
Total support costs allocated (2018)	3,338	320	1,548	3,016	5,636	1,060	14,918	

Notes to the financial statements

for the year ended 31 March 2019

Note A	2019	2018
Governance costs	£'000	£'000
Internal audit	183	187
External audit fees (Note B)	82	81
Trustees' travel and meeting expenses (Note 16)	8	8
Trustees' indemnity insurance	8	8
Information governance and security	219	36
	500	320

Note B	2019	2018
Net income for the year are stated after charging:	£'000	£'000
Fees payable to the charity's auditor for:		
The audit of these financial statements - charity	63	63
The audit of financial statements of subsidiaries pursuant to legislation	10	10
Other audit services	9	8
	82	81

Amounts paid under operating leases:

Land and buildings	4,791	4,492
Plant and machinery	881	873
	5,672	5,365

Depreciation of owned assets	5,160	4,993
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Note C

Investment managers' costs include a management charge linked to the value of funds managed and also a performance related fee based on their performance against the target return.

Note D	2019	2018
Research and development	£'000	£'000
Palliative care research costs	2,231	1,741
Development costs	532	1,100
	2,763	2,841
Grant funding of activities:		
Marie Curie Palliative Care Research Department at UCL	804	-
Marie Curie Palliative Care Research Centre at Cardiff University	-	291
National Grant Programme	746	500
Other recipients	101	769
Activities undertaken directly	544	659
Support costs	568	622
	2,763	2,841

Palliative care research costs include £804,000 of new research grants awarded in 2019 to the Marie Curie Palliative Care Research Department at University College London (UCL) and additional funds for the Marie Curie National Grant Programme (£746,000). The expenditure shown includes underspends against previously committed amounts which have now been released. Both years also include expenditure on the charity's own research facilitators who are based in the charity's hospices.

6. Taxation

The charity is registered for VAT but only part of the VAT incurred is recoverable. The amount of VAT paid but not recoverable in the year was £1,637,379 (2018: £1,933,185). In 2018/19 we released £1,058,560 of VAT paid to us by HMRC, but which had not been previously shown in the SOFA. This was because it was paid under a new concession introduced in April 2015 but we had not received a definitive ruling from HMRC. While the ruling has not yet been received, the historical amount has been released as it is beyond the timeframe in which HMRC are able to claim.

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2011 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3, Part 11 Corporation Tax Act 2011 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes. Its subsidiaries have not incurred a tax charge as they gift aid all profits to the charity.

Notes to the financial statements

for the year ended 31 March 2019

7. Group and charity tangible fixed assets	Freehold land and buildings	Leasehold land and buildings Long	Leasehold land and buildings Short	Furniture equipment and software	Total income
	£'000	£'000	£'000	£'000	£'000
Cost					
At 1 April 2018	74,263	3,527	8,042	27,059	112,891
Additions at cost	4,527	-	469	2,258	7,254
At 31 March 2019	78,790	3,527	8,511	29,317	120,145
Depreciation					
At 1 April 2018	33,439	2,129	6,739	23,126	65,433
Provided in the year	2,525	124	224	2,287	5,160
At 31 March 2019	35,964	2,253	6,963	25,413	70,593
Net book value					
At 31 March 2019	42,826	1,274	1,548	3,904	49,552
At 31 March 2018	40,824	1,398	1,303	3,933	47,458

The freehold and leasehold properties consist of nine Marie Curie Hospices, administrative offices and shops. Freehold land is valued at historical cost and the cost included above is £1,588,242 (2018: £1,588,242).

Freehold land and buildings for the group and the charity include assets in the course of construction at a cost of ENIL (2018: ENIL).

The cost of additions for the group and the charity to assets in the course of construction during the year amounted to ENIL (2018: NIL).

Capital commitments	2019 £'000	2018 £'000
Capital expenditure authorised and contracted for	-	-
Capital expenditure authorised but not contracted for	11,126	5,765

8. Investments	Listed investments	Unlisted investments	Money market deposits	Group total	Investment in subsidiaries (Note 19)	Charity total
	£'000	£'000	£'000	£'000	£'000	£'000
Group and charity						
Market Value at 1 April 2018	39,213	76	11,796	51,085	386	51,471
Movements in deposits	-	-	(11,143)	(11,143)	-	(11,143)
Additions at cost	10,683	-	-	10,683	-	10,683
Disposals at book value	(6,808)	-	-	(6,808)	-	(6,808)
Unrealised gains	695	-	4	699	-	699
Market Value at 31 March 2019	43,783	76	657	44,516	386	44,902
Historic cost at 31 March 2019	31,791	76	657	32,524	386	32,910
Historic cost at 31 March 2018	27,916	76	11,796	39,788	386	40,174

Gains/(losses) on investments	2019 £'000	2018 £'000
Realised gains	1,311	2,095
Unrealised gains/(losses) included in market value	699	(733)
	2,010	1,362
Listed investments		
UK	17,787	14,937
Non UK	25,996	24,276
	43,783	39,213

No investment represented more than 5% of the portfolio of the group or the charity by market value.

Notes to the financial statements

for the year ended 31 March 2019

9. Stocks

	Group		Charity	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
Inventory for resale	141	133	-	133
	141	133	-	133

10. Debtors

	Group		Charity	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
Trade debtors	4,505	2,892	4,505	2,892
Taxation recoverable	2,636	2,211	2,636	2,210
Prepayments	3,466	3,393	3,476	3,403
Legacy debtors	1,684	2,845	1,684	2,845
Amounts due from subsidiary undertakings	-	-	668	954
Other debtors	1,177	790	1,177	789
	13,468	12,131	14,146	13,093

The charity has been notified of legacies with an estimated value of £29.7 million (2018: £27.8 million) which have not been recognised as income at 31 March 2019 because no notification of impending distribution or approval of estate accounts has been received and the values are uncertain. This amount has been treated as a contingent asset.

11. Current asset investments

	Group		Charity	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
Bank deposits and liquidity funds	28,777	15,174	28,777	15,174

12. Creditors

	Group		Charity	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
(a) Amounts falling due within one year				
Interest free loans	130	130	130	130
Trade creditors	3,898	4,271	3,884	4,266
NHS contract obligations	1,621	1,260	1,621	1,260
VAT claim not yet agreed by HMRC	2,344	2,575	2,344	2,575
Palliative care research grants	4,815	2,588	4,815	2,588
Tax and social security creditors	1,730	1,716	1,730	1,716
Accruals	11,440	9,022	11,440	9,024
Deferred income (Note 13)	1,565	1,272	1,565	1,272
Pensions and other payroll	659	472	659	472
Amounts due to subsidiary undertakings	-	-	728	-
	28,202	23,306	28,916	23,303

NHS contract obligations comprise amounts paid on account by the NHS for services from the Marie Curie Nursing Service which have been carried forward.

	Group		Charity	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
(b) Amounts falling due after more than one year				
Palliative care research grants	4,479	6,020	4,479	6,020
Investment Managers' performance fee	83	9	83	9
	4,562	6,029	4,562	6,029

The investment managers' fees are partly performance related. The amount payable is based on the four-year average compared to the benchmark.

Notes to the financial statements

for the year ended 31 March 2019

13. Deferred income

	Group		Charity	
	2019	2018	2019	2018
	£'000	£'000	£'000	£'000
Caring services	125	170	125	170
Fundraising events	975	640	975	640
Other	465	462	465	462
	1,565	1,272	1,565	1,272

Fundraising events deferred income includes amounts received in advance in respect of events which had not taken place by the balance sheet date.

14. Provision for liabilities and charges

Group and Charity

	At 1 April 2018	Additional provisions made	Amounts used	Amounts released	At 31 March 2019
	£'000	£'000	£'000	£'000	£'000
Dilapidations	525	40	(32)	-	533
Rent	568	-	(162)	-	406
Staff costs and other liabilities	872	-	(764)	-	108
	1,965	40	(958)	-	1,047

Dilapidations relate to properties where there is a legal responsibility to pay for these costs at the end of the lease period. Rent relates to amounts that may become due once rent reviews are completed on individual properties.

15. Funds

Group and charity

	Note	At 1 April 2018	Income	Expenditure	Gains and losses	Transfers	At 31 March 2019
		£'000	£'000	£'000	£'000	£'000	£'000
Restricted funds (group and charity)							
Hospices and other capital funds	i	19,934	-	(1,522)	-	2,383	20,795
Major capital appeals	ii	21	-	-	-	-	21
Hospices - revenue	iii	1,162	17,945	(16,581)	-	(2,015)	511
Nurses	iii	599	7,349	(7,631)	-	-	317
Helper Service	iii	121	226	(26)	-	-	321
Information and support	iii	30	-	-	-	-	30
Palliative care research		182	476	(165)	-	(368)	125
Total restricted funds		22,049	25,996	(25,925)	-	-	22,120
Designated funds (group and charity)							
Tangible Fixed Asset Fund	iv	27,524	-	-	-	1,233	28,757
Capital Investment Fund	v	9,415	-	-	-	(3,933)	5,482
Hampstead Capital Fund	v	1,674	-	-	-	(500)	1,174
Pension scheme surplus	vi	2,059	-	-	935	780	3,774
Total designated funds		40,672	-	-	935	(2,420)	39,187
General Funds (Group)							
General Fund	vii	40,483	130,734	(126,815)	2,010	2,420	48,832
Consolidated Funds		103,204	156,730	(152,740)	2,945	-	110,139
General funds (Charity)		41,561	128,274	(125,374)	2,010	2,420	48,891

The above funds carried forward at 31 March 2019 represent:

- Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- The net proceeds from the capital appeals. The balance at the end of the year represents the capital appeal funds which have been received for which expenditure has not yet been incurred.

Notes to the financial statements

for the year ended 31 March 2019

- (iii) Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper Service and Information and support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.
- (iv) The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- (v) The Capital Investment Fund held to contribute towards the renewal of the charity's assets. The Hampstead Capital Fund is a designated fund for the Marie Curie Hospice, Hampstead, that has been funded from a specific legacy and will be used towards the renewal of that hospice.
- (vi) The surplus of £3.8 million arising on the actuarial valuation of the defined benefit pension scheme at 31 March 2019 for the purposes of FRS 102. The calculation to determine the accounting surplus or deficit differs from the calculation used to determine the actuarial surplus or deficit of the scheme, which is to determine if further payments into the scheme are required. The full actuarial valuation as at 31 March 2017 showed an increase in the funding level from 78% (as at 31 March 2014) to 93%. This funding agreement extends to May 2020, at which time contributions will be reassessed following the actuarial valuation in March 2020.
- (vii) The General Fund, which is the working capital of the charity, represents the net amount that the Trustees have available to meet possible shortfalls in funding and increases in costs.

The consolidated surplus of total income less revenue expenditure is attributable to the surplus for the year dealt with in the separate accounts of:

	2019 £'000	2018 £'000
The charity	6,267	1,483
Intra-group profit	668	896
	6,935	2,379

The parent charity's gross income for the year was £153.6 million and its expenditure was £150.3 million.

Analysis of net assets between funds

	Unrestricted funds £'000	Restricted funds £'000	Total 2019 £'000	Total 2018 £'000
Tangible fixed assets	28,757	20,795	49,552	47,458
Investments	73,293	-	73,293	66,259
Stocks	141	-	141	133
Debtors	13,468	-	13,468	12,131
Creditors and cash	(31,414)	1,325	(30,089)	(24,836)
Defined benefit pension scheme surplus	3,774	-	3,774	2,059
Total net assets	88,019	22,120	110,139	103,204

16. Staff

	2019 £'000	2018 £'000
i) Remuneration		
Wages and salaries	82,785	84,129
Social security costs	6,713	6,871
Other pension costs	4,819	4,490
Total Marie Curie staff	94,317	95,490
Contracted staff	8,672	10,790
Total remuneration	102,989	106,280

Contract staff includes costs for nurses, consultants, other medical staff and health professionals employed by the NHS for whom the charity reimburses the NHS for the time spent working at the charity. These people are not employed by the charity and so are not included in the analysis of staff employed. The total amount of termination payments in the year was £530,705 (2018: £1,293,823).

Notes to the financial statements

for the year ended 31 March 2019

ii) Average number of employees	2019	2018
	Number	Number
Hospices	1,063	1,047
Nurses	2,074	2,171
Research	12	10
Information and support	12	14
Fundraising	304	300
Publicity, Policy and public awareness	60	50
Shops	506	523
Support	197	202
	4,228	4,317
Comprising		
Full time	1,393	1,399
Part time	2,835	2,918
	4,228	4,317

iii) Remuneration of higher paid staff	2019	2018
	Number	Number
£60,000 - £70,000	23	23
£70,000 - £80,000	10	9
£80,000 - £90,000	4	10
£90,000 - £100,000	3	6
£100,000 - £110,000	4	2
£110,000 - £120,000	-	1
£120,000 - £130,000	-	1
£130,000 - £140,000	1	-
£140,000 - £150,000	1	-
£150,000 - £160,000	1	1
£160,000 - £170,000	-	1
Included in the above are the following number of medical practitioners	6	8

Contributions of £130,498 (2018: £121,490) were made to the NHS Pension Schemes, all defined benefit schemes, for 12 (2018: 11) higher paid employees. Contributions amounting to £176,307 (2018: £186,756) were made to defined contribution schemes, for 34 (2018: 43) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any employer pension contributions was £656,256 (2018: £854,577).

The former Chief Executive was paid £141,505 (2017/18: £168,317) in 2018/19, up to the date of departure from the charity on 15 February 2019 and her annual salary was £168,317. The former Chief Executive did not receive any pension contributions from the charity. The incoming Chief Executive commenced their employment on 18 February 2019 at an annual salary of £150,000 and is a member of the Group Personal Plan on the same terms as other employees.

iv) Trustees' expenses

No Trustees received any remuneration in the year. Five Trustees were reimbursed £7,696 in total for travel expenses (2018: £7,607). The charity maintains liability insurance covering Trustees in their capacity as directors and other officers of the charity.

Notes to the financial statements

for the year ended 31 March 2019

17. Lease commitments

The charity had annual operating lease commitments as follows:

	2019 £'000	2018 £'000
Land and buildings		
Within one year	407	449
Between two and five years	2,162	1,837
Over five years	1,510	1,881
	<u>4,079</u>	<u>4,167</u>
Other		
Within one year	99	56
Between two and five years	432	453
	<u>531</u>	<u>509</u>

18. Pensions

Schemes available to employees

The current scheme available to the employees is a Group Personal Pension Plan with Scottish Widows that was started in April 2013. The charity has paid contributions totalling £2,790,376 (2018: £2,426,736) into this scheme.

At 31 March 2019 four employees participated in the Universities Superannuation Scheme which is a multi-employer defined benefit pension scheme. At the last actuarial valuation as at 31 March 2017 the assets were sufficient to cover 89% of the benefits that had accrued to members. Marie Curie meets the employer costs required by the scheme which amounted to £28,142 (2018: £28,617). The employer contribution rate is currently 18% but may increase due to the scheme funding level.

At 31 March 2019, 490 employees participated in the NHS Pension Schemes which are statutory unfunded defined benefit schemes. The pension cost charge for these schemes amounted to £1,991,163 (2018: £2,051,767).

Closed Schemes

Between 1 September 1994 and 31 December 2003 the charity operated a defined contribution scheme. This scheme is now closed. Prior to 1 September 1994 the charity operated a defined benefit pension scheme (closed to new members) which is funded in advance by contributions from members at the rate set in the rules and from the charity. The assets are held in a trust separate from the charity.

FRS102 disclosures

A full actuarial valuation of the defined benefit pension scheme was carried out at 31 March 2017 and resulted in an actuarial deficit of £2.2 million. On the basis of this valuation the trustees of the scheme and the charity agreed past service deficit recovery payments of £720,000 per annum until June 2020.

The valuation has been updated to 31 March 2019 by a qualified independent actuary to take account of the requirements of FRS102 in order to assess the liabilities of the scheme at that date. Scheme assets are stated at their market values at the respective balance sheet dates. At 31 March 2019 there was a net asset which has been recognised.

Notes to the financial statements

for the year ended 31 March 2019

	2019 £'000	2018 £'000
Present value of funded defined benefit obligation	(24,875)	(25,658)
Fair value of scheme assets	28,649	27,717
Net asset	3,774	2,059

The movement in the defined benefit pension scheme surplus is as follows:

	2019 £'000	2018 £'000
Asset at 1 April 2018	2,059	1,880
Net finance charge	61	54
Current service cost	(10)	(10)
Employer's contributions	729	731
	2,839	2,655
Remeasurement gains/(losses)	935	(596)
Asset at 31 March 2019	3,774	2,059

Movements in present value of defined benefit obligation

	2019 £'000	2018 £'000
At 1 April 2018	25,658	25,785
Current service cost	10	10
Interest cost	627	605
Remeasurement (losses)/gains	(130)	396
Contributions by members	1	1
Benefits paid	(1,291)	(1,139)
At 31 March 2019	24,875	25,658

Movements in fair value of scheme assets

	2019 £'000	2018 £'000
At 1 April 2018	27,717	27,665
Interest credit on scheme assets	688	659
Remeasurement gains/(losses)	805	(200)
Contributions by employer	729	731
Contributions by members	1	1
Benefits paid	(1,291)	(1,139)
At 31 March 2019	28,649	27,717

Expense recognised in the Consolidated Statement of Financial Activities

	2019 £'000	2018 £'000
Interest on defined benefit pension plan obligation	(627)	(605)
Interest credit on scheme assets	688	659
Net finance charge	61	54

Current service cost	(10)	(10)
Total	51	44

	2019 £'000	2018 £'000
Remeasurement gains/(losses) charged to the Consolidated Statement of Financial Activities		
Remeasurement gains/(losses) - return on scheme assets	805	(200)
Remeasurement gains/(losses) - actuarial (losses)/gains	130	(396)
Total	935	(596)

Notes to the financial statements

for the year ended 31 March 2019

The fair value of the scheme assets was as follows:	2019	%	2018	%
	£m		£m	
Equities and managed funds	7.4	25.9%	8.5	30.7%
Corporate bonds	5.0	17.3%	4.4	16.0%
Gilts	16.4	57.5%	14.8	53.4%
Cash	(0.2)	-0.7%	(0.0)	-0.1%
Total net assets	28.6	100.0%	27.7	100.0%

There is no investment in the charity's own financial instruments nor does the charity occupy any property owned by the scheme.

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:

	2019	2018
Discount rate	2.3%	2.5%
Retail Prices Index (RPI) Inflation	3.5%	3.4%
Consumer Prices Index (CPI) Inflation	2.5%	2.4%
Future increases in deferred pensions	2.5%	2.4%
Future salary increases	4.0%	3.9%
Rate of increases in pensions in payment:		
Pension accrued from 6 April 1997 to 1 April 2002	4.1%	4.3%
Pension accrued from 1 April 2002 to 5 April 2005	2.5%	2.4%
Pension accrued from 5 April 2005	1.9%	1.8%

Life expectancies used to determine benefit obligations are as follows;

	2019	2018
Future life expectancy of male aged 65 at balance sheet date	21.5	21.9
Future life expectancy of male aged 65 20 years after the balance sheet date	22.8	23.3
Future life expectancy of female aged 65 at balance sheet date	23.4	23.8
Future life expectancy of female aged 65 20 years after the balance sheet date	24.9	25.4

The charity expects to contribute approximately £720,000 to the scheme for the 2019/20 financial year (2018/19 - £730,000).

19. Subsidiary undertakings

The charity has the following subsidiary undertakings which are wholly owned and registered at 89 Albert Embankment, London, SE1 7TP.

Marie Curie Trading Limited - The company undertakes trading activities for the benefit of the charity that it cannot carry out itself as an exempt charity, including the sale of new goods such as Christmas cards and certain events. The company made a profit of £668,581 for the year ended 31 March 2019 (2018: £895,781) which will be paid to the charity by means of a payment under Gift Aid.

Marie Curie Developments Limited - The company undertakes construction projects for the charity. There was no activity in the company throughout the period ended 31 March 2019. The net assets at 31 March 2019 were £10,000.

A summary of the results of the subsidiaries is set out below:

Marie Curie Trading Limited

	2019 £'000	2018 £'000
Turnover	3,128	3,715
Cost of sales	(1,407)	(1,820)
Gross profit	1,721	1,895
Other expenses	(1,041)	(988)
Interest payable	(12)	(11)
Payment to the charity under Gift Aid	(668)	(896)
Retained profit for the year	-	-
Net current assets	320	320
Liabilities - debenture held by the charity	(320)	(320)
Net assets	-	-

At 31 March 2019 the amount due from the charity to Marie Curie Trading Limited was £43,654 (2018: £52,240). The debenture loan is secured by a first floating charge and is subject to interest calculated at 3% above the base rate.

20. Related party transactions

Advantage has been taken of exemptions under FRS 102 not to disclose related party transactions with and between wholly-owned subsidiaries. Related party transactions with the trustees are detailed in note 16. There were no transactions with other related parties in the year.

Who's who

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Sir Thomas Hughes-Hallett

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Ruth Holt RGN BSc DNCert MBA MSc

Patricia Lee

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(until October 2018)

Linda Urquhart OBE

Professor Declan Walsh MB MSc FACO FRCP (Edin)

FTCD (until November 2018)

Helen Weir CBE FCMA

Bankers

The Royal Bank of Scotland

280 Bishopsgate London EC2M 4RB

Solicitors

Bates Wells & Braithwaite

Auditor

KPMG LLP

5 Canada Square

London

E14 5GL

United Kingdom

Committee members as at 31 March 2019

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Robert Milburn MA FCA

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Jackie Freeman

Executive Director of Fundraising and Engagement

Meredith Niles

Executive Director of Caring Services and Partnerships

Peter Gabbitas

Executive Medical Director

Grahame Tosh

Executive Director of Nursing, Allied Health Professionals and Quality

Julie Pearce

Company Secretary

Tricia Owens

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Our heartfelt thanks to all our supporters and volunteers for making our work possible over the year. Below are some of the companies, organisations and individuals who made substantial contributions.

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All our fundraising groups, committees, development boards and our many anonymous donors.



Remembering Linda

We remember Linda Tierney, a Marie Curie beneficiary and supporter who made an enormous impact on the charity, and the work we do, during her lifetime.

Many will recall Linda from the cover of last year's Annual Report. She shared her story as part of the 2018 Great Daffodil Appeal and was living with a terminal cancer diagnosis.

Linda was determined from the beginning of her involvement with Marie Curie to support the charity in any way she could. She was active on social media and always did her best to show how determined she was to make the most of every day.

Linda was an inspirational supporter who took part in collections and organised fundraising events, despite her illness. She was someone who was willing to give so much of themselves to support Marie Curie and to help change the conversation about death and dying.

Linda died at the Marie Curie Hospice, Edinburgh, on 8 January 2019.

We wanted to express our sincerest gratitude for all Linda and her family have done to support Marie Curie.

Thank you, Linda.

For more information

If you would like to know more about how you can help Marie Curie to provide care to more people, please contact us:

Phone: 0800 716 146 (free)

Email: info@mariecurie.org.uk

To make a donation

Call: 0800 716 146 (free)

Visit: mariecurie.org.uk/donate

Or send a cheque to our registered offices.

Looking for support?

Our Support Line team are here to help.

Call: 0800 090 2309 (free)

Monday to Friday 8am-6pm;

Saturday 11am-5pm.

Our offices

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Phone: 020 7599 7777

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Belfast BT5 6LQ

Phone: 028 9088 2060

Wales:

Block C Mamhilad House

Mamhilad Park Estate

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Gwent NP4 0HZ

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