

**Marie Curie**

Marie Curie  
Cancer Care



Report and accounts  
2009/10

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[www.mariecurie.org.uk](http://www.mariecurie.org.uk)

**We delivered 1.3 million  
hours of home nursing  
to patients this year**





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Approximately 6,000 people took part in running events for Marie Curie Cancer Care in 2009

# Report of the Chairman and the Chief Executive

This has been another successful year for Marie Curie Cancer Care.

- \* We are continuing to develop our care for patients, reaching more people with cancer and other terminal illnesses.
- \* We are about to fund an ambitious programme of palliative care research.
- \* We remain in a strong financial position.

However, we have had to adapt to a much harsher economic landscape than the period of sustained growth in which we drew up our previous strategic plan.

## Delivering growth

As a charity that works in close partnership with the NHS, we are being affected by the slowing of growth in spending by the health service. This has forced us to rethink our ambition to grow rapidly our home nursing service – in particular, we will not achieve our strategic plan aim of doubling its size by 2013. However, our determination to reach more patients is unaffected, and is leading us to consider how we can make our services more flexible and more responsive to people's needs.

Overall, we delivered 1.3 million hours of home nursing care to patients over the year. We were able to reach 23,420 patients – an increase of 8% on last year. The increase in patient numbers was helped by the growth of new services offering reactive, rapid response and multi-visit nursing in patients' homes, often in the daytime and early evening. These are usually offered alongside our long-established planned overnight nursing shifts of eight or nine hours, and are proving an effective way of nursing more patients for the same cost.

Feedback on these new services has been encouraging – the nursing support is appreciated, while many patients appreciate having privacy at night. Levels of care can be ramped up depending on the patient and family's need. Demand for care for terminally ill patients with conditions other than cancer continues to grow rapidly, although more than 80 per cent of our patients have cancer.



Chairman Sir Peter Davis and Chief Executive Thomas Hughes-Hallett.

We are determined that our nine Marie Curie Hospices should be seen as local centres of excellence in specialist palliative care, focused on serving their communities. We are delighted with the continued rapid growth of the outpatient and day services they provide – meaning that they are reaching many more local people for whom a hospice bed may not be the best option. Over the year we have more than doubled the number of people these services reach.

Hospice bed occupancy is running at a high level, close to effective capacity, meaning that future growth at our nine hospices must be in services which reach out into their communities.

Despite the recession, and our own forecasts, our fundraising income has remained healthy, and we ended the year ahead of budget.

Legacies have exceeded expectations, bringing in £25 million – remarkable in a year when shares and property prices have been far from stable. We are continuing to invest in legacy marketing for long-term growth, with new roles of legacies advisors and volunteer legacies ambassadors.

Our shops are continuing to prove popular with the public, with profits up 13 per cent. By offering carefully selected, high-quality donated goods in bright, well-managed outlets, we are able to charge prices that give us a realistic margin, while our customers still go away with a bargain.

Community fundraising has dipped slightly, possibly reflecting the impact of the recession on so many people's lives. But we still enjoy very strong support, right across the UK, and we are celebrating our biggest ever Great Daffodil Appeal – with street collections up more than £400,000 on the previous year.

Our Blooming Great Tea Party is continuing to grow, and we have high hopes for our new programme of Walk Ten events.

We ran successful fundraising partnerships with major companies and organisations, including a £430,000 campaign with Nestlé and a £320,000 partnership with Standard Life. Our current partnerships include the Rank Group, HomeServe, the Football League, Royal Bank of Scotland Group, BGL Insurance, Mitchells & Butler plc and Thales UK Limited. We also continue to work with long-standing supporters, including Candis Club, Coca Cola HBC Northern Ireland, Barclaycard, Swimathon and the National Gardens Scheme.

## Improving Lives

We are very much aware that death rates will continue to rise significantly over the next 20 years, as the baby boom generation (born between 1946 and 1964) ages. Studies by Professor Irene Higginson suggest that better healthcare and the decline of

smoking will mean that people will live longer, but many will die with multiple conditions demanding complex care. Potentially, this means a huge rise in demand for palliative care services. But it also raises the question of how this demand can best be met and the best way in which we can play our part in meeting this huge challenge.

One thing we are sure of is that it will require a great deal of change to how services are designed and provided. Our strategic plan for 2011-2014 will look in more detail at how the charity can best prepare for this challenge.

We are also substantially increasing our investment in palliative care research, and in innovative service design, to look at questions of this kind, so that we can ensure future patients have the best possible care.

We launched our new palliative care research fund, committing up to £1 million a year for the next three years to fund world class research to improve care for patients and their families. Our first call for proposals attracted more than 40 applications totalling more than £6 million – meaning that there is intense



competition, and we will be able to fund the very best work. We have agreed that Cancer Research UK will provide expertise in helping to select the winning bids and administer the grants on our behalf.

Thanks to a £500,000 partnership with Dimbleby Cancer Care, we were able to launch a further programme offering start-up funding for research likely to significantly improve end of life care.

We also plan to expand the work of our two Marie Curie Palliative Care Research teams, at University College London and the University of Liverpool, and to further invest in palliative care research carried out by the Cancer Trials Unit in Wales.

In April 2009, we took the decision to refocus our research efforts on palliative care research rather than on scientific research into cancer. However, we are continuing to fund seven of the eight scientific groups which formerly worked at the Marie Curie Research Institute for three years – and we are delighted that they have found new homes at UK universities, and are continuing to publish work of real importance. The

Institute itself has now closed.

The Marie Curie Delivering Choice Programme, in which the charity works with the NHS and other organisations to redesign palliative care services around the needs of patients, has now been taken up by primary care organisations in 18 areas. Most recently, services in our flagship project in Somerset have gone live, with a new nursing role to ensure patients are discharged from hospital as quickly and smoothly as possible; new training for non-specialist staff; and a new care co-ordination centre. And Westminster PCT is the latest organisation to sign up for the Delivering Choice Programme, which now covers approximately 18 per cent of the population of England.

Our new Marie Curie Helpers – trained volunteers who support patients and carers in their homes – are now visiting patients in a pilot project in Somerset. Early reports suggest that their work is proving popular, and giving carers a vital break as intended. We are about to start setting up a second Marie Curie Helper pilot in Nottingham.

We have been working with the prison service to improve care for the small number of terminally ill patients who die in prison. We are running a pilot in County Durham in which Marie Curie Nurses go into two prisons to provide care, working alongside prison officers who provide security.

We are continuing to provide expert advice on improving palliative care to policymakers and politicians from all parties. While there are some differences in emphasis, the general election manifestoes of the three largest UK parties all featured end of life care and care for the elderly. It is a cross party issue, and we are emphatically non-partisan.

We worked successfully with Labour governments, under both Gordon Brown and Tony Blair. We believe that we have much to offer the new Conservative / Liberal Democrat coalition in this specialised area.

We are also continuing to develop our relationships with politicians in Scotland, Wales and Northern Ireland, where the three governments are pursuing their own health policies. As a UK charity that works locally, we want to help them develop the most appropriate end of life policies and services for their particular needs.

We are committed to continuous improvement in quality at all our hospices and across the Marie Curie Nursing Service. We operate a rigorous programme of audit and inspection, and continue to receive excellent reports and top grades from our external regulators.

Recently, we published our first quality account – a new statutory document demonstrating the quality of our work with patients, and outlining plans for improvements next year.



The hydrotherapy pool at the Marie Curie Hospice, Hampstead.

## Securing the future

It was a great privilege to be able to welcome the first patients to our new Marie Curie Hospice, Glasgow in February 2010. We are immensely proud of the new building, and of the hugely enhanced services it enables us to offer. We are already taking full advantage of its potential, reaching more people with new services provided in purpose designed facilities.

We received planning permission to build a new hospice in Solihull to replace our oldest hospice building, which is no longer suitable for the provision of modern palliative care. While our application to build on Green Belt land was opposed by some residents in the immediate area, more than 11,200 local people signed our petition in support of the project. We hope to start construction in 2011.

Key to our plans for development of the nursing service is a major project to replace the software at our Marie Curie Referral Centre in Pontypool, which allocates nurses to patients. The new system, which we will be bringing in later in 2010, offers enormous flexibility, and will enable us to carry out booking and record keeping and financial operations for increasingly varied and diverse nursing shifts. It will also be much easier for our co-ordinators to use – enabling them to focus on making essential phone calls to Marie Curie Nurses, patients and families.

Over the years, one of our biggest frustrations has been the rationing of care by NHS organisations. At the front line, our nurses are booked by District Nurses, who may be working to unofficial trust rules, such as 'one shift per patient', based on budget considerations rather than patient need.

A key element in our forthcoming strategic plan for 2011-14 will be changing how we contract with NHS trusts.

We would like to explore managing the referral process ourselves, so that our nurses conduct assessments on a caseload of patients in each area, prioritising care to those who need it most.

We also intend to run a pilot project in one area to test self-referral by patients and families – enabling people to add themselves to our local caseload.

These will be the biggest changes to the Marie Curie Nursing Service since it was first set up. We believe they are essential if we are to continue to put the interests of our patients and families first at a time when the NHS is facing severe financial constraints.

At the same time, we have launched a project to identify the areas where terminally ill patients are under-served so that we can concentrate growth in our services where the need is greatest. To achieve this, we will also need to be able to produce detailed economic evidence showing NHS trusts that investment in Marie Curie services will enable them to provide better end of life care and better value for money.

Marie Curie Cancer Care's work is increasingly well-known and well respected by the public. Our record Great Daffodil Appeal was backed up with a successful radio advertising drive featuring actor Stephen Mangan talking about how our nurses cared for a close relative. Our work is also regularly featured in local and national media. We will not be satisfied that awareness of Marie Curie is sufficiently high until everyone in the UK knows about the services we can provide for their family and neighbours.

In autumn 2008, we ran our biggest ever staff survey on working for Marie Curie Cancer Care. While results from *Your Voice: Your Future* were generally very positive, they did identify areas of weakness, including internal communications and the difficulty of getting things done.

We have now completed virtually all of the work from the action plan generated to tackle these problems, and we are seeing significant improvement in all areas. We are also planning further measures to boost communications and management training.



Of course, our paid employees are only part of the story. Marie Curie Cancer Care depends upon a huge volunteer workforce who freely contribute their time and hard work to ensure that the charity can continue to provide first class care to patients. Our new Director of Volunteering and her team are working to ensure that the charity takes full advantage of the skills and expertise that our volunteers are able to offer us, as well as ensuring that we continue to offer more traditional volunteering opportunities.

We are immensely grateful to our volunteers – and we organise celebrations during Volunteers' Week to thank them for their work. We also hold an annual awards ceremony to honour those who have made a truly exceptional contribution.

Marie Curie Cancer Care's Council of Trustees are, of course, all volunteers. We are very grateful to them for their commitment, wisdom and hard work over the year.

Particular thanks go to Dr Bee Wee who retired from Council during the year to take up an appointment as President of the Association of Palliative Medicine for Great Britain and Ireland. We welcome new trustees Professor Russel Griggs and Dr L Caroline Stirling.

The year saw the sad deaths of Mr Rick Wheeler-Bennett, a life Vice President and former Chairman of the charity and life Vice President Cordelia, Lady Greenway. They will be much missed. Our thanks also go to His Royal Highness The Prince of Wales, who has recently committed to continue as Royal Patron, for his continued interest and active support.

## Our finances

Marie Curie Cancer Care has performed well in an exceptionally difficult economic climate. Strong performance from fundraising, an unexpectedly good year for legacies, and tight control of expenditure enabled the charity to finish the financial

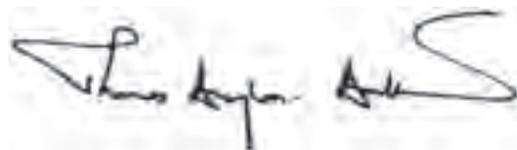
year with a surplus.

As the tough economic climate is expected to continue throughout the new financial year, we will be putting this money to one side to ensure that we can continue to run our services. The value of the charity's investments – which had fallen with the onset of the recession – rose throughout the year.

## Summing up

Marie Curie Cancer Care had a very good year, with significant progress in all areas of the charity's work. The impact of the recession on the NHS has forced us to revise some of our most ambitious plans for the expansion of nursing – but has also given us new opportunities to develop more cost-effective ways of reaching more people.

Our new strategic plan will enable us to take forward all areas of the charity's work – in particular we expect to take a much more active role in managing care, and have a much stronger relationship with the patients and families we serve. We also face the long-term challenge of a steadily increasing death rate, which will demand an innovative response from Marie Curie Cancer Care and its partners.





# Impact report

This impact report shows our overall aims for the three year period from 2008 to 2011 along with our targets for the financial year 2009/10 and whether we achieved them.

Each area of our work is broken down, showing our overall aims for the three year period and targets for the last year for that area. We then show our achievements against those targets.



Fully achieved



Part achieved



Not achieved

As in our strategic plan we have grouped our activities into four headings:

- \* Delivering growth
- \* Improving lives
- \* Securing the future
- \* Our finances



# Delivering growth

- \* By 2011 we will care for more people with cancer and increase significantly the care we provide for people with other illnesses.

## Three year aim 2008-11

- We will be on track to double the number of patients we care for at home to 35,000 by 2013.
- We will be on track to double the hours of care we provide for patients at home to 2 million by 2013.

## Target 2009/10

- We will increase the hours of care by 20% over the previous year.
- We will increase the number of patients cared for by 20% over the previous year.
- We will launch a volunteer-based service to support patients, carers and families at home.
- We will increase the take up of our new services.

## Achievements 2009/10

- ☹ The hours of care provided at home to patients by the Marie Curie Nursing Service increased by only 1% over the total in 2008/09.
- ☹ The number of patients cared for by the Marie Curie Nursing Service increased by 12% over the total in 2008/09.
- 😊 We launched a pilot of the new volunteer-based service, Marie Curie Helper, in Somerset in May 2009.
- 😊 12% of the home nursing activity in 2009/10 was generated by new services including Rapid Response teams and Multi-visit and reactive nursing.



## Analysis

Marie Curie Cancer Care's ability to grow the activity of its nursing service is dependent on securing agreement with the NHS in each area of the UK on how much nursing should be provided. The cost is shared equally between the NHS and Marie Curie.

We set our ambitious growth plans of a 20% annual increase back in 2007, before the onset of the recession. Our experience has been that the NHS has been reluctant to increase its commitment to new services and has been carefully managing its expenditure on nursing services.

Our new Rapid Response and Multi-visit services have cared for many more patients, even though the total number of hours of care provided has only increased by 1%. Both Multi-visit and Rapid Response services enable a nurse to support more than one patient in a single shift, which has meant that the reach of the Marie Curie Nursing Service has continued to increase significantly.

# Delivering growth

- \* By 2011 we will care for more people with cancer and increase significantly the care we provide for people with other illnesses.

## Three year aim 2008-11

- We will increase the number of patients using our hospices by 50%.
- We will increase the number of people supported at our hospices by 50%.

## Target 2009/10

- We will increase the number of patients using our hospices by 15%.
- We will increase the number of people supported by our hospices by 15%.
- Our hospices will be able to demonstrate links with the local community.
- We will complete the construction of a new hospice in Glasgow, and commence construction on the development of a new hospice in Solihull to serve the West Midlands.

## Achievements 2009/10

-  Our hospices cared for 8% more patients than the previous year.
-  Daycare, homecare and outpatient services increased by 63% over the activity of the previous year.
-  All hospices have projects working with their local communities.
-  The new Glasgow hospice was completed in January 2010 on schedule and on budget. We obtained planning permission for a new hospice in Solihull, and the development is underway.

## Analysis

There has been very significant growth in daycare, homecare and outpatient services at our hospices, with the number of patients increasing as well as the care provided to each person. This has been achieved by the hospices with virtually no increase in funding.

January 2010 saw both the completion of the new Marie Curie Hospice, Glasgow and the achievement of planning permission for a new hospice in the West Midlands.

# Delivering growth

- ✱ By 2011 we will identify and harness new sources of income, and achieve growth in the most cost effective way.

## Three year aim 2008-11

- We will be on track to increase our fundraising contribution to £65 million.
- We will increase our income from organisations, trusts and major donors.
- We will double the number of people who give regularly to 120,000.
- We will increase statutory funding by 55% to £41 million.

## Target 2009/10

- We will increase our net fundraising total to £57.5 million.
- We will increase the number of people who give regularly to 100,000 by March 31, 2010.
- We will increase the NHS contribution to the Marie Curie Nursing Service to 55% of the cost of providing a nurse.
- We will increase the NHS contribution to the hospices to 50% of the cost of caring for a patient.
- We will increase the net profit from shops.

## Achievement 2009/10

- ☹ Net fundraising income was £52.4 million, which was below our target.
- ☹ A total of 86,272 donors were recruited by March 31, 2010.
- ☹ Income from the NHS for the Marie Curie Nursing Service reached 51%, which was below our target.
- ☹ Income from the NHS for Marie Curie Hospices reached 46%, which was below our target.
- ☺ Sales of donated goods increased by 5% on a like for like basis, and the net profit from shops increased by 13%.



## Analysis

Both fundraising income and NHS income have been affected by the recession. The objective of £57.5 million was set in 2007 prior to the recession, and the charity was on target after achieving its highest ever fundraising income in 2008/09. However the impact of the recession has meant that our fundraising income has fallen. The total achieved - £52.4 million - is very creditable in the circumstances and is higher than the revised budget that we set before the start of the year.

# ‘It was an oasis of calm’

Wendy Minnett talks about her daughter and the care she received from the Marie Curie Hospice, Liverpool



Helen receives her award

"Helen, 20, was always busy. She divided her time between her many friends, studying for her A levels and playing netball for a local team. Strong, healthy and always upbeat, she bounced back from everything, so when she started suffering with indigestion in November 2006, I thought nothing of it. But when it persisted, we went to see our GP, who prescribed antacids.

"However, a few days later, in the middle of a netball match in a sports centre near our home in Hunts Cross, Liverpool, she collapsed. I was there and ran to her side. She went straight to the Royal Liverpool Hospital, where my husband Paul met us. There, Helen underwent tests that revealed that she had only a third of the amount of blood she should have, which meant she urgently needed a transfusion.

"A few hours later, Helen was transferred to a ward, where we were told the devastating news that she had a large

cancerous tumour in her gastrointestinal tract. She would need to have most of her stomach removed to stop it spreading further.

"Helen's surgery was scheduled for two weeks later, in January 2007. After the operation Helen was keen to get her life back together, but in May 2007, she took ill again, and had to return to hospital. There, we were told the cancer had spread throughout her liver and was inoperable. Helen was given a maximum of just two years to live.

"Amazingly, Helen was determined to carry on as normal. She passed her A levels with flying colours and started a teaching degree at John Moores University, Liverpool, in October 2007. However, in January 2008, she was readmitted to hospital. The cancer had spread again.

"Although she remained determined to

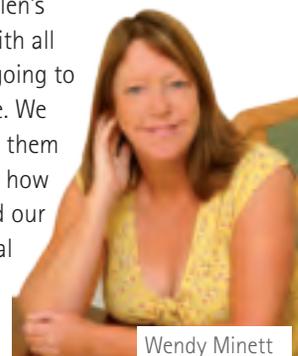
live as normal a life as possible, things became increasingly difficult for her. She was exhausted and in pain. With no care experience, we felt we needed some help.

"Our GP recommended the Marie Curie Hospice, Liverpool, and we went to an open afternoon there in May 2008. It was like an oasis of calm. Shortly after, Helen stayed there for a few days and after that she saw the hospice doctor fortnightly.

"Despite being increasingly poorly, Helen put all her energy into fundraising for the hospice and, in raising over £8,000, became its biggest ever individual fundraiser. Helen also received an inspiration award from our local radio station in November 2008.

We had a wonderful Christmas, but as the New Year came, Helen started struggling to breathe. Marie Curie arranged for us to have oxygen at home and we moved her bed into the lounge. On January 24, 2009, we watched TV together and chatted as normal before I gave her a kiss goodnight and left her and Phillip in the lounge. A few hours later I was woken by him shouting. Helen had passed away.

"We're still heartbroken. We organised a ball in Helen's memory, with all the funds going to Marie Curie. We can't thank them enough for how they helped our inspirational daughter."



Wendy Minnett

Wendy and Helen's story appeared in the November 2009 edition of *Candis*. Story and photos by kind permission of *Candis* magazine. A total of 10 per cent of all *Candis* subscription income is donated via gift aid to health related charities. *Candis* Club donated £207,000 to Marie Curie Cancer Care in the financial year 2009/10. For more details see [www.candis.co.uk](http://www.candis.co.uk) or call 0800 814 5400.



## Improving lives

- ✿ By 2011 the quality of life of patients, carers and families will continue to be improved.

### Three year aim 2008-11

- We will increase significantly our investment in palliative care research and development.
- We will increase adoption of our innovations in end of life care throughout the UK.
- We will increase the number of patients who are able to die at home.
- We will increase the number of collaborative activities we undertake.

### Target 2009/10

- We will increase our investment in palliative care research and development.
- We will make an annual assessment of the impact of our development work on end of life care practice in the UK.
- The Marie Curie Delivering Choice Programme will support 15 NHS trusts across the UK in the development of their services.
- We will be working on three significant collaborative activities.

### Achievement 2009/10

- 😊 A significant increase was made in palliative care research with the commitment to provide grant funding of £3 million to researchers over three years.
- 😞 We are still preparing to make an assessment of the impact of our development work on practice.
- 😊 So far 18 sites have agreed to implement the Delivering Choice Programme with support from the charity.
- 😊 We have collaborations underway with the British Heart Foundation, The King's Fund and St Mungo's.



### Analysis

Marie Curie Cancer Care's trustees have committed significant additional funds totalling £3 million to palliative care research. This should have a major impact nationally.

## Improving lives

- ✿ We will campaign for patients and communities experiencing inequity in end of life care and lack of choice in place of care and place of death.

### Three year aim 2008-11

- We will work together with commissioners to achieve a 10% reduction in hospital deaths nationally for cancer patients.
- The amount of government funding available for all end of life care in England, Northern Ireland, Scotland and Wales will be increased.

### Target 2009/10

- We will ensure that Marie Curie is engaged in all relevant developments affecting end of life care.
- We will campaign to increase the amount of government funding available for end of life care in England, Northern Ireland, Scotland and Wales.

### Achievement 2009/10

- 😊 Marie Curie Cancer Care has successfully influenced the development of end of life care policies in England, Northern Ireland, Scotland and Wales. Organisations and commentators regularly turn to Marie Curie for expert advice.
- 😊 The Department of Health strategy included additional funding of £286 million. Around £3 million has been allocated in both Scotland and Wales.

### Analysis

Marie Curie has been influential in establishing End of Life Care Strategies in each of the home countries and helped secure additional funding. It will be a challenge to ensure that this funding is maintained with the expected squeeze on public finances.



## Improving lives

-  We will make sure that patients and their families have a better understanding of all services to which they are entitled.

## Three year aim 2008-11

- We will widen access to our services.
- There will be a 30% increase in awareness of our services amongst patients, families, carers and healthcare professionals.
- We will increase public knowledge of our hospices in their catchment areas.
- We will ensure that the patients we care for in our hospices reflect their local population.

## Target 2009/10

- We will launch a project to change the way our services are accessed.
- We will secure a 15% increase in public awareness levels compared with 2007/08.
- Our hospices will develop marketing activities to improve local awareness of their work.

## Achievement 2009/10

-  We launched a pilot project for Marie Curie Helper, a new volunteer based service, in Somerset in April 2009.
-  Following our advertising campaign in the spring, public awareness is over 44% higher than in 2007/08.
-  Hospice impact reports were published for a number of our hospices.

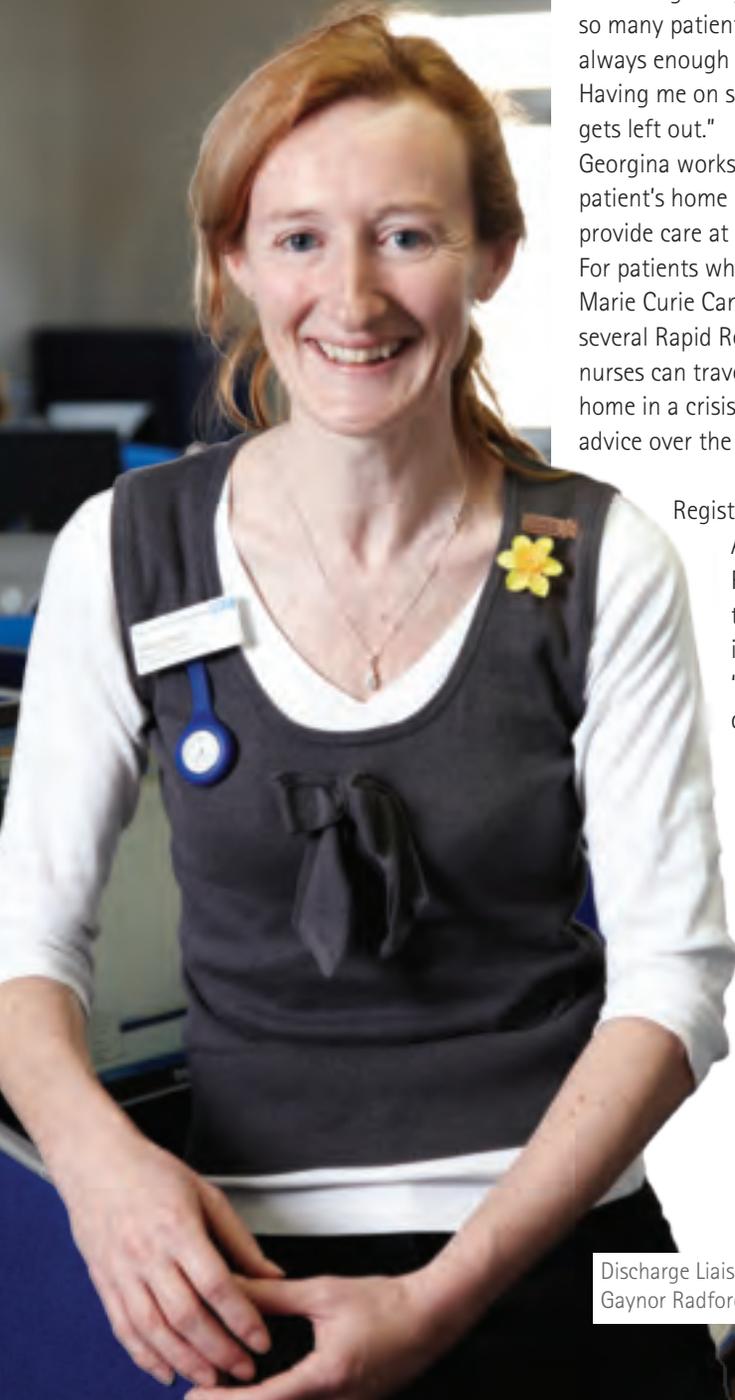
## Analysis

Spontaneous awareness of Marie Curie has increased significantly in the last two years.

The Marie Curie Helper project is a major initiative to assess the effectiveness of volunteers supporting end of life patients.

# We're there when we're needed most

Caring for someone who is terminally ill in their own home for a full nine hour nursing shift, has been a core part of Marie Curie Cancer Care's work since the 1950s. Until recently, the charity concentrated on providing a planned service – predictable shifts booked several days in advance. But sometimes what patients and families really need is a short visit to help someone to get to bed, or a team of nurses who can turn up quickly in an emergency.



Now, in some areas, the charity is also offering shorter shifts, reactive shifts at short notice, more flexible hours and new services – all of which are enabling Marie Curie Nurses to see more patients.

Marie Curie Reactive Nurse Georgina Clue covers the area around Dover. "I get called in at the last minute, in reaction to a sudden deterioration in a patient," she said. "With cancer and other terminal illnesses, a patient's condition can change very suddenly. There are so many patients that need us, but not always enough nurses to go round. Having me on standby means nobody gets left out."

Georgina works for a full shift in a patient's home – but can be called on to provide care at very short notice. For patients who need care quickly, Marie Curie Cancer Care also runs several Rapid Response teams. These nurses can travel out to a patient's home in a crisis, or provide help and advice over the phone.

Registered Nurse Isabel

Abrahams works in the Rapid Response team that covers a large area in Hertfordshire.

"We went to five different patients last night," she said. "All the patients except one needed immediate help with medication for pain.

"We stay as long as we feel is necessary to make sure the medication and care we have given is effective – we can stay a whole night with a patient, although if we get another call-out,

we will temporarily leave them and come back.

"If it wasn't for the Rapid Response team, many patients would be unable to be cared for at home.

"We can also check if the family members are coping and not getting too exhausted, in which case, a referral for Marie Curie overnight care will be made."

Registered Nurse Heather Foakes works as part of Marie Curie Cancer Care's Multi-Visit service in Chelmsford. She cares for patients during the day – either as a five hour shift for one patient, or as a series of visits to different patients.

"I'll usually give care for an hour or so, and then move on to the next patient," she said. "As a Registered Nurse, I'm often asked to help with drugs and syringe drivers.

"I also provide a lot of personal care – helping patients with washing, changing and so on. The short day visits make it possible for more people to be supported in their own homes, rather than go into a hospital or hospice. It also means that relatives can get on with their lives – holding down a job or looking after children as well as caring for a loved one."

Gaynor Radford, an experienced Marie Curie Nurse in the Hertfordshire area recently took on the role of Discharge Liaison Nurse. She assesses patients in hospital, so they can be assigned a Marie Curie Nurse to be with them the same day they are discharged. As a result, patients that want to die at home are more likely to be able to do so, because the process becomes quicker.

"It's my job to enable end of life care patients to achieve their preferred place of care," she says. "I help make patients' wishes a priority."

Discharge Liaison Nurse  
Gaynor Radford

## Securing the future

- ✿ Our patients, families, staff, supporters, volunteers, commissioners and other stakeholders will be able to access the information they need, simply and directly.

### Three year aim 2008-11

- We will identify and deliver all the information our staff need to enable them to work effectively.
- We will develop a wide range of online services for the public and healthcare professionals.
- We will attract 100,000 unique visitors a month to our website.

### Target 2009/10

- We will research the information our staff need to do their jobs.
- Targeted information will be available to patients, staff and volunteers through our website.
- Our website will remain in the top 10 of the league table of charity websites.

### Achievement 2009/10

- 😊 Staff have been surveyed and a number of initiatives launched.
- 😐 Our new website, which will incorporate a range of new information, will be launched in 2010/11.
- 😊 The number of unique visitors to our website has increased by 20%, to almost 90,000 in 2009/10.

### Analysis

A major upgrade to the Marie Curie website will be completed shortly. This will improve the information provided to patients, healthcare professionals, staff and volunteers.

An increase of 11% in unique visitor numbers is needed in 2010/11 to reach the target of 100,000. This looks likely given the recent growth and the impact of the new website.

## Securing the future

 We will show how we value our people by improving their working lives.

### Three year aim 2008-11

- We will be an employer of choice and ensure that staff turnover continues to be lower than that of other national charities.
- We will increase access to learning opportunities, including e-learning, for our staff and volunteers.
- We will continue to develop our volunteer network.

### Target 2009/10

- We will respond to areas for improvement identified by staff in our national staff survey.
- Over 50% of our training will be delivered online.
- We will implement a volunteer database across the charity.

### Achievement 2009/10

-  We have completed most of the work needed to improve our performance in areas highlighted by staff, including communications and difficulty getting things done.
-  50% of the charity's training is now able to be delivered online.
-  Data covering 60% of all volunteers has already been loaded onto our database.



### Analysis

In the most recent staff satisfaction survey 82% indicated that they were satisfied with their job which compares favourably with the benchmark of 41%.

A number of initiatives are underway to recruit, retain and train volunteers to provide a cost effective way for the charity to increase its activities at a time when resources are constrained.

# Our finances

## Three year aim 2008-11

Increase income to fund our planned growth in core services and our capital investment programme.

## Target 2009/10

- Our income will grow to meet the expenditure requirements of the strategic plan.
- Our capital appeal in Glasgow will raise funds towards the target.

## Achievement 2009/10

☺ Our income from the NHS towards the cost of the hospices and Marie Curie Nursing Service has grown by 5% over the amount received last year. Our fundraising income fell by 4% from the exceptionally high amount raised in 2008/09. The funds raised were sufficient to meet our expenditure requirements as economies had been made in a number of areas of the budget.

☺ Funding from the capital appeal in Glasgow is close to the target with some further activities planned in the early part of the next financial year.

## Key statistics

### Growth rates:

Voluntary income growth on prior year

Charitable expenditure growth on prior year

### Cost ratios:

Fundraising costs as a % of voluntary income

### Analysis of expenditure:

Fundraising costs as % of total expenditure

Governance as % of total expenditure

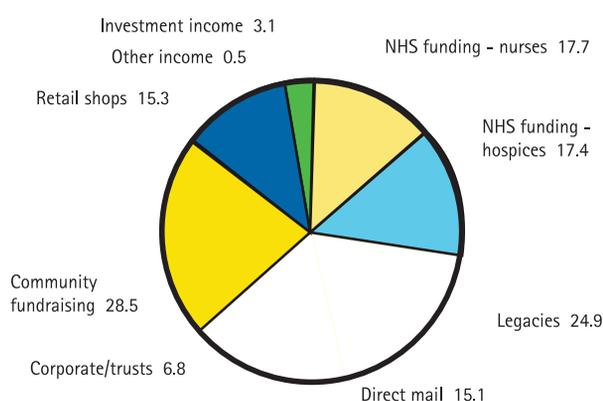
Direct charitable expenditure as % of total expenditure excluding shops

Total net assets £m

	2010	2009
Voluntary income growth on prior year	-6.9%	16.1%
Charitable expenditure growth on prior year	-1.1%	8.3%
Fundraising costs as a % of voluntary income	34.4%	29.4%
Fundraising costs as % of total expenditure	20.9%	19.2%
Governance as % of total expenditure	0.6%	0.6%
Direct charitable expenditure as % of total expenditure excluding shops	73.0%	74.4%
Total net assets £m	107.3	92.1

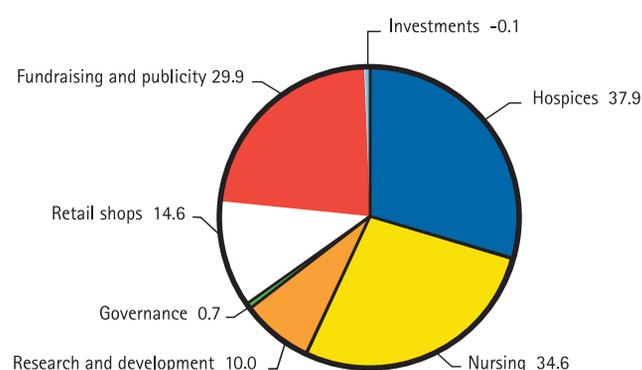
## Income 2009/10

£ million



## Expenditure 2009/10

£ million



\* Excludes capital appeals

Like for like sales  
of donated goods  
increased by 50%

Volunteers Samantha Rayment  
and Julia Keleher at the Marie  
Curie Shop in Haringey, London

# Report of the Council

for the 12 months ended March 31, 2010

## Objectives

Marie Curie Cancer Care is a national charity which helps people affected primarily with cancer and their families and carers. The charity aims to:

- provide specialist care for terminally ill people
- improve the quality of care given to cancer patients and patients with other terminal illnesses
- help and support the families and carers of patients with terminal illnesses
- undertake research into the causes and treatments of cancer and how best to care for terminally ill patients

While Marie Curie Cancer Care principally cares for cancer patients, the charity will also help seriously ill patients with other conditions where its expertise and resources enable it to do so.

## Activities

In order to meet these objectives, Marie Curie Cancer Care has three principal charitable activities.

### Hospices

Marie Curie operates a network of hospices across the UK which provides a full range of palliative care services including in-patient care, daycare activities, outpatient services and homecare visits by specialist staff. The charity receives funding from the NHS with the balance raised from charitable donations.

### Marie Curie Nursing Service

Marie Curie operates a nursing service which cares for people in their own homes. Marie Curie works in partnership with the NHS and has a contract with more than 200 NHS Primary Care Trusts and Local Health Boards, covering virtually every part of the UK. The charity receives funding from the NHS with the balance raised from charitable donations.

### Research and Development

The charity carries out and funds research into better ways to care for patients with terminal illnesses. The charity provides funding for palliative care research to two Marie Curie institutes which are based in University College London and the University of Liverpool and for other projects in collaboration with other research funding bodies.

The charity also has a major programme of development to improve the quality of care provided to patients at the end of their lives. This includes the Delivering Choice Programme which works with local providers and commissioners of care to develop the best possible local services for palliative care patients, regardless of diagnosis, so that they are cared for in the place of their choice.

## Achievements and future plans

A detailed analysis of the aims of the charity for 2009/10 and the progress made towards achieving those aims is shown in the Impact Report on pages 11-22. The Impact Report also provides details of the charity's aims and targets for the following year.

The targets contained in the Impact Report are based on the charity's strategic plan for the period from 2008 to 2011. The objectives and targets contained in the Strategic Plan are kept under continual review by the Council (trustees of the charity), particularly in the current uncertain economic climate. The Council has referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the charity's aims and objectives and in planning future activities.

## Developments

### Hospices

Our hospices increased the care provided with in-patient numbers increasing by 2% and non in-patient activity increased by 63%.

### Marie Curie Nursing Service

The Marie Curie Nursing Service continued its rapid growth. The number of patients cared for by the Marie Curie Nursing Service increased by 12%.

The new Multi-visit and Rapid Response services, which were launched in the year from work undertaken in the Delivering Choice Programme, have quickly become established and represent over 12% of the care provided.

## Research and Development

During the year the charity operated Delivering Choice pilot schemes in Tyneside, South East London, Tayside, Leeds and Somerset to improve patient choice by developing end of life services in these areas. The charity is also supporting NHS Primary Care Trusts in 14 locations across the UK to undertake their own Delivering Choice projects using resources and learning that has been developed in the pilot projects. The charity has committed grant funding of £3 million over three years to support developments in palliative care research.

## Overall results

Results for the year ended March 31, 2010 are given in the Statement of Financial Activities on page 32. The assets and liabilities as at March 31, 2010 are given in the Balance Sheets on page 33.

The charity's incoming resources fell by 5% to £131 million (2009 - £139 million) as there were reductions in all activities except shops.

The level of expenditure on charitable activities at £82.6 million compared with £83.5 million for the previous year. Net income for the year on unrestricted funds was £2.2 million (2009 - £6.9 million).

As a result of the recovery in investment markets in the period up to March 31, 2010 the value of the charity's investment assets increased in value by £10.8 million having fallen £8.4 million in 2008/09. In the months following the year end there have been general falls in the value of investment markets which have affected the value of the charity's investments and the outlook remains volatile.

## Charitable activities

Income from the NHS towards the cost of the nursing service increased by 7%. This reflected an inflationary increase in the rate contributed by the NHS and an increase in the amount of nursing care commissioned.

Expenditure on the nursing service increased by 13%. This reflects the higher level of activity commissioned and the increasing cost of the provision of the service.

Expenditure on hospices is lower than 2008/09 as in that year Marie Curie also operated two facilities, in Caterham and Tiverton, which provided daycare and homecare services only. The services provided in Caterham were taken over by St Catherine's Hospice in March 2009 and the services in Tiverton were taken over by Hospiscare in June 2009. Marie Curie granted funding to assist the transition of services in both locations in 2009 which was provided for in 2008/09 financial statements.

Excluding the costs of Caterham and Tiverton, expenditure on hospices has increased by 3% in 2009/10 and the income received from the NHS increased by 5%. The NHS contribution increased from 42% of the cost of the hospices to 46% (excluding the amounts provided for in respect of 2009/10) with the remainder being met from charitable funds.

Total expenditure on research and development at £10 million is £3 million lower than the previous year. The 2008/09 expenditure included the £6 million provided for programme grants provided to former Marie Curie Research Institute scientists to enable them to continue with their research in universities in the UK. These programme grants represent a commitment until 2012. No further awards have been made in respect of these programmes in 2009/10.

In 2009/10 the expenditure includes the provision of £3 million of new research grants which represents the charity's commitment to fund palliative care research as part of a national grant programme. Cancer Research UK has agreed to support the grant programme by providing grant administration services at no cost. This expenditure is in addition to the support provided to the Marie Curie funded institutes at University College London and the University of Liverpool and other research activities.

The charity also spent £1.2 million (2009 - £2.4 million) on development projects including the Delivering Choice Programme and the Marie Curie Helper project.

## Voluntary income

As a result of the recession voluntary income (excluding capital appeals) fell by 4% to £75.2 million, having increased by 12% in the previous year to a record level of £78.8 million. There were falls in both donations (5%) and legacy income (4%). The most significant reductions were in Corporate Fundraising which was £1.7 million lower, Marie Curie having been Tesco charity of the year in 2009, and Community Fundraising which fell by £2.3 million (7.3%), having increased by 11% in the prior year.

During the year the charity also received Capital Appeal donations in respect of the Glasgow Hospice Big Build Appeal, the Project Butterfly Appeal for the Hampstead Hospice and the Marie Curie West Midlands Hospice appeal.

Fundraising costs increased by 9%. This reflected the charity's decision to increase its recruitment of standing order givers to provide a source of committed givers to support the charity's activities through the current financial climate.

## Other income and expenditure

The charity's chain of 167 shops increased its income from donated goods sales by 5% on a like-for-like basis. Income at £15.3 million was £72,000 higher than the previous year, and net profit increased by £82,000.

Governance costs, which relate to the governance arrangements of the charity rather than the costs associated with the management of the charitable and fundraising activities, have remained largely unchanged at £704,000 (2009-£701,000) and represented 0.6% (2009 0.6%) of total resources expended.

## Net income for the year

The net income for the year on unrestricted funds was £2.2 million (2009 - £6.9 million). These resources were used to fund capital expenditure which for the year ended March 31, 2010 was £10.1 million from unrestricted funds, with the balance being drawn from restricted funds.

Capital expenditure for the year was £12.3 million (2009 - £10.2 million). This included £9.4 million towards the cost of a new hospice in Glasgow, which was funded partly from the Big Build capital appeal with the balance coming from the charity's reserves, and £1.3 million on the acquisition of land and the initial stages of expenditure on the construction of a new hospice in the West Midlands.

## Gains and losses

Having fallen by £8.4 million in 2008/09 the charity's investment portfolio increased by £10.8 million in 2009/10 following the recovery in financial markets that took place in the year. However in the months following the year end there have been further falls in financial markets which have offset some of this gain.

The return on the charity's investment portfolio was 32.2% which compares with the benchmark of 31.8%.

Although the investments held by the Marie Curie Defined Benefit Pension Scheme increased in value the improvement was partly offset by a fall in bond yields which are used to calculate the value of the scheme's liabilities. There remains a deficit on the scheme of £3.7 million, a reduction of £499,000 from the previous year.

## Net movement in funds

Largely as a result of the rise in investments the charity's unrestricted funds at March 31, 2010 increased by £13.2 million to £94.5 million of which the General Fund represented £48 million.

## Impact of the recession

With hospices in nine of the major cities in the UK and a nursing service that covers virtually all the population of the UK, the charity's activities are a key part of the health infrastructure of the UK and need to be maintained throughout this time of financial uncertainty. For 2009/10 in seeking to maintain its services the charity expects to incur a deficit. There are contingency plans in place to further reduce expenditure whilst seeking to minimise the impact on patient services should the financial situation in the UK deteriorate further. The charity is also able to draw on its reserves which are in a strong position at this time.

## Reserves

Full details of the charity's reasons for maintaining funds (which include the charity's free reserves), and the policies for making transfers to and from the funds are given in Notes 1(j) and 15 to the accounts. The changes in the value of funds during the financial year are shown in Note 15.

The charity is reliant on a number of income streams, including statutory funding for nursing and hospices, donations, legacies, shops and investment income. It is also subject to fluctuations in the cost of its activities. The charity needs to maintain a level of reserves so that it can continue its operations in the event that an unforeseen shortfall in voluntary income or increase in costs creates an imbalance of funding. The trustees calculate the amount that is required to be held based on the assessment of the risks affecting the income and expenditure of the charity.

In assessing the amount of reserves required to be held, the risk of a shortfall in income or an increase in cost is estimated and a sum held to cover the potential shortfall for each element of the charity's income and expenditure. The risk weightings range from 5% to 25% depending on the nature of the activities.

Based on these calculations, the Council estimates that a total of £43.9 million is required. This represents three months of the charity's operating expenditure for 2009/10. At £47.9 million this is 9% higher than the target level although the investment valuations remain volatile and the investments have fallen in value since the year end.

In addition the Council has set up two further designated funds to underpin the charity's medium term investment programme which will require funding over and above the amounts required to fund core services:

- The Capital Investment Fund is for the modernisation of Marie Curie Hospices and other capital projects. The fund also comprises unspent capital budgets on projects that were not completed by the end of the financial year. The major part of the balance of £12.2 million is expected to be used to refurbish, maintain and replace the charity's hospice network. At May 1, 2010 the estimated rebuilding cost of the hospices was £122 million.
- The Palliative Care Development Fund will be used to support the commitments of the Delivering Choice Programme and other developments in palliative care. The existence of the fund has prevented the need to make significant reductions as a result of the impact of the recession, although the fund is expected to be substantially depleted over the next three years.

## Investments

The charity invests the funds held in its General, Designated and Restricted Funds in order to obtain a return. The investments are managed according to the powers defined in the charity's constitution by independent investment managers appointed by Council. All investment managers have been instructed not to directly invest in any organisation predominantly involved in the production of tobacco products.

The amounts held in the Capital Investment Fund and the Palliative Care Development Fund are held for identified future expenditure and are invested in high-yielding cash investments. The restricted funds of the charity are also invested in cash investments.

The Council assesses the working capital requirements of the charity and based on the advice of the investment advisers and the Investment Committee determine the asset allocation for the General Fund. At March 31, 2010 the asset allocation was as follows:

	Actual £'million	Actual %	Target %
UK equities	10.0	20.0	17.5%-27.5%
International equities	18.8	37.6	23%-40%
Fixed income	2.2	4.4	4%-10%
Global Bonds	7.9	15.8	7.5%-17.5%
Property	3.2	6.3	5%-8%
Hedge funds	7.5	15.0	13.5%-18.5%
Cash	0.5	0.9	0%-10%
<b>Total investment portfolio</b>	<b>50.1</b>	<b>100.0</b>	<b>100.0</b>
Cash investments	(0.5)		
<b>Total listed investments</b>	<b>49.6</b>		

The majority of the charity's investment fund is managed on a discretionary basis by Newton Investment Management Limited. These investments comprise investments in UK and international equities and fixed interest securities.

The charity's property investments were invested in the Charities Property Fund. The hedge fund investments were held in two fund of funds which hold investments in a range of individual hedge funds, the Cazenove Absolute Return Fund and the Forester Diversified Fund of Funds.

The performance of the charity's fund is targeted to achieve a return over the medium term in excess of a blended benchmark calculated from published indices appropriate for each asset class. The return from the total portfolio over the year ended March 31, 2010 was a gain of 32.2% which was just above the blended benchmark of 31.8%.

## Fixed assets

The majority of the charity's fixed assets comprise the land, buildings and furniture and equipment at the nine hospices, the site of the former Caterham daycare centre and the research institute. Other assets include specially adapted minibuses for transporting patients, the interior fitments and equipment at the charity's 167 shops, IT systems and office equipment.

A summary of changes to fixed assets during the period is set out in Note 7 to the accounts.

The research institute became vacant in the summer of 2010 following the transfer of the scientists to universities. The Caterham site is now largely unoccupied. The Council is reviewing the future of both properties.

Capital expenditure included the refurbishment of the Hampstead hospice, which was completed in June 2009 and the construction of a new hospice in Glasgow which was completed in January 2010. Smaller projects have been carried out at all our hospices as well as fitting out new shops. Capital commitments principally comprise the construction of a new hospice in the West Midlands.

## Grant making policies

The charity provides research grants to universities involved in palliative care research.

## Employees and volunteers

Information about aims and activities is disseminated to all staff and many volunteers at all locations through briefings, meetings, newsletters and the use of the charity's intranet. Marie Curie Cancer Care fully accepts its social and statutory

duty of enabling disabled persons to play their part in the community in every possible way and will employ them wherever practical. Should any staff become disabled, every effort is made to continue their employment and where necessary to provide special training. Career development and promotional opportunities are the same for all staff. There are pension schemes available to employees, details of which are set out in Note 18 to the accounts.

Every year volunteers support the charity in a wide range of roles in our hospices, shops, offices, research units and play a crucial part in our diverse fundraising events and initiatives, particularly our Great Daffodil Appeal in March.

## Trustees

Marie Curie Cancer Care is constituted as a company limited by guarantee and is governed by a Memorandum and Articles of Association.

The Board of Trustees is collectively referred to as the Council. Membership of Council since April 2009, showing membership of all standing committees, and names of principal advisers to the charity are set out on page 49.

The Audit Committee meets at least three times a year to advise the charity in relation to internal financial control systems, the annual financial statements, external and internal audit matters and risk management.

The Investment Committee meets at least twice a year to consider the investment strategy and monitor the returns achieved by the charity's investments and the performance of the charity's investment managers.

The Caring Services Committee and Cancer Research Committee review and discuss matters of strategic importance relating to care and research.

Day to day operational decisions are delegated through the Chief Executive to members of the charity's Executive Board and other members of senior management.

Ad hoc select committees may be set up to consider any other matters nominated by Council.

## Election and appointment

Council appoints all new trustees, based on selection criteria which ensure that collectively it maintains a broad range of relevant skills and experience. Council also appoints the members of the Audit, Investment, Caring Services, Palliative Care Research and Cancer Research Committees. The recruitment of new trustees is through a process of advertisement, application and interviews.

## Induction and training

An induction programme is offered to all new trustees to ensure that they are briefed on the charity's objects, strategy and activities. Ad hoc select committees may be set up to consider any other matters nominated by Council.

## Trustees' responsibilities

### Preparation of the Annual Report and Accounts

Marie Curie is a registered charity (number 207994 for England & Wales and SC038731 Scotland) and a company limited by guarantee (registered number 00507597). The charity together with its subsidiary undertakings referred to below form a group.

The Council as trustees are responsible for preparing the Report of the Council - and the financial statements in accordance with applicable law and regulations. Company 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).

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 the parent charity of the group and of the surplus or deficit for that period.

In preparing these financial statements, the Council is required to:

- select suitable accounting policies and then apply them consistently
- make judgments 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
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue its activities

The Council is responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and to enable it to ensure that its financial statements comply with the Companies Act 2006. Council has general responsibility for taking such steps as are reasonably open to it to safeguard the assets of the group and to prevent and detect fraud and other irregularities.

The Council is 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.

## Disclosure of information to auditors

Each member of the Council at the date when this report was approved has confirmed the following:

- So far as they are aware, there is no relevant audit information (as defined in the Companies Act 2006) of which the charity's auditors are unaware.
- They have taken all the steps that they ought to have taken as a director to make themselves aware of any relevant audit information (as defined) and to establish that the charity's auditors are aware of that information.

This confirmation is given and should be interpreted in accordance with the provisions of S416 of the Companies Act 2006.

## Governance, risk management and internal controls

The Council has reviewed governance processes during the year. They concluded that – with minor changes – they meet the needs of the organisation.

The Council has overall responsibility for the system of internal control for the charity and its subsidiaries which includes ensuring that there are reasonable procedures in place for the prevention and detection of fraud and other irregularities. However, such a system can provide only reasonable, but not absolute, assurance against errors and fraud.

The charity operates a comprehensive annual planning and budgeting process, which is approved by the Council. Performance is monitored through the use of activity and financial targets. Reports are made to Council on a monthly basis which compares actual results against activity targets and the phased budget and links financial performance with resource and activity levels.

Internal controls are subject to scrutiny by the charity's Internal Audit Department, which carries out a programme of cyclical reviews throughout the charity.

The charity has risk management policies and procedures through which risks arising from the existing operations and strategic developments are identified and evaluated. Senior managers are required to identify and analyse risks relevant to their scope of activities; assess them according to the impact on the charity and their likelihood of occurrence and report on the procedures which are in place, or are being developed or enhanced, to provide assurance that the risk is being managed.

Significant risks are highlighted for consideration and

monitoring by the Executive Board which is chaired by the Chief Executive. The major risks comprise:

- Patient safety and clinical governance arising from the care provided by our nursing and hospice services
- Health and safety risks arising from the activities of staff and volunteers
- Capital projects arising from the major building and IT projects currently in progress
- Funding risks arising from the charity's significant dependence on voluntary and statutory funding
- Policy and reputational risks arising from the activities of government and the potential for damage to the charity's reputation

Summary reports are made to the Audit Committee and to Council. All major risks to which the charity is exposed, which have been identified by these procedures, have been reviewed and systems implemented to mitigate these risks are continually being developed or enhanced.

## Subsidiary undertakings

The charity's principal subsidiary undertakings as at March 31, 2010 were all wholly owned and registered in England and Wales. Details are included in Note 20 to the accounts. Some of the funds required to support the operations of the charity are raised by means of trading activities through a wholly owned subsidiary, Marie Curie Trading Limited.

## Auditors

In accordance with Section 489 of the Companies Act 2006, a resolution proposing that KPMG LLP be re-appointed as auditors of the charity will be put to the Annual General Meeting.

### On behalf of the Council



Sir Peter Davis  
Chairman  
July 6, 2010

# Independent auditors' report

## to the trustees and members of Marie Curie Cancer Care

We have audited the group and charity financial statements (the 'financial statements') of Marie Curie Cancer Care for the year ended March 31, 2010 set out on pages 32 to 48. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the charitable company's members, as a body, in accordance with sections 495 and 496 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 members and 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.

## Respective responsibilities of the trustees and auditors

The trustees (who are also the directors of the company for the purposes of company law) have responsibility for preparing the Report of the Council and the financial statements in accordance with applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice) and for being satisfied that the financial statements give a true and fair view are set out in the Statement of Trustees' Responsibilities on page 28.

We have been appointed as auditors under section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report to you in accordance with those Acts. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view, have been properly prepared in accordance with UK Generally Accepted Accounting

Practice and 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. We also report to you whether in our opinion the information given in the Report of the Council is consistent with the financial statements.

In addition we report to you if, in our opinion, the charitable company has not kept adequate and proper accounting records, if the charitable company's statement of account are not in agreement with these accounting records, if we have not received all the information and explanations we require for our audit, or if certain disclosures of trustees' remuneration specified by law are not made.

We read the other information contained in the Report and Accounts and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

## Basis of audit opinion

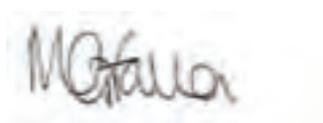
We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgments made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the group's and charitable company's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

## Opinion

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 March 31, 2010 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- \* the financial statements have been properly prepared in accordance with UK Generally Accepted Accounting Practice;
- \* the financial statements 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; and
- \* the information given in the Trustees' Annual Report is consistent with the financial statements.

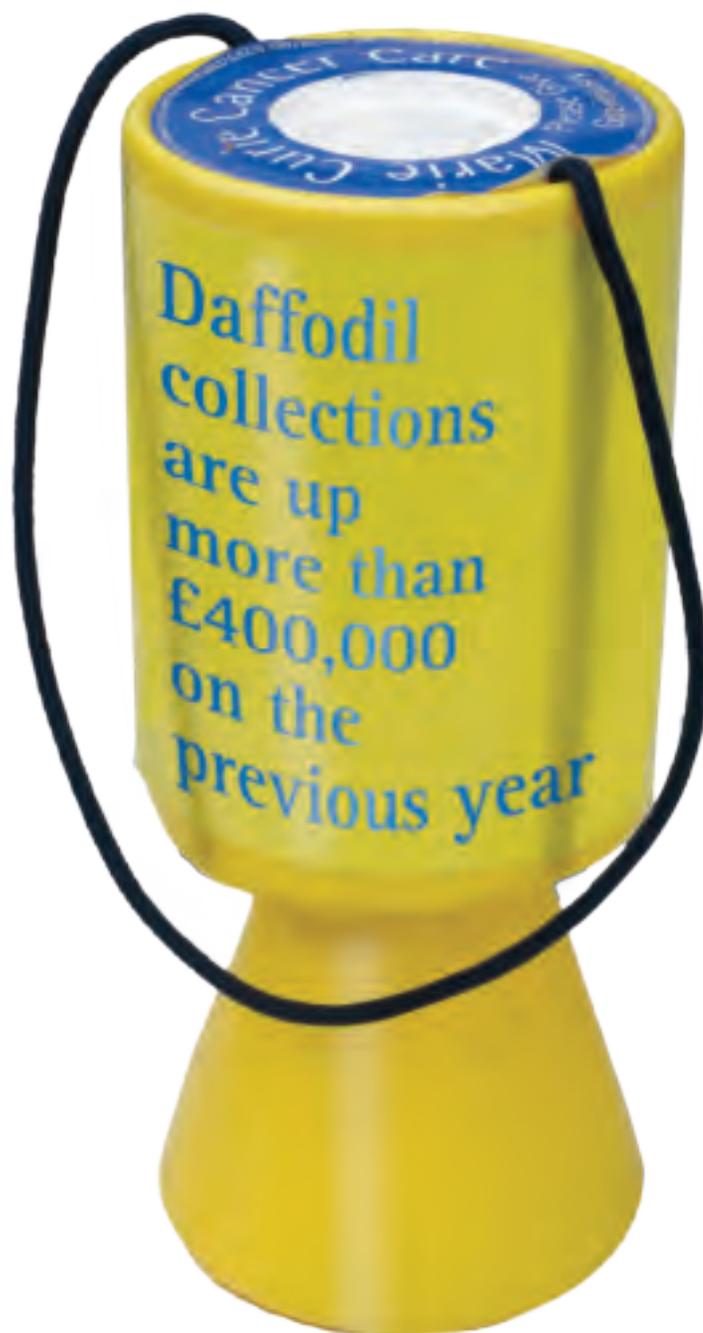


MG Fallon (Senior Statutory Auditor)  
for and on behalf of KPMG LLP, Statutory Auditor  
Chartered Accountants

*KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.*

1 Forest Gate  
Brighton Road  
Crawley  
West Sussex, RH11 9PT

August 6, 2010



# Consolidated Statement of Financial Activities

for the year ended March 31, 2010 (incorporating consolidated income and expenditure account)

	Notes	Unrestricted funds £'000	Restricted funds £'000	TOTAL 2010 £'000	TOTAL 2009 £'000
<b>Incoming resources</b>					
<b>Incoming resources from generated funds:</b>					
Major capital appeals		-	2,164	2,164	4,368
Other voluntary income		57,917	17,291	75,208	78,767
	2	<b>57,917</b>	<b>19,455</b>	<b>77,372</b>	<b>83,135</b>
<b>Activities for generating funds:</b>					
Retail sales of donated and purchased goods		9,754	5,547	15,301	15,229
Investment and other income	3	3,093	-	3,093	4,150
<b>Incoming resources from charitable activities:</b>					
Statutory and grant funding	4	35,269	440	35,709	36,250
Other income		-	-	-	8
<b>Total incoming resources</b>		<b>106,033</b>	<b>25,442</b>	<b>131,475</b>	<b>138,772</b>
<b>Resources expended</b>					
<b>Cost of generating funds:</b>					
Fundraising		24,121	2,509	26,630	24,405
Publicity		3,255	-	3,255	3,123
Retail shops		9,915	4,686	14,601	14,611
Investment management costs		(115)	-	(115)	452
		<b>37,176</b>	<b>7,195</b>	<b>44,371</b>	<b>42,591</b>
<b>Net incoming resources available for charitable application</b>		<b>68,857</b>	<b>18,247</b>	<b>87,104</b>	<b>96,181</b>
<b>Cost of charitable activities</b>					
Hospices		25,026	12,903	37,929	39,701
Nursing		31,847	2,774	34,621	30,550
Research and development		9,115	889	10,004	13,258
		<b>65,988</b>	<b>16,566</b>	<b>82,554</b>	<b>83,509</b>
<b>Governance costs</b>		704	-	704	701
<b>Total resources expended</b>	5	<b>103,868</b>	<b>23,761</b>	<b>127,629</b>	<b>126,801</b>
<b>Net income for the year</b>		<b>2,165</b>	<b>1,681</b>	<b>3,846</b>	<b>11,971</b>
<b>Other recognised gains and losses</b>					
Gain/(loss) on investment assets	8	10,826	-	10,826	(8,354)
Actuarial gains/ (losses) on defined benefit pension scheme	18	581	-	581	(4,570)
<b>Net movement in funds</b>		<b>13,572</b>	<b>1,681</b>	<b>15,253</b>	<b>(953)</b>
<b>Transfer of funds</b>	15	(375)	375	-	-
<b>Reconciliation of funds</b>					
Total funds at April 1, 2009	15	81,265	10,822	92,087	93,040
<b>Total funds at March 31, 2010</b>		<b>94,462</b>	<b>12,878</b>	<b>107,340</b>	<b>92,087</b>
<b>Application of net income for the year</b>					
<b>Net income for the year</b>		2,165	1,681	3,846	11,971
Add: Depreciation included in expenditure	7	1,903	807	2,710	2,503
<b>Net income available for application</b>		<b>4,068</b>	<b>2,488</b>	<b>6,556</b>	<b>14,474</b>
<b>Application of net income</b>					
Contribution to defined benefit pension scheme	18	(377)	-	(377)	(260)
Expenditure on fixed assets	7	(10,081)	(2,185)	(12,266)	(10,197)
<b>Net (expenditure)/income after application of funds</b>		<b>(6,390)</b>	<b>303</b>	<b>(6,087)</b>	<b>4,017</b>

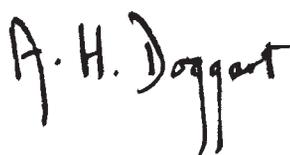
All of the charity's activities are continuing. There were no gains or losses other than those shown above.

# Balance Sheets

as at March 31, 2010

	Notes	2010 £'000	Consolidated 2009 £'000	2010 £'000	Charity 2009 £'000
<b>Fixed assets</b>					
Tangible assets	7	43,164	34,146	44,684	35,224
Investments	8	69,260	56,076	69,987	56,803
		<b>112,424</b>	<b>90,222</b>	<b>114,671</b>	<b>92,027</b>
<b>Current assets</b>					
Stocks	9	328	605	123	117
Debtors	10	7,192	7,241	7,002	7,087
Investments	11	13,270	15,158	13,270	15,158
Cash at bank and in hand		3,677	7,264	3,670	7,258
		<b>24,467</b>	<b>30,268</b>	<b>24,065</b>	<b>29,620</b>
<b>Creditors</b>					
Amounts falling due within one year	12a	(16,639)	(14,777)	(16,917)	(14,784)
<b>Net current assets</b>		<b>7,828</b>	<b>15,491</b>	<b>7,148</b>	<b>14,836</b>
<b>Total assets less current liabilities</b>					
		<b>120,252</b>	<b>105,713</b>	<b>121,819</b>	<b>106,863</b>
<b>Provision for liabilities and charges</b>	14	(1,479)	(1,207)	(1,479)	(1,207)
<b>Net assets excluding long term creditors and pension liability</b>					
		<b>118,773</b>	<b>104,506</b>	<b>120,340</b>	<b>105,656</b>
Creditors: Amounts falling due after one year	12b	(7,732)	(8,219)	(7,732)	(8,219)
Defined benefit pension scheme liability	18	(3,701)	(4,200)	(3,701)	(4,200)
<b>Net assets</b>		<b>107,340</b>	<b>92,087</b>	<b>108,907</b>	<b>93,237</b>
<b>Funds</b>					
Restricted funds	15	12,878	10,822	12,878	10,822
Designated funds	15	50,197	41,754	50,197	41,754
<b>Free reserves:</b>					
Pension reserve	15	(3,701)	(4,200)	(3,701)	(4,200)
General fund	15	47,966	43,711	49,533	44,861
<b>Total funds</b>		<b>107,340</b>	<b>92,087</b>	<b>108,907</b>	<b>93,237</b>

Approved by the Council on July 6, 2010



AH Daggart  
Honorary Treasurer

Copies of the Report and Accounts can be obtained from the Company Secretary, Marie Curie Cancer Care, 89 Albert Embankment, London SE1 7TP

# Consolidated Cash Flow Statement

for the year ended March 31, 2010

	2010 £'000	2009 £'000	
<b>Net cash inflow from operating activities (Note B)</b>	<b>7,523</b>	<b>14,946</b>	
<b>Returns on investment and servicing of finance</b>			
Dividends received	985	1,486	
Interest received	434	2,664	
	<b>1,419</b>	<b>4,150</b>	
<b>Capital expenditure and financial investment</b>			
Capital expenditure	(12,059)	(10,197)	
Investment purchases	(15,783)	(12,109)	
(Increase)/decrease in invested cash	(1,346)	465	
Investment sale proceeds	14,771	12,774	
	<b>(14,417)</b>	<b>(9,067)</b>	
<b>Net cash (outflow)/inflow before management of liquid resources</b>	<b>(5,475)</b>	<b>10,029</b>	
<b>Management of liquid resources</b>			
Decrease/(increase) in cash invested in global treasury fund and current investments	1,888	(9,366)	
<b>(Decrease)/increase in cash (Note A)</b>	<b>(3,587)</b>	<b>663</b>	
<b>Note A</b>			
<b>Reconciliation of net cash (outflow) / inflow to movement in net funds</b>			
(Decrease)/increase in cash in the year	(3,587)	663	
(Decrease)/increase in liquid resources	(1,888)	9,366	
Net funds at April 1, 2009	22,422	12,393	
<b>Net funds at March 31, 2010</b>	<b>16,947</b>	<b>22,422</b>	
<b>Analysis of net funds</b>	Apr 1, 2009	Cash Flow	March 31, 2010
	£'000	£'000	£'000
Cash at bank and in hand	7,264	(3,587)	3,677
Liquid resources	15,158	(1,888)	13,270
	<b>22,422</b>	<b>(5,475)</b>	<b>16,947</b>
<b>Note B</b>	2010	2009	
	£'000	£'000	
<b>Reconciliation of net incoming resources to net cash inflow from operating activities</b>			
Net incoming resources	3,846	11,971	
Depreciation	2,710	2,503	
Loss on asset disposals	538	-	
FRS17 funding adjustment	82	(240)	
Dividends received	(985)	(1,486)	
Interest received	(434)	(2,664)	
Decrease/(increase) in stocks	277	(193)	
Decrease/(increase) in debtors	49	(1,121)	
Increase in creditors and provisions (excluding accrued capital expenditure)	1,440	6,176	
	<b>7,523</b>	<b>14,946</b>	

# Notes to the Accounts

for the year ended March 31, 2010

## 1. Accounting policies

The principal accounting policies are summarised below. The accounting policies are consistent with the preceding year.

### (a) Basis of accounting

The accounts have been prepared under the historical cost convention, with the exception of investments stated at market value, and in accordance with applicable United Kingdom accounting standards and with the Statement of Recommended Practice on Accounting and Reporting by Charities (SORP 2005) and the Companies Act 2006.

The charity has availed itself of paragraph 3 (3) of Schedule 4 of the Companies Act and adapted the Companies Act formats to reflect the special nature of the charity's activities.

### (b) Group accounts

The accounts have been consolidated to include the results of the charity's subsidiaries. No income and expenditure account of the charity has been presented as permitted by Section 408 of the Companies Act 2006 and paragraph 423 of SORP 2005.

### (c) Depreciation

Tangible fixed assets costing more than £1,000 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 - 28 years (see Note 7)
Long leasehold buildings		
Short leasehold buildings improvements	}	Over the period of the lease or 10 years whichever is the shorter
Leasehold shops improvements		
Furniture, equipment and IT servers		20-33 % per annum
Motor vehicles		25-33 % per annum

### (d) Stocks

Stocks of bought in goods are stated at the lower of cost and net realisable value. Donated goods held for resale in the charity's shops are not valued for the purpose of these accounts.

### (e) Investments

Investments in subsidiaries are stated at cost less provision for any impairment.

Investments listed on a recognised stock exchange are included in the balance sheet at market value. Investments sold are revalued at market value at date of sale. Realised gains and losses on disposals in the year and unrealised gains and losses on investments at the balance sheet date are included in the Statement of Financial Activities for the relevant underlying funds.

Investment properties are stated at Trustees' best estimate or market value.

### (f) Incoming resources

All income is accounted for when receivable and includes associated tax reclaims. Entitlement to legacy income is taken to be the earlier of estate accounts being finalised or a notification by the executor of a payment to be made or cash received. Deferred income includes amounts received in respect of work to be undertaken in the next financial year. Gifts in kind are valued at their realised amount, or the amount equivalent to an alternative commercial supply, and are included in the Statement of Financial Activities as appropriate.

### (g) Outgoing resources

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 Statement of Financial Activities, 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, excluding only direct costs of specific events organised by third parties, which are netted off against the income from those events.

**Research expenditure** - Research expenditure is written off as incurred.

**Support costs** - The costs of functions which support more than one of the charity's activities have been allocated to those activities based on time spent. Costs classified as governance relate to the general running of the charity and include the operations of the Council and addressing

# Notes to the Accounts

for the year ended March 31, 2010

constitutional, audit and other statutory matters. (See Note 5).

**Governance costs** - Governance costs are the costs associated with the governance arrangements of the charity which relate to the general running of the charity rather than those costs associated with fundraising or charitable activity. These costs include external and internal audit, legal advice for trustees and costs associated with constitutional and statutory requirements and the preparation of the annual report.

**Irrecoverable VAT** - Where irrecoverable VAT is incurred it is charged to the relevant category of outgoing resources in the Statement of Financial Activities.

## (h) Pensions

For defined benefit pension schemes the amounts charged in resources expended 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 profit and loss 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'.

Defined benefit schemes are funded, with the assets of the scheme held separately from those of the charity, in separate trustee-administered funds. Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit 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.

For defined contribution schemes the amount charged to the Consolidated Statement of Financial Activities 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

Instalments on operating lease contracts are charged on a straight line basis over the lease life to the Statement of Financial Activities as they fall due.

## (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 accounts. 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 Council for specific purposes. The purposes and uses of the designated funds are set out in Note 15 to the accounts. 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 hospices.
- (3) Palliative Care Development Fund. These funds will be to support the Marie Curie Delivering Choice Programme and other projects.

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

## 2. Voluntary income (Note 1(f))

	2010 £'000	2009 £'000
Major capital appeals	2,164	4,368
Donations, events and other voluntary income	50,332	52,980
Legacies	24,876	25,787
	<u>77,372</u>	<u>83,135</u>

Funds raised from lottery sources (Community Fund, New Opportunities Fund, Big Lottery Fund) have been included within voluntary income (note 19).

## 3. Investment and other income

	2010 £'000	2009 £'000
Listed investments	1,225	1,486
Cash	541	1,483
Other	1,327	1,181
	<u>3,093</u>	<u>4,150</u>

# Notes to the Accounts

for the year ended March 31, 2010

## 4. Statutory and grant funding

	2010 £'000	2009 £'000
NHS funding for nurses	17,742	16,547
NHS funding for hospices	17,392	16,889
Funding received by Research Institute (Note 19)	79	220
Other grants (Note 19)	496	2,594
	<u>35,709</u>	<u>36,250</u>

This includes contractual funding for hospices and the community nursing service, scientific research grants and other grants from statutory sources for specific projects.

## 5. Expenditure

	Direct costs £'000	Support costs £'000	Total 2010 £'000	Total 2009 £'000
Hospices	36,244	1,685	37,929	39,701
Nursing	32,931	1,690	34,621	30,550
Research and development (Note D)	9,276	728	10,004	13,258
<b>Total charitable activities</b>	<b>78,451</b>	<b>4,103</b>	<b>82,554</b>	<b>83,509</b>
Fundraising	22,794	3,836	26,630	24,405
Publicity	2,928	327	3,255	3,123
Retail shops	13,803	798	14,601	14,611
Investment management costs (Note C)	(115)	-	(115)	452
Governance (Note B)	323	381	704	701
<b>Total</b>	<b>118,184</b>	<b>9,445</b>	<b>127,629</b>	<b>126,801</b>

## Allocation of support costs

	Executive, Legal & Strategy £'000	Finance £'000	HR & Training £'000	IT £'000	Facilities & Property £'000	Total 2010 £'000	Total 2009 £'000
Hospices	372	166	370	533	244	1,685	1,321
Nursing	372	166	407	640	105	1,690	1,459
Research and development	127	88	102	320	91	728	608
<b>Total charitable activities</b>	<b>871</b>	<b>420</b>	<b>879</b>	<b>1,493</b>	<b>440</b>	<b>4,103</b>	<b>3,388</b>
Fundraising	213	443	944	1,778	458	3,836	3,173
Publicity	42	22	47	178	38	327	266
Retail shops	42	110	126	107	413	798	651
Governance	224	110	47	-	-	381	389
<b>Total support costs allocated</b>	<b>1,392</b>	<b>1,105</b>	<b>2,043</b>	<b>3,556</b>	<b>1,349</b>	<b>9,445</b>	<b>7,867</b>

Support costs have been allocated across activities based on time spent by the central departments in supporting the various activities of the charity.

# Notes to the Accounts

for the year ended March 31, 2010

<b>Note A</b>	2010 £'000	2009 £'000
Net incoming resources for the year is stated after charging:		
<b>Fees payable to the charity's auditors for:</b>		
the audit of the charity's annual accounts	57	55
the audit of the charity's subsidiaries	15	15
<b>Total audit fees</b>	<u>72</u>	<u>70</u>
other services	16	10
<b>Total fees payable to charity's auditors</b>	<u>88</u>	<u>80</u>
Amounts paid under operating leases		
- other land and buildings	5,157	4,685
- plant and machinery	770	663

<b>Note B</b>	2010 £'000	2009 £'000
<b>Governance Costs</b>		
Apportionment of support staff (based on time spent)	382	389
Internal audit	218	207
External audit fees	72	70
Trustees' travel & meeting expenses	5	7
Trustees' indemnity insurance	8	8
Legal costs	19	20
	<u>704</u>	<u>701</u>

The apportionment of support staff time and costs have been revised for the current and prior year to more accurately reflect the time spent by staff on governance issues.

**Note C**  
Investment management costs include fees payable to investment managers and to professional investment advisers. The investment managers' fees include a standard charge linked to the value of funds managed and also a performance related fee that is paid/(credited) if the investment managers outperform/(underperform) against their target return.

<b>Note D</b>	2010 £'000	2009 £'000
<b>Research and development</b>		
Palliative care research costs	5,271	187
Delivering Choice Programme and other development costs	1,160	2,448
Scientific research costs	3,573	10,623
	<u>10,004</u>	<u>13,258</u>

Palliative care research costs includes the cost of research grants to the Marie Curie Palliative Care Research Institute (MCPCI) at the University of Liverpool and the Marie Curie Palliative Care Research Unit (MCPCRU), UCL. The expenditure shown for 2009/10 includes the cost of new national grant programme as well as extensions and new awards to MCPCI and to MCPCRU as well other annual expenditure.

Development costs represents the costs spent on the Delivering Choice Programme and other development projects. Scientific research was undertaken by the Marie Curie Research Institute (MCRI) which was directly run by the charity. In March 2009 the Council took the decision to reduce its scientific research and to increase the amount spent on palliative care research. As part of the transition, MCRI scientists, following a review undertaken by the scientific committee, were awarded funding for the three year period starting on October 1, 2009 to enable them to establish their work within universities in the UK. The total sum awarded of £5.8 million was provided for in 2008/09. The transfer of the scientific research teams to universities took place between January and March 2010. All future scientific research will be grant funded.

## 6. Taxation

The charity is registered for VAT but only £1,235,000 (2009: £1,017,000) was recoverable. The amount of VAT paid but not recoverable in the year was £2,111,000 (2009: £2,207,000).

Marie Curie Cancer Care is a registered charity and as such its income and gains falling within s.505 ICTA 88 or s.256 TCGA 92 are exempt from corporation tax to the extent that they are applied to its charitable objectives. Its subsidiaries have not incurred a tax charge as they gift all profits to Marie Curie Cancer Care.

# Notes to the Accounts

for the year ended March 31, 2010

## 7a. Consolidated fixed assets

	Freehold land and buildings £'000	Leasehold land and buildings Long £'000	Leasehold land and buildings Short £'000	Furniture equipment and motor vehicles £'000	Total £'000
<b>Cost</b>					
At April 1, 2009	47,249	3,451	6,185	15,791	72,676
Additions	11,166	35	90	975	12,266
Disposals	(387)	-	(244)	(3,593)	(4,224)
<b>At March 31, 2010</b>	<b>58,028</b>	<b>3,486</b>	<b>6,031</b>	<b>13,173</b>	<b>80,718</b>
<b>Depreciation</b>					
At April 1, 2009	18,610	944	5,120	13,856	38,530
Provided this year	1,387	113	473	737	2,710
Disposals	(111)	-	(260)	(3,315)	(3,686)
<b>At March 31, 2010</b>	<b>19,886</b>	<b>1,057</b>	<b>5,333</b>	<b>11,278</b>	<b>37,554</b>
<b>Net book value</b>					
At March 31, 2010	38,142	2,429	698	1,895	43,164
At March 31, 2009	28,639	2,507	1,065	1,935	34,146

The freehold and leasehold properties consist of 10 Marie Curie Hospices, the Research Institute, administrative offices and shops. The cost of freehold land included above is £1,588,242 (2009: £843,322).

Freehold land and buildings for the group and the charity includes assets in the course of construction at a cost of £1,269,062 (2009: £13,530,452). The cost of additions for the group and the charity to assets in the course of construction during the year amounted to £1,269,062 (2009: £9,021,452). Capital expenditure authorised and contracted for the group and charity was £1,836,316 (2009: £10,412,773). Capital expenditure authorised but not contracted for the group and charity was £20,963,684 (2009: £3,858,404).

At the Council meeting on May 4, 2010 the trustees authorised £21.6 million for the building of a new hospice in the West Midlands.

## 7b. Charity Fixed Assets

	Freehold land and buildings £'000	Leasehold land and buildings Long £'000	Leasehold land and buildings Short £'000	Furniture equipment and motor vehicles £'000	Total £'000
<b>Cost</b>					
At April 1, 2009	48,358	3,564	6,195	15,791	73,908
Additions	11,636	35	90	986	12,747
Disposals	(387)	-	(244)	(3,593)	(4,224)
<b>At March 31, 2010</b>	<b>59,607</b>	<b>3,599</b>	<b>6,041</b>	<b>13,184</b>	<b>82,431</b>
<b>Depreciation</b>					
At April 1, 2009	18,747	955	5,126	13,856	38,684
Provided this year	1,421	117	473	737	2,748
Disposals	(111)	-	(259)	(3,315)	(3,685)
<b>At March 31, 2010</b>	<b>20,057</b>	<b>1,072</b>	<b>5,340</b>	<b>11,278</b>	<b>37,747</b>
<b>Net book value</b>					
At March 31, 2010	39,550	2,527	701	1,906	44,684
At March 31, 2009	29,611	2,609	1,069	1,935	35,224

# Notes to the Accounts

for the year ended March 31, 2010

## 8. Fixed asset investments

Market Value	Listed Investments £'000	Cash £'000	Properties/ unlisted £'000	Consolidated total £'000	Investment in subsidiaries £'000	Charity total £'000
<b>At April 1, 2009</b>	<b>37,733</b>	<b>18,259</b>	<b>84</b>	<b>56,076</b>	<b>727</b>	<b>56,803</b>
Additions	15,783	-	-	15,783	-	15,783
Disposals	(15,035)	-	-	(15,035)	-	(15,035)
Net increase in investments held as cash	-	1,346	-	1,346	-	1,346
Net gain on investment assets	11,090	-	-	11,090	-	11,090
<b>At March 31, 2010</b>	<b>49,571</b>	<b>19,605</b>	<b>84</b>	<b>69,260</b>	<b>727</b>	<b>69,987</b>

	2010 £'000	2009 £'000
Cost of listed investments as at March 31	41,006	40,258
<b>Gain/(loss) on investment assets</b>		
Realised losses based on historic cost as at March 31	(264)	(2,462)
Unrealised gains/(losses) included in market value	11,090	(5,892)
	<b>10,826</b>	<b>(8,354)</b>
<b>Listed investments invested in:</b>		
- UK	13,232	18,416
- non UK	36,339	19,317
	<b>49,571</b>	<b>37,733</b>

### Listed investments

Investments in an individual entity held at March 31, 2010 which are over 5% of portfolio by value are:

- Newton fund managers "Global Dynamic Bond" - market value £7.9 million.

The listed investments include two companies quoted on the Channel Island Stock Exchange, which the charity accepted as donations. At March 31, 2010, the total quoted value of these shares was £0.2 million but, recognising the lack of any effective market for the quantity of shares held and restrictions on some of these shares, the Council has decided that the difficulties in trying to establish a real market value outweighs any benefit and since they were received at no cost no amount has been included in the financial statements.

### Properties

Investment properties include a £75,000 holding in an unlisted property fund, together with the charity's share of a number of bequeathed properties.

## 9. Stocks

	Consolidated		Charity	
	2010 £'000	2009 £'000	2010 £'000	2009 £'000
Inventory for resale	205	488	-	-
Daffodils	123	117	123	117
	<b>328</b>	<b>605</b>	<b>123</b>	<b>117</b>

# Notes to the Accounts

for the year ended March 31, 2010

## 10. Debtors

	Consolidated		Charity	
	2010	2009	2010	2009
	£'000	£'000	£'000	£'000
Trade debtors	2,235	2,444	2,190	2,444
Taxation recoverable	916	688	765	524
Prepayments	2,673	2,750	2,683	2,760
Legacy debtors	275	667	275	667
Other debtors	1,093	692	1,089	692
	<b>7,192</b>	<b>7,241</b>	<b>7,002</b>	<b>7,087</b>

The charity has been notified of legacies with an estimated value of £10.6 million (2009: £11.8 million) which have not been recognised as income at March 31, 2010 because no confirmation of impending distribution or approval of estate accounts has been received.

## 11. Current asset investments

	Consolidated		Charity	
	2010	2009	2010	2009
	£'000	£'000	£'000	£'000
Bank deposits and liquidity funds	<b>13,270</b>	<b>15,158</b>	<b>13,270</b>	<b>15,158</b>

## 12a. Creditors: amounts falling due within one year

	Consolidated		Charity	
	2010	2009	2010	2009
	£'000	£'000	£'000	£'000
Interest free loans	130	130	130	130
Trade creditors	5,266	5,919	4,932	5,062
Palliative care research grants	2,544	876	2,544	876
Grants awarded for scientific research	2,708	1,199	2,708	1,199
Other taxation and social security	1,574	1,672	1,567	1,672
Pensions and other payroll	180	401	180	401
Amounts due to subsidiary undertakings	-	-	879	922
Accruals	2,746	3,620	2,486	3,562
Deferred income (Note 13)	1,491	960	1,491	960
	<b>16,639</b>	<b>14,777</b>	<b>16,917</b>	<b>14,784</b>

## 12b. Creditors: amounts due after more than one year

	Consolidated		Charity	
	2010	2009	2010	2009
	£'000	£'000	£'000	£'000
Loan from British Heart Foundation for new Glasgow hospice	1,850	1,850	1,850	1,850
Grants awarded for palliative care research	2,953	1,261	2,953	1,261
Grants awarded for scientific research	2,929	4,859	2,929	4,859
Investment managers' performance fee	-	249	-	249
	<b>7,732</b>	<b>8,219</b>	<b>7,732</b>	<b>8,219</b>

## 13. Deferred income

	At April 1,	Released to	Deferred	At March 31,
	2009	incoming resources	in the year	2010
	£'000	£'000	£'000	£'000
Caring services	9	(115)	294	188
Fundraising events	718	(718)	1,129	1,129
Other	233	(285)	226	174
<b>Charity Total</b>	<b>960</b>	<b>(1,118)</b>	<b>1,649</b>	<b>1,491</b>

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

# Notes to the Accounts

for the year ended March 31, 2010

## 14. Provision for charges and liabilities

	At April 1, 2009	Consolidated and Charity			At March 31, 2010
		Additional provisions made	Amounts used	Amounts Released unused	
	£'000	£'000	£'000	£'000	£'000
Dilapidations	401	97	(90)	(134)	274
Redundancy provisions	200	498	(24)	(38)	636
Staff costs and other liabilities	606	247	(236)	(48)	569
	<b>1,207</b>	<b>842</b>	<b>(350)</b>	<b>(220)</b>	<b>1,479</b>

## 15. Funds

		At April 1, 2009	Income	Expenditure	Investment and actuarial gains / (losses)	Transfers and other movements	At March 31, 2010
		£'000	£'000	£'000	£'000	£'000	£'000
<b>Restricted Funds</b>							
Hospices Capital Fund	i	10,655	-	(1,067)	-	2,560	12,148
Major capital appeals	ii	41	2,485	(319)	-	(2,185)	22
Hospices - revenue		93	15,151	(15,153)	-	-	91
Nursing	iii	1	1,111	(711)	-	-	401
Education		32	-	-	-	-	32
Palliative care research		-	658	(474)	-	-	184
Scientific research		-	1	(1)	-	-	-
Legacies	iv	-	6,036	(6,036)	-	-	-
		<b>10,822</b>	<b>25,442</b>	<b>(23,761)</b>	<b>-</b>	<b>375</b>	<b>12,878</b>
<b>Designated Funds</b>							
Tangible Fixed Asset Fund	v	23,496	-	-	-	7,520	31,016
Capital Investment Fund	vi	11,085	-	(7,401)	-	8,596	12,280
Palliative Care Development Fund	vii	7,173	-	(272)	-	-	6,901
		<b>41,754</b>	<b>-</b>	<b>(7,673)</b>	<b>-</b>	<b>16,116</b>	<b>50,197</b>
<b>General Funds</b>							
General Fund	viii	43,711	106,033	(96,113)	10,826	(16,491)	47,966
Pension Scheme deficit	ix	(4,200)	-	(82)	581	-	(3,701)
		<b>39,511</b>	<b>106,033</b>	<b>(96,195)</b>	<b>11,407</b>	<b>(16,491)</b>	<b>44,265</b>
		<b>92,087</b>	<b>131,475</b>	<b>(127,629)</b>	<b>11,407</b>	<b>-</b>	<b>107,340</b>

The above funds carried forward at March 31, 2010 represent:

- (i) grants and donations received from hospice capital appeals which have been invested in hospice capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- (ii) the net proceeds from the capital appeals. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects. 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.
- (iii) represents funds restricted for the Marie Curie Nursing Service.
- (iv) legacies used in connection with their specific restrictions in relation to hospices, nursing and research.
- (v) the net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- (vi) the amount that has been put aside to contribute towards major capital projects to be undertaken in the next five to 10 years to replace or upgrade facilities at the charity's hospices. The expenditure in the year represents the costs incurred on the Glasgow hospice that are not covered by the Capital appeal. The amount transferred represents the a sum to maintain the level of fund following the expenditure on Glasgow and the cost of capital projects that are in progress at March 31, 2010.
- (vii) the amount that has been put aside for future innovative projects which either research or develop palliative care, or ensure more cancer patients are offered the choice of being cared for at home. The fund is used to support the Delivering Choice Programme and other projects.
- (viii) the General Fund comprises the net amount that the Council has agreed to be set aside to meet possible shortfalls in funding and increases in costs.
- (ix) the actuarial valuation of the defined benefit pension scheme at March 31, 2010 for the purposes of FRS17 showed a funding deficit of £3.7 million.

# Notes to the Accounts

for the year ended March 31, 2010

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

	2010 £'000	2009 £'000
The charity	2,705	10,671
Intra-group profit	1,141	1,300
	<b>3,846</b>	<b>11,971</b>

The parent charity's gross income for the year was £107 million and its expenditure was £103.8 million.

The analysis of consolidated net assets between funds was as follows:

	Consolidated		Consolidated	
	Unrestricted funds £'000	Restricted funds £'000	Total 2010 £'000	Total 2009 £'000
Tangible fixed assets	31,016	12,148	43,164	34,146
Investments	82,530	-	82,530	71,234
Stocks	328	-	328	605
Debtors	7,192	-	7,192	7,241
Creditors and cash	(22,903)	730	(22,173)	(16,939)
Defined benefit pension scheme liability	(3,701)	-	(3,701)	(4,200)
	<b>94,462</b>	<b>12,878</b>	<b>107,340</b>	<b>92,087</b>

	Charity		Charity	
	Unrestricted funds £'000	Restricted funds £'000	Total 2010 £'000	Total 2009 £'000
Tangible fixed assets	32,536	12,148	44,684	35,224
Fixed asset investments	83,257	-	83,257	71,961
Stocks	123	-	123	117
Debtors	7,002	-	7,002	7,087
Creditors and cash	(23,188)	730	(22,458)	(16,952)
Defined benefit pension scheme liability	(3,701)	-	(3,701)	(4,200)
	<b>96,029</b>	<b>12,878</b>	<b>108,907</b>	<b>93,237</b>

## 16. Particulars of employees

	2010 £'000	2009 £'000
<b>a) Their total remuneration was:</b>		
Salaries	69,325	67,799
Social security costs	5,134	5,204
Other pension costs	4,047	4,174
<b>Total Marie Curie Cancer Care remuneration</b>	<b>78,506</b>	<b>77,177</b>
Contracted nursing	1,803	1,699
Contracted medical staff	1,985	1,683
Contracted allied health professionals	1,008	970
Contracted administration & fundraising staff	1,658	2,026
<b>Total remuneration</b>	<b>84,960</b>	<b>83,555</b>

Included above are costs for nurses, consultants, other medical staff and allied health professionals employed by the NHS. Also included are fundraising and administration staff employed by other third parties. These people are not employed by the charity and so are not included in the analysis of staff employed.

# Notes to the Accounts

for the year ended March 31, 2010

## b) The average number of persons employed by the charity and its subsidiaries during the year was:

	2010 number	2009 number
Hospices	1,106	1,198
Nursing	2,133	2,191
Research	71	103
Fundraising	590	642
Publicity	26	27
Shops	509	550
Support	108	111
	<b>4,543</b>	<b>4,822</b>
Comprising		
Full time	1,281	1,331
Part time	3,262	3,491
	<b>4,543</b>	<b>4,822</b>

## c) Employees whose emoluments, including pension contributions, were equal or greater than £60,000 per annum.

£'000	2010 number	2009 number
150-160	2	3
130-140	1	-
110-120	2	2
100-110	4	4
90-100	4	6
80-90	2	5
70-80	6	5
60-70	13	9

Included in the above numbers are:

Research scientists	2	3
Medical practitioners	9	7

Contributions of £169,771 (2009: £222,395) were made to the NHS Pension Scheme, the Universities Superannuations Scheme and the Marie Curie Final Salary Scheme, all defined benefit schemes, for 14 higher paid employees. Contributions amounting to £113,519 (2009: £99,535) were made to defined contribution schemes, for 11 higher paid employees.

## d) Council members' expenses

No trustees received any remuneration in the year. One trustee was reimbursed £36 for travel expenses (2009: four trustees - £403). The charity maintains liability insurance covering members of the Council in their capacity as directors and other officers of the charity.

## e) Related Party transactions

Except as noted above in 16(d) there are no transactions with related parties.

## 17. Operating lease commitments

The charity and the group had annual commitments as follows:

	At March 31, 2010		At March 31, 2009	
	Land and buildings £'000	Other £'000	Land and buildings £'000	Other £'000
<i>Expiry date:</i>				
Within one year	211	96	831	47
Between two and five years	2,207	420	2,166	490
Over five years	1,536	-	629	-
	<b>3,954</b>	<b>516</b>	<b>3,626</b>	<b>537</b>

# Notes to the Accounts

for the year ended March 31, 2010

## 18. Pensions

### Schemes available to employees

The current scheme available to the employees is a stakeholder pension scheme which was started in January 2004. The charity has paid contributions totalling £2,006,186 (2009: £1,910,946) into this scheme. Contributions to other defined contribution pension schemes amounted to £22,500 (2009: £22,500).

Some employees participate in defined benefit pension schemes operated by the National Health Service and by universities to which the charity pays the appropriate employer contributions. The pension cost charge for these schemes amounted to £1,804,064 (2009 £1,932,700).

### Closed Schemes

Between September 1, 1994 and December 31, 2003 the charity operated a defined contribution scheme for the benefit of employees. Contributions were paid into this scheme until December 31, 2003. The assets of this scheme are held separately from those of the charity in an independently administered fund. The pension cost charge for this scheme represents contributions payable by the charity to the fund and amounted to £nil (2009: nil).

Prior to September 1, 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.

### FRS17 disclosures

A full actuarial valuation was carried out at March 31, 2008 and updated to March 31, 2010 by a qualified independent actuary to take account of the requirements of FRS17 in order to assess the liabilities of the scheme at March 31, 2010. Scheme assets are stated at their market values at the respective balance sheet dates.

	2010 £m	2009 £m
Present value of funded defined benefit obligations	(18.87)	(15.45)
Fair value of scheme assets	15.17	11.25
<b>Net deficit</b>	<b>(3.70)</b>	<b>(4.20)</b>

### Movements in present value of defined benefit obligation

	2010 £m	2009 £m
<b>At April 1, 2009</b>	15.45	16.77
Current service cost	0.14	0.13
Interest cost	1.05	1.09
Actuarial gains/(losses)	3.22	(1.76)
Contributions by members	0.04	0.04
Benefits paid	(1.03)	(0.82)
<b>At March 31, 2010</b>	<b>18.87</b>	<b>15.45</b>

### Movements in fair value of scheme assets

	2010 £m	2009 £m
<b>At April 1, 2009</b>	11.25	16.90
Expected return on scheme assets	0.73	1.20
Actuarial gains/(losses)	3.80	(6.33)
Contributions by employer	0.38	0.26
Contributions by members	0.04	0.04
Benefits paid	(1.03)	(0.82)
<b>At March 31, 2010</b>	<b>15.17</b>	<b>11.25</b>

# Notes to the Accounts

for the year ended March 31, 2010

## Expense recognised in the Statement of Financial Activities

	2010 £m	2009 £m
Current service cost	(0.14)	(0.13)
Interest on defined benefit pension scheme obligations	(1.05)	(1.09)
Expected return on scheme assets	0.73	1.20
Actuarial gains/(losses)	0.58	(4.57)
Contributions by employer	0.38	0.26
<b>Total</b>	<b>0.50</b>	<b>(4.33)</b>

## The expense is recognised in the following line items in the Statement of Financial Activities

	2010 £m	2009 £m
Expenditure on charitable activities	(0.08)	0.21
Cost of generating funds	-	0.03
Actuarial gains/(losses)	0.58	(4.57)
	<b>0.50</b>	<b>(4.33)</b>

The total actuarial loss recognised in the Statement of Financial Activities is £8,439,000 (2009: £9,020,000). Cumulative actuarial losses reported in the Statement of Financial Activities for the accounting period ending on March 31, 2003, and subsequently included by prior year adjustment under paragraph 96 of FRS 17, are £2,580,000.

## The fair value of the scheme assets and the return on those assets were as follows:

	2010 £m	%	2009 £m	%
Targeted Return Product	-	-	11.25	6.7%
Equities	7.30	7.5%	-	-
Corporate bonds	2.24	5.6%	-	-
Fixed interest gilts	1.49	4.5%	-	-
Index linked gilts	3.75	4.3%	-	-
Cash	0.39	2.0%	-	-
	<b>15.17</b>	<b>6.1%</b>	<b>11.25</b>	

The overall expected rate of return is calculated by weighting the individual rates in accordance with the anticipated balance in the scheme investment portfolio.

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

	2010 %	2009 %
Discount rate	5.6%	7.0%
Expected rate of return on scheme assets	6.1%	6.7%
Inflation	3.8%	3.0%
Future salary increases	4.3%	3.5%
Rate of increase of pensions in payment (LPI)	3.8%	3.0%
Rate of increase of pensions in payment (LPI - minimum 4%)	4.0%	4.0%

In valuing the liabilities of the pension fund at March 31, 2010, mortality assumptions have been made as indicated below. If life expectancy had been changed to assume that all members of the fund lived for one year longer, the value of the reported liabilities would add £0.6 million to the reported liability figure.

The assumptions relating to longevity underlying the pension liabilities at the balance sheet date are based on standard actuarial mortality tables and include an allowance for future improvements in longevity. The assumptions are equivalent to expecting a 65 year-old man to live for 20.4 years (23.4 years for a woman) from date of retirement.

# Notes to the Accounts

for the year ended March 31, 2010

## History of the scheme

The history of the scheme for the current and prior periods is as follows:

Balance sheet	2010 £m	2009 £m	2008 £m	2007 £m	2006 £m
Present value of scheme liabilities	(18.87)	(15.45)	(16.77)	(17.67)	(16.78)
Fair value of scheme assets	15.17	11.25	16.90	14.60	14.46
<b>(Deficit)/surplus</b>	<b>(3.70)</b>	<b>(4.20)</b>	<b>0.13</b>	<b>(3.07)</b>	<b>(2.32)</b>

## Experience adjustments

	2010	2009	2008	2007	2006
Experience adjustments on scheme liabilities					
- amount (£ million)	0.42	-	-	-	(0.47)
- (as a percentage of scheme liabilities)	2.2%	-	-	-	(2.8%)
Experience adjustments on scheme assets					
- amount (£ million)	3.80	(6.33)	(1.27)	(0.58)	1.12
- (as a percentage of scheme assets)	25.1%	(56.3%)	(7.5%)	(4.0%)	7.7%

The charity expects to contribute approximately £251,000 to the scheme in the next financial year.

## 19. Grant income

Grant funding includes amounts receivable from the following organisations:

	Total grant £'000	Year ended March 31, 2010 £'000	Year ended March 31, 2009 £'000
<b>Department of Health</b>			
Section 64: delivering choice project	500	-	500
Section 64: improving care for patients with heart failure	267	-	89
Section 64: clinical skills facilitators	112	-	41
Section 64: capital grant Birmingham and London Hospice Refurbishment	14,000	320	1,464
Third Sector Investment Programme - Cognitive Behavioural Therapy service	55	55	-
<b>Public Health, Scottish Executive</b>			
Section 16b of the NHS (Scotland) Act 1978: funding towards the charity's work in Scotland	40	20	20
<b>Arts Council of Northern Ireland</b>			
Production of art work for Belfast hospice	50	-	3
<b>Welsh Assembly Government</b>			
Provision of specialist palliative care services - Penarth hospice	341	-	341
<b>British Heart Foundation</b>			
Improving palliative care for heart failure patients in Glasgow and Clyde	525	51	-
<b>South Eastern Health &amp; Social Care Trust</b>			
Oral Hygiene research project	10	10	-
<b>European Union</b>			
Regulation of trafficking of VP16, an essential herpesvirus regulatory protein	97	-	39
<b>Association of International Cancer Research</b>			
Medical research: An INK4a/ARF-independent senescence pathway in melanoma as a potential therapeutic target	137	-	4
Medical research: Identification and functional analysis of novel APC/C substrates and regulators	156	38	51
<b>Medical Research Council</b>			
Medical Research: High resolution structure - function of tubulin	500	-	34
<b>Wellcome Trust</b>			
Medical research: The expression, role and regulation of Tbx2 in the melanocyte lineage	192	2	44
Medical research: Deciphering the Mitf code in the melanocyte lineage	53	-	20
<b>Cancer Research UK</b>			
Medical research: Reconstitution of <i>S.pombe</i> microtubule dynamics in vitro	140	-	28
<b>Foundation for Science and Technology</b>			
Grant for European union post graduate research student from the Portuguese Government	11	11	-

# Notes to the Accounts

for the year ended March 31, 2010

	Total Grant £'000	Year ended March 31, 2010 £'000	Year ended March 31, 2009 £'000
<b>Association for International Cancer Research</b>			
Single molecular analysis of microtubule tip tracking proteins in vitro	27	27	-
<b>Other Grants</b>	-	41	129
<b>Total of grant income (Note 4)</b>	<b>17,213</b>	<b>575</b>	<b>2,807</b>
<b>Big Lottery Fund</b>			
Big Lottery Awards for All - Scotland	6	6	-
Big Lottery Awards for All - Northern Ireland	8	8	-
Northern Ireland: Extending the Belfast hospice	140	-	7
Scotland: Building a new hospice in Glasgow	251	249	-
<b>Total of grant income included under voluntary income (Note 2)</b>	<b>405</b>	<b>263</b>	<b>7</b>

## 20. Subsidiaries

The charity's principal subsidiaries at March 31, 2010, which were all wholly owned and registered in England and Wales, were as follows:

	Activity
Marie Curie Trading Limited	Sale of new goods and certain fundraising activities
Marie Curie Developments Limited	Construction contracts for the charity

Their results for the year ended March 31, 2010 were as follows:

	Marie Curie Trading Limited £'000	Marie Curie Developments Limited £'000
Turnover	3,930	10,496
Cost of sales	(1,827)	(9,993)
<b>Gross profit</b>	<b>2,103</b>	<b>503</b>
Other expenses	(1,309)	(131)
Interest payable	(25)	-
Donation to parent charity	(769)	(372)
<b>Retained profit for the year</b>	<b>-</b>	<b>-</b>
Net current assets/(liabilities)	689	(18)
Debenture (held by charity)	(700)	-
<b>Net liabilities</b>	<b>(11)</b>	<b>(18)</b>
Share capital	-	10
Retained loss	(11)	(28)
<b>Total shareholder deficit</b>	<b>(11)</b>	<b>(18)</b>

Additionally, the charity has investments in the following dormant subsidiaries (registered in England & Wales):

	Portion held by charity	Value of holding £'000
Cancer Care (UK) Limited	100%	20
Marie Curie Ventures Limited	100%	-

# Who's who?

## Patron

His Royal Highness The Prince of Wales

## Life Vice Presidents

J H O Earle MD FRCPATH  
Joan Gough-Thomas MA (Oxon)  
Sir Nicholas Fenn GCMG MA

## Vice Presidents

Field Marshal the Lord Bramall KG  
GCB OBE MC JP  
John Carson CBE  
John A Cooke MA  
The Baroness Ilora Finlay  
Christine Hamilton-Stewart  
Dame Deirdre Hine DBE FRCP  
Martyn Lewis CBE  
Bill Midgley FCIB MIMgt  
Sir Ranulph Fiennes OBE

## Bankers

The Royal Bank of Scotland  
280 Bishopsgate  
London  
EC2M 4RB

## Solicitors

Charles Russell  
London & Cheltenham  
Bready & Co  
Glasgow

## Auditors

KPMG LLP  
1 Forest Gate  
Brighton Road  
Crawley  
West Sussex  
RH11 9PT

## Members of Council

From April 1, 2009 to July 6, 2010  
CHAIRMAN  
Sir Peter Davis  
HONORARY TREASURER  
† Anthony H Doggart MA  
Professor Dame Christine Beasley DBE  
‡ Dr Sarah Beaver D. Phil, ACCA  
†† Dr Chitra Bharucha MBBS FRCPATH  
FRSA  
Sir Donald Cruickshank  
(appointed March 15, 2010)  
Professor Russel Griggs OBE  
(appointed January 12, 2010)  
† David Ereira MSc  
‡ Jeremy Jensen BSc, FCA  
∅ John P Lister  
†† Alison Norman CBE DSc RGN RHV  
RM FWT Dipms  
Professor Peter Rigby PhD  
Dr L Caroline Stirling MB.BS, MRCP,  
MSc, PhD  
Dr Bee L Wee MRCP PhD  
(resigned March 9, 2010)  
\*\* Sir Peter Williams CBE

## Independent Committee Members

### Caring Services Committee

Professor Dame Janet Husband DBE,  
FMedSci, FRCP, FRCR

### Palliative Care Research Committee

Professor Sir Mike Richards CBE  
Liz Henderson MSc

### Investment Committee

Christopher Tracey MA

### Audit Committee

Bernard Kelly BA, FCMA

### Shops Committee

Ian Jones

## Executive Board

As at June 2010  
CHIEF EXECUTIVE  
Thomas Hughes-Hallett  
MEDICAL ADVISER  
Dr Teresa Tate FRCP FRCR  
DIRECTOR OF NURSING AND  
PATIENT SERVICES  
Susan Munroe RN NDN MBA  
DIRECTOR, RESEARCH AND INNOVATION  
Steve Dewar  
DIRECTOR OF FINANCE  
Andrew Whitehead ACA  
DIRECTOR OF OPERATIONS  
Caroline Hamblett FCIPD  
DIRECTOR OF FUNDRAISING  
Fabian French MA  
DIRECTOR OF COMMUNICATIONS  
Chris Dainty  
DIRECTOR OF VOLUNTEERING  
Ruth Bravery  
COMPANY SECRETARY  
Trevor Lake MA FCIS

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†† Member of the Caring Services  
Committee

† Member of the Investment Committee

\* Member of the Audit Committee and  
Investment Committee

‡ Member of the Audit Committee

\*\* Member of the Palliative Care  
Research Committee

∅ Member of the Shops Committee

# Our thanks

Our heartfelt thanks go to all supporters who helped to make our work possible over the year. A selection of companies, organisations and individuals who made substantial contributions is listed below

The 3 Ts Charitable Trust  
The John Armitage Charitable Trust  
Ashley House plc  
Atkin Charitable Foundation  
AXA  
BAE Systems Surface Ships  
The BAND Trust  
Barclaycard Plc  
The Bartholomew Charitable Trust  
Roisin and Damian Barton  
Dr Christopher Beels  
Betterware  
BHSF Limited  
Big Lottery Fund  
Bloomberg  
Anthony Bolton  
The Liz and Terry Bramall Charitable Trust  
Brewin Dolphin Limited  
Bristol International Balloon Fiesta  
The E F Bulmer Benevolent Fund  
Mr and Mrs Bernie Burgin  
Cabot Circus Bristol  
Calypto  
Carols in the City Committee  
Caterleisure Group  
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ngs gardens open  
for charity



Every year, more than 3,700 gardens open to the public as part of the National Gardens Scheme (NGS). The NGS has supported Marie Curie Cancer Care for 13 years, and donated £550,000 to the charity raised by garden openings in 2009.

For more details see  
[www.ngs.org.uk](http://www.ngs.org.uk)

Marie Curie Cancer Care is a UK charity, dedicated to the care of people with terminal cancer and other illnesses.

## Marie Curie Nursing

There are more than 2,000 Marie Curie Nurses and Healthcare Assistants across the UK, providing free end of life care for patients at home and support for their families.

## Marie Curie Hospices

There are nine Marie Curie Hospices across the UK offering specialist care for in-patients and outpatients, along with day services.

Our hospices are located in: Belfast, Bradford, Edinburgh, Glasgow, Hampstead (London), Liverpool, Newcastle, Penarth (near Cardiff) and Solihull.

## Marie Curie Research

We conduct palliative care research to find better ways of caring for terminally ill people. We also fund seven scientific teams at UK universities investigating the causes and treatments of cancer.

## For more information

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

Freephone: 0800 716 146  
Email: [info@mariecurie.org.uk](mailto:info@mariecurie.org.uk)  
Visit: [www.mariecurie.org.uk](http://www.mariecurie.org.uk)

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