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

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# What we do

Marie Curie Cancer Care is a UK charity dedicated to the care of people with terminal cancer and other illnesses. Over the financial year 2010/11, we reached a total of 31,799 patients.

## Marie Curie Nurses

We are best known for our network of 2,000 Marie Curie Nurses, who work in the homes of terminally ill patients across the UK, providing practical care and support. Over the year, our nurses provided 1.2 million hours of nursing to 23,406 patients, along with support for their families.

## Marie Curie Hospices

Our nine Marie Curie Hospices across the UK provide expert care and the best quality of life for people with cancer and other illnesses. We are the biggest provider of hospice beds outside the NHS, and we are expanding outpatient and day services at all our hospices. Our hospices reached 8,393 people in 2010/11.

There are Marie Curie Hospices in Belfast, Bradford, Edinburgh, Glasgow, Hampstead (London), Liverpool, Newcastle, Penarth (near Cardiff) and Solihull.

## Research

Marie Curie Cancer Care is a leader in research into the best ways of caring for people with terminal illnesses, and how care could be improved in future. We have our own research teams, and we fund external research programmes.

## Campaigning for patients

We campaign for more patients to be able to be cared for and die in their place of choice. Research shows around 64 per cent of people would like to die at home if they had a terminal illness, with a sizeable minority opting for hospice care.

## Our funding

All our services are always free to patients and their families, thanks to the generous support of the public. We fund our nursing services and hospices in 50/50 partnership with the NHS.



Chairman John Varley (above) and (right) with Chief Executive Thomas Hughes-Hallett.



# Report of the Chairman and the Chief Executive

This has been a year of successes, in an extraordinarily difficult external environment.

- Despite great turbulence and uncertainty in the NHS, we provided care to 31,799 patients, both at home and in our hospices.
- Our new strategic plan for the years 2011-2014 is ambitious and clear, and gives us the flexibility we will need to grow in what we expect to be a challenging period.
- Thanks to the generosity of our supporters, we are in a strong financial position, after another year of successful fundraising.

## Delivering growth

The Marie Curie Nursing Service delivered 1.2 million hours of nursing to 23,406 patients in their homes over the year. The service is part-funded by the NHS – and uncertainty in health service budgets made for a challenging start to the year and resulted in a small fall (two per cent) in total hours of care provided. However, there are strong indications that this has already been reversed, with significant increases in nursing hours in the last quarter of the financial year 2010/11.

Contracts signed by the charity with the NHS included our biggest-ever – totalling over £2 million – with the three NHS trusts in Devon.

The continued growth of Multi-visit services, in which Senior Healthcare Assistants visit several patients in a single shift, made it possible for us to increase the number of patients and families we reached.

Trust in our services remains high, both with NHS organisations and with patients and families. By ensuring that we meet the needs of the changing NHS, as well as patients and families, we are confident that we can enable our services to grow in future.

Our hospices are running close to target level of occupancy for in-patients. And there has been a significant increase in day care and outpatient activity, with care up by 17 per cent, bringing the total number of people our hospices reached to 8,393 (in-patients, outpatients and day care patients). This is largely driven by growth in the number of sessions of outpatient activity, such as physiotherapy and occupational therapy.

There was a further rise in the number of patients with illnesses other than cancer cared for by the charity. Although caring for cancer patients still remains at the heart of our work, it is right that our services should now be reaching out to all who need our care and the expertise we have built up over the years.

In a year of sustained fundraising growth, the Great Daffodil Appeal 2011 stood out as a stellar performance.

Actress Alison Steadman spoke from the heart when she appeared in our first-ever major television advertising campaign, explaining that she wears a daffodil to thank Marie Curie Nurses for caring for her mother.

With awareness of the daffodil at an all-time high, we recruited a record 21,200 collectors, leading to record income levels.

We have simplified the running of the

appeal, centralising administration so that it is easy to volunteer, easy to recruit friends to collect, and easy to give. Simplicity and mass participation are also major factors in the success of our ever-growing Blooming Great Tea Party, while our new Walk Ten events give supporters an opportunity to connect with their local Marie Curie Nursing Service – each concludes with a 10pm gathering to mark the start of a new Marie Curie nursing shift. All these were key parts of our Community Fundraising, which exceeded its budget despite the difficult economic circumstances across the UK thanks to the generosity of our supporters.

This has been a good year for Marie Curie Shops, which increased profit by £1.4 million.

We remained focussed on offering good quality donated goods at competitive prices, while reducing running costs by streamlining our operation for collecting and sorting donated goods. We are planning a modest expansion of our trading operation over the next year.

Other fundraising streams which enjoyed a successful year included our Individual Giving operation, where we now have a record 109,000 supporters who give a regular donation to the charity by direct debit or standing order, and our Corporate Fundraising team, which has been working with companies and organisations from Homeserve to The Football League and the Rank Group.

Following a remarkable year for legacies in 2009/10, we experienced a dip in income from gifts in wills (in 2010/11 totalling £20.5 million). However we had a record year for pledges of future legacies and enquiries about legacies.

Support for Marie Curie Cancer Care online and especially through social media has grown throughout the year.



Thanks to a new website, we are able to offer video demonstrations of practical aspects of caring – such as how to roll a patient over in bed. And supporters are now able to sign up for many events online.

There has been a huge growth in our social networking presence – we now have more than 260,000 fans on Facebook, many with a personal connection with the charity's caring services.

We are continuing to increase the scale and scope of volunteering right across Marie Curie Cancer Care.

Over the year, the charity has introduced many more volunteer roles – from Ambassadors who speak to local groups about the charity's work to graduates on the charity's new internship programme.

We have expanded the Marie Curie Helper pilot – in which trained volunteers visit patients in their homes to provide information and practical support. Marie Curie Helper is now available in Somerset, Nottingham and Bristol, and there are plans to introduce the service in Liverpool and East London.

We are further increasing our focus on

recruiting new volunteer fundraising groups, and better supporting those we already have. These groups enable us to further increase our fundraising presence – and significantly increase the sums we raise – in communities across the UK. Our new strategic plan sets a target of recruiting 500 volunteer fundraising groups over the next three years.

## Improving lives

We believe that Marie Curie Cancer Care should be a leader in research into care for patients approaching the end of their lives (palliative care research).

We have announced the first six projects to be funded by the Marie Curie Cancer Care Grants Programme. They range from a project to test the 50 most common combinations of drugs in syringe drivers to ensure they are chemically compatible to a piece of research looking at how people's perception of their home changes when they care for someone who dies there.

We are running a second call for research proposals – once again in partnership with Cancer Research UK – with decisions made on a competitive basis later in 2011.

Working in partnership with Dimpleby Cancer Care, we jointly awarded £500,000 for three projects investigating how volunteers can support high quality care for patients at the end of their lives. The Dimpleby Marie Curie Cancer Care Research Fund has now launched a second call for research proposals looking at the role of carers, and how they might be better supported.

Marie Curie Cancer Care runs its own palliative care research programme, with teams at University College, London, the University of Liverpool and in the Wales Cancer Trials Unit at Cardiff University.

Our researchers have published a huge range of work, on topics ranging from end of life care for people with dementia to the palliative care needs of heart failure patients and the services that are provided for them.

As well as driving ahead with research work, we are pioneering the development of innovative services focussed on the needs of patients and their families. To ensure maximum impact on the way in which care is provided, this work is now managed separately from our research activity.

The Marie Curie Delivering Choice Programme, which works locally with the NHS, charities and other organisations to redesign care and service delivery, has set up projects in 19 different sites, covering

around 15 per cent of the population of the UK.

These projects aim to improve existing services so that they are responsive, co-ordinated and support patient choice. New services – which may include rapid response nursing teams, care co-ordination centres and discharge nurses to help patients leave hospital – also play an important role.

Our Caring Together programme to help patients with advanced heart failure is developing a pioneering model of care in three pilot sites in Greater Glasgow and Clyde – and recently began seeing its first patients. We are working in partnership with British Heart Foundation Scotland and the local NHS to improve palliative and supportive care for patients in hospital, in hospices and at home.

Engagement with patients and families is a vitally important part of ensuring that we are responding effectively to their needs. We are now working to do this on a more systematic basis, with a new user involvement champions' group and increased involvement of carers and former carers.

To ensure that the quality of our services remains high, and continually improves, our Caring Services Trustees committee has been given expanded membership, with a wider range of expertise, new terms of reference and new ways of reporting.

## Securing the future

Our new strategic plan for 2011-2014 bears the same title as its predecessor – *We put patients and families first.*

It sets out the key actions that the charity will take to develop its main themes for the next three years – including: delivering the right care, in the right place, at the right time; making hospices the hub of their communities; and always improving quality.

The plan is supported by actions and targets at every level in the charity. It is ambitious but realistic, and recognises the tough environment in which the charity is operating.

The plan anticipates the first years of a forecast 30-year growth in UK deaths. The baby boom generation (born between 1946 and 1964) is reaching old age, and will need end of life care. This will mean a huge increase in demand for our services, and it means we have to think seriously about how they are provided.

We are determined not only to keep up with radical change in the NHS, but to lead the development of services which put patients and families right at the centre of care.

We believe that our current relationship with NHS organisations needs to change so that we can use our expertise to provide Marie Curie Nursing where the need is greatest.

In Belfast, we are piloting a new approach in which we provide care tailored to the needs of patients assessed by a Marie Curie Registered Nurse to provide nursing on the basis of need, working within a budget.

We intend to introduce further pilots over the financial year 2011/12, and use the results to develop and fine-tune a new, better model for our relationship with the NHS.

Another key pilot – in Derbyshire – is enabling patients, relatives and families to call us directly if they think they could benefit from care from a Marie Curie Nurse. Our intention is to improve access to our service, cutting through some of the barriers that make it difficult for patients and families to get the care they need. We hope to be able to run further pilots of self-referral over the coming year, with a view to eventually offering it nationwide.

We achieved important milestones in our project to optimise our nursing service to match the needs of patients and the demands of the NHS.

We have completed a huge amount of work to standardise policies, documents and, following consultation, the way our nurses are rostered to shifts, so that we are better able to help the patients in greatest need.

We successfully replaced outdated software at the Marie Curie Referral Centre in Pontypool, which handles the day-to-day management of the nursing service, including the crucially important processes of taking calls from District Nurses and booking Marie Curie Nurses for patients.

District Nurses have been enthusiastic about the changes, especially as it is now quicker and easier to book a Marie Curie Nurse for a patient.

Our new Fundraising Support Centre, operating from the same site as our nursing referral centre in Pontypool, is improving our fundraising efficiency and effectiveness. At present, the team are making phone calls to welcome, support and thank those taking part in events such as marathons, treks, and abseils, as well as running our telephone appeals.

Marie Curie Cancer Care is a UK-wide charity, but we recognise that we operate in four different nations, with different national and cultural identities, elected governments, and approaches to health policy and the NHS.

To ensure that we are properly informed of developments in all parts of the UK, we set up advisory boards for Northern Ireland, Scotland and Wales. Their advice is helping ensure that we act sensitively, take account of national variations and take full advantage of opportunities.

We are grateful to the volunteer members of the boards for their time and hard work. They are helping us make sure that, wherever we operate, we are working in the most effective way to put patients and families first.

We are working with the Westminster government, seeking to ensure that the needs of patients approaching the end of their lives remain a high priority for policy makers.

On the strength of Marie Curie Cancer Care's reputation, the charity's Chief Executive has been asked to chair the government's Palliative Care Funding Review, and to sit on the NHS Future Forum, which is driving engagement on the government's listening exercise on its proposed reforms to the NHS in England.



staff – nurses, fundraisers and those who work behind the scenes – for their dedication and hard work over the year, and for helping to achieve the results in this report.

## Our finances

Marie Curie Cancer Care's Council of Trustees set a deficit budget for 2010/11, and the charity finished the year with a surplus of £845,000. Given the difficult economic conditions, this was a remarkable achievement by the charity's fundraising team. We also saved significant sums of money through improved efficiency and reduced costs in all areas.

The charity is in a financially strong position, but faces another challenging year, both from the continuing economic downturn and from uncertainty in the NHS.

## To sum up

Marie Curie Cancer Care has performed well in a difficult climate. While growth in nursing was affected by uncertainty in the NHS early in the year, the charity is developing its services to meet future demand, while continuing to be driven by the needs of patients and families.

The charity has enjoyed significant growth and development in volunteering, and considerable fundraising success.

We look forward to meeting the challenges of the future.

He is also chairing the independent philanthropy review, which is seeking to identify actions and policy changes that will allow giving to flourish at a time when charities need it most. Marie Curie Cancer Care remains strictly non party political.

We have just started construction of the new Marie Curie Hospice for the West Midlands, which will replace our Victorian hospice building in Solihull. The design is first rate, and will enable us to expand services for people in the region. We have already secured £3 million in donations and pledges, and

recently launched a £7 million public appeal to help us make our ambitious plans a reality in late 2012.

## Our thanks

Our new Marie Curie Hospice, Glasgow was formally opened by our Royal Patron, HRH the Prince of Wales. We were proud to be able to welcome him to a really fine example of a modern building designed sensitively around the needs of the people it serves.

We are grateful to Prince Charles for

his continued, active and enthusiastic support of our work.

Our thanks also go to the charity's Council of Trustees – volunteers all – for their time, their hard work and their wisdom. We were pleased to welcome new trustee Dr Caroline Stirling to Marie Curie Cancer Care.

We are particularly grateful to the former Chairman of Marie Curie, Sir Peter Davis, for continuing in his role until April 2011, and for his five years' service with the charity. We are delighted that Sir Peter has accepted our

invitation to become a life vice president of the charity and Marie Curie's former Director General, Major-General Sir Michael Carleton-Smith has accepted an invitation to become a vice president.

Our thanks go to every single volunteer – our celebrations during Volunteers' Week and our annual Volunteer Achievement Awards both provided opportunities to show our gratitude. Without the freely given time of this magnificent group of people, our work would simply not be possible.

We are also grateful to our fantastic



Marie Curie Nurses reached 23,406 patients in their homes over the year.

# ‘You can see the relief in their faces’

## Every hour of every day, people are being cared for by Marie Curie Nurses.

Ayodele David joined the Marie Curie Nursing Service four years ago. Her description of how she feels about what she does is studded with warm words: love, respect, reward, laughter.

“I work roughly 16 nights a month, and that works well for my family,” says Ayodele. “I’m here when my nine-year-old son comes home from school, and I’m here to wake him up in the morning. He thinks I’m a stay-at-home mum!”

But while her son is asleep, Ayodele is out, delivering care and support which one of her patients sums up with yet more precious words. “Each time I ring he says, ‘Here comes my gold dust,’” says Ayodele. “Once you’ve built up the trust with the family, they can relax – you can see the relief in their faces when you arrive, and the appreciation in the way they say thank you when you leave.”

Working in the diverse London borough of Hillingdon, Ayodele meets a wide range of people from many different cultures, and that in itself is a learning experience. “Some things you may think strange, but if you are in someone else’s house, you have to respect it,” says Ayodele. “For instance, in some Muslim homes they don’t want you to wear shoes, but for safety reasons you have to wear them. It’s all about showing respect, explaining why you have to do things and coming to an agreement.”

The small things build trust – showing an ID badge, introducing yourself properly, and waiting to be invited to sit down. Ayodele’s professionalism also helps her through the tough bits – seeing mothers her own age with terminal illness is particularly hard for

her, and coping with weeks such as one when three patients died on consecutive nights.

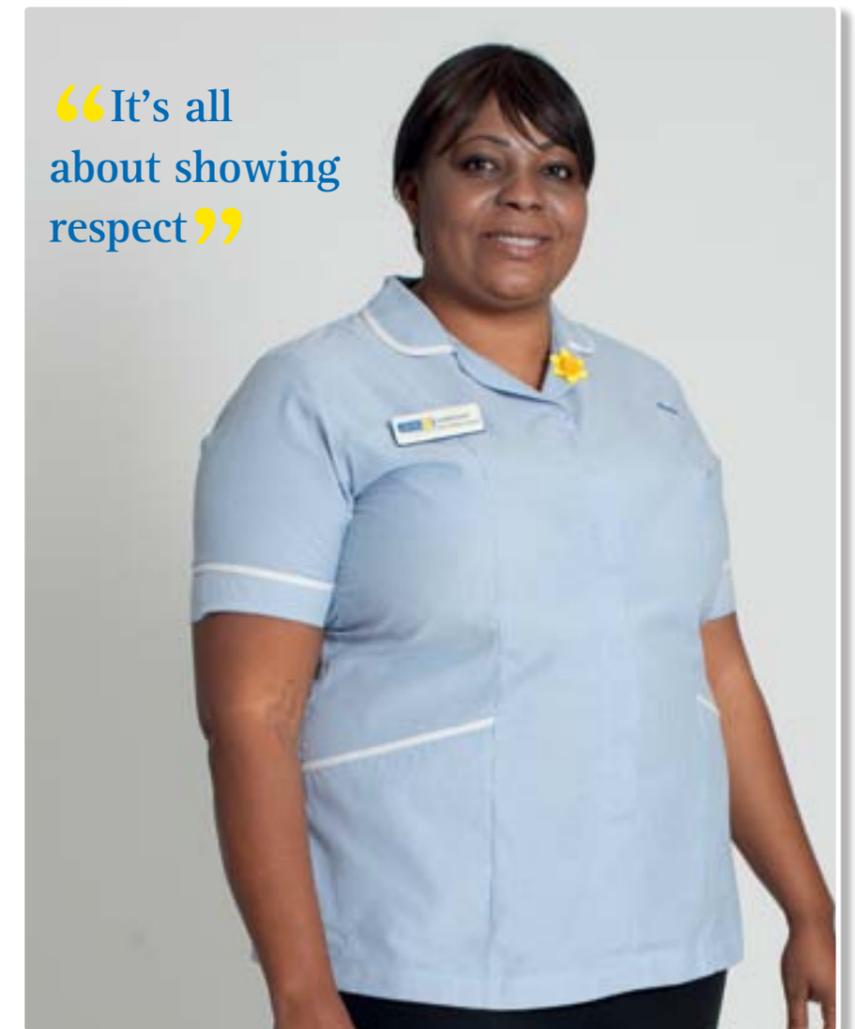
“You know that when you leave the house you have to try to unwind, but it’s instinct to reflect back and go over what happened. All you can do is know you’ve done your best to give someone the best

holistic care possible, and take comfort in that as you walk away.”

The most memorable shift Ayodele recalls is one where the client died laughing. “He’d been reminiscing about the past – it was a perfect way of dying,” she reflects.

“I am so glad I joined Marie Curie. The nurses practise what they preach – they listen and respect each other. We feel the love and feel part of a team – and that’s what’s important.”

“It’s all about showing respect”



Marie Curie Senior Healthcare Assistant Ayodele David

# Impact Report

This Impact Report shows our overall aims for the three year period from 2008 to 2011 and whether we achieved them.

It is important to note that the aims for the Strategic Plan for this period were established in 2007 when the prospects for growth and the state of the economy and public finances were considerably better than was the reality in the period. The credit crunch and subsequent recession has had a significant effect on the activities of the charity.

We have still achieved growth in the key areas of patient care and fundraising. Although not at the level expected in the original strategic plan, the growth in nursing and hospice care is extremely creditable in the circumstances.

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



Fully achieved



Part achieved



Not achieved

As in our strategic plan for 2008-2011, 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 aims 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.

### Three year achievements

-  The number of patients we care for at home has increased by 17% to over 23,400 over the three year period.
-  The hours of care we provided for patients at home increased by 13% to 1.3 million over the three year period.

### 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. Growth in the first year was strong, but financial pressures on the NHS have meant that it has been reluctant to increase its commitment to new services and has been carefully managing its expenditure on nursing services. This has resulted in lower than expected growth in the

second year and the first decline in the hours of care provided for many years in 2010/11.

Marie Curie developed new Rapid Response and Multi-visit services to enable a nurse to support more than one patient in a single shift. These services are extremely cost effective, and this has meant that overall the service has cared for more patients in 2010/11 than the previous year despite the fact that the funding has not increased.

In the circumstances, the growth of 17% in patient numbers over the three year period represents a significant achievement.

## 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 aims 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%.

### Three year achievements

- The number of patients using our hospices increased by 11% over the three year period.
- The non in-patient activity, which is the number of daycare attendances, homecare visits and outpatient attendances, increased by 113% over the three year period.

#### 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.

Construction of our new hospice for the West Midlands commenced in June 2011, slightly later than envisaged at the time the strategic plan was set, due to the length of time taken to secure planning permission.

## Delivering growth

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

### Three year aims 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.

### Three year achievements

- Net fundraising income in 2010/11 at £50 million was lower than our target but is 10% higher than in 2007/08.
- Income from trusts and major donors increased by 90% from 2008.
- A total of 109,000 donors were giving regularly by March 31, 2011.
- Income from the NHS for the Marie Curie Nursing Service fell slightly to 49% of total costs, and income from the NHS for Marie Curie Hospices remained at 46%, below our target of 55%.

#### Analysis

Both fundraising income and NHS income have been affected by the recession. The objective of £65 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 – £50 million – is creditable in the circumstances; is higher than the revised budget that we set before the start of the year; and represents a 10% increase on the £47 million achieved in 2007/08.

## Improving lives

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

## Three year aims 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.

## Three year achievements

-  The charity increased the support given to its palliative care research institutes at UCL and University of Liverpool; awarded new funding to the Wales Cancer Trials Unit; and launched a new national grant programme with £1 million available each year for palliative care grants.
-  A total of 19 sites covering 15% of the population of the UK have been supported by the Delivering Choice Programme which develops end of life care services with support from the charity. Over 10% of all care provided by Marie Curie is based on the new services that have been developed in the three year period.
-  The number of patients we care for at home has increased by 17% to more than 23,400 over the three year period.
-  We have collaborations underway with British Heart Foundation (supporting heart failure patients), Cancer Research UK (palliative care grant administration) and St Mungo's (end of life care for homeless people).

### Analysis

The increased support to the Marie Curie palliative care research institutes was in addition to maintaining the £3 million provided for palliative care research grants over three years and £500,000 made available with the support of the Dimpleby Cancer Care Fund.

## 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 aims 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 Scotland, Northern Ireland, Wales and England will be increased.

## Three year achievements

-  Marie Curie Cancer Care has successfully influenced the development of end of life policies in England, Scotland, Wales and Northern Ireland. The Chief Executive of the charity has undertaken an independent review of funding for end of life care in England.
-  At the beginning of the planning period the Department of Health provided additional funding of £286 million for end of life care, and around £3 million was allocated in both Scotland and Wales. No further increases have been secured in this year.

### Analysis

Marie Curie continues to be influential in end of life care policy. However, the pressure on public finances has meant that it is difficult to secure increases in funding for end of life care.

## 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 aims 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.

### Three year achievements 2008-11

-  We have completed and evaluated a pilot of Marie Curie Helpers in Somerset and the service will be offered in Bristol, Liverpool, Nottingham and East London. We have launched a pilot project for patient self-referral in Derbyshire, slightly later than planned.
-  Following our advertising campaign in the spring, public awareness is over 40% higher than in 2007/08.
-  Hospice impact reports were published for a number of our hospices.
-  We are continuing to research the needs of different patient groups in the population around each of our hospices.

#### Analysis

The Marie Curie Helper project provides trained volunteers to provide practical support to patients in their homes.

The Derbyshire self-referral pilot was launched later than planned. For the first time patients and families will be able to contact the Marie Curie Nursing Service directly to request care rather than being referred by the NHS.

## 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 aims 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.

### Three year achievements

-  In the three year period we have undertaken a major survey of staff requirements and launched a number of initiatives including online information and cascading information through team meetings.
-  Our new website was launched in the period with updated information on our services and new facilities such as online registration for events.
-  The number of unique visitors to our website was over 90,000 in March 2011.

#### Analysis

Since the strategic plan was developed in 2008 the importance of social media such as Twitter and Facebook has increased. The charity has more than 250,000 fans on Facebook and is continuing to grow its Twitter following (over 6,000).

## Securing the future

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

### Three year aims 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.

### Three year achievements

-  We have completed most of the work needed to improve our performance in areas highlighted by staff, including communications and difficulty getting things done.
-  Over 50% of the charity's training is delivered online.
-  Volunteer Advisory Boards have been established for Scotland, Wales and Northern Ireland. Our hospices have benefited from the establishment of Development Boards to assist with fundraising activities.

#### Analysis

The Volunteer Advisory Boards for Scotland, Wales and Northern Ireland involve senior figures from each country advising the charity on relevant issues. This is important as the policies of each of the countries are becoming increasingly divergent.

## Our finances

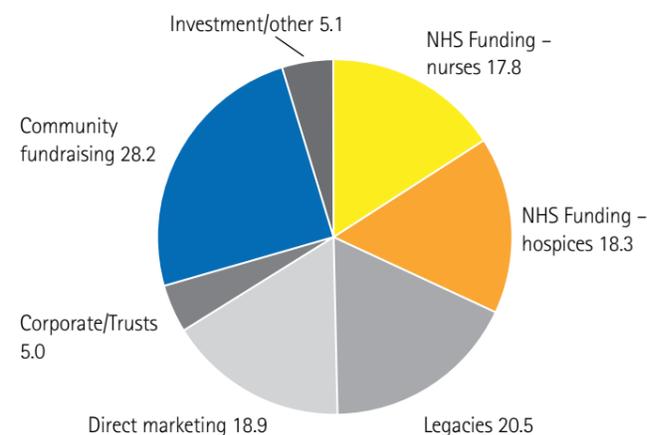
### Three year aim 2008-11

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

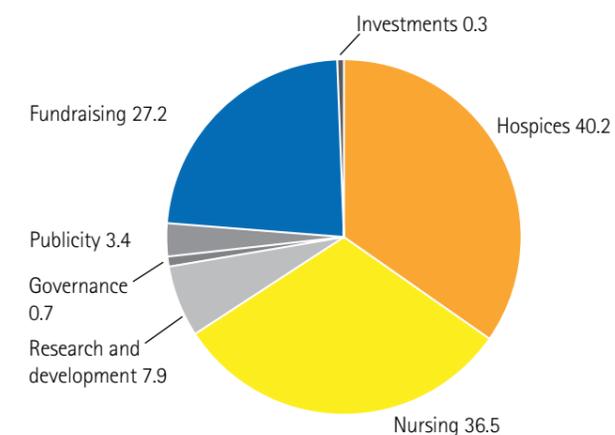
### Three year achievements

-  The funds raised were sufficient to meet our expenditure requirements each year. Although fundraising income fell in the second year, economies were made in a number of areas of the budget to ensure that the amounts raised were adequate. In the third year of the planning period fundraising income excluding legacies recovered, increasing by 4%. This was sufficient to generate a small surplus in the final year of the strategic planning period.
-  The surplus in 2010/11 and the increase in the value of the charity's investments raised the level of the charity's reserves so that they are in the required target range set by the trustees.

### Income 2010/11 £ million



### Expenditure 2010/11 £ million



Figures exclude shops, capital appeals and gains on disposal of fixed assets.



Day services are a major area of growth at Marie Curie Hospices.

# Report of the Council

for the 12 months ended March 31, 2011

## 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 over 200 NHS Primary Care Trust 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 (UCL) 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 2010/11 and the progress made towards achieving those aims is shown in the Impact Report on page 12.

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 (the 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

Occupancy of hospice in-patient beds remained high and there was a small increase in the number of in-patients in the year. Non in-patient services,

which comprise daycare and outpatients attendances and homecare visits, increased by 17%.

### Marie Curie Nursing Service

Although the number of hours of care provided by the Marie Curie Nursing Service was slightly lower (2%) as a result of constraints placed by the NHS, the number of patients cared for increased by 1%. This was due to the fact that the new Multi-visit and Rapid Response services enable a nurse to support more than one patient per shift.

### Research and development

During the year the charity operated Delivering Choice projects to improve patient choice by developing end of life services. These projects covered 19 NHS Primary Care Trusts and local Health Boards in locations across the UK and reached 15% of the UK population.

The charity has committed grant funding of £3 million over three years to fund palliative care research and pledged a further £500,000 in partnership with Dimbleby Cancer Care for research into end of life care. The charity extended its funding for Marie Curie Institutes (which are based in UCL and the University of Liverpool) and awarded new funding for the Wales Cancer Trials Unit at the Cardiff University.

## Overall results

Results for the year ended March 31, 2011 are given in the Statement of Financial Activities on page 32. The assets and liabilities as at March 31, 2011 are given in the Balance Sheets on page 33.

The charity's incoming resources (excluding profit on disposal of fixed assets) decreased slightly to £130 million (2010 – £131 million). The most significant fall was in legacy income which was £4.4 million lower. Income from donations increased despite the economic climate and the charity

received capital grants of £1.4 million (2010 – £320,000).

The level of expenditure on charitable activities increased to £84.1 million compared with £82.9 million for the previous year. Net income for the year on unrestricted funds was £845,000 (2010 – £2.2 million).

The value of the charity's investment assets increased in value by £2.8 million.

## Charitable activities

Income from the NHS towards the cost of the nursing service was largely unchanged from the previous year. Although the NHS indicated its intention to fund a higher level of the Marie Curie Nursing Service, cost constraints meant that the level of funding remained largely unchanged.

Expenditure on the nursing service increased as the charity provided funding for the development of new services.

Expenditure on hospices also increased as the charity continued to develop its non in-patient services. The increase in cost also reflects the impact of the depreciation charge for the new Glasgow hospice which was opened in January 2010.

Total expenditure on research and development at £8 million was £2 million lower than the previous year. The prior year included the funding of £3 million for the new national grant programme which was launched in March 2010 and will provide funding at £1 million per annum.

The expenditure in 2010/11 includes continued funding for the Marie Curie funded institutes at UCL and University of Liverpool, new funding for the Wales Cancer Trials Unit, continued support for the Delivering Choice Programme and other research and development activities.

The charity continues to support seven scientific teams researching into the causes of cancer. These teams formerly operated from the Marie Curie Research Institute in Oxted but have now transferred to UK universities and continue to receive support.



## Voluntary income

Overall voluntary income fell from £77 million to £74 million. This was due to a fall in legacy income from £24.9 million in 2009/10, which was the highest level ever, to £20.5 million. The income from Capital Appeals was lower as the Glasgow Appeal ended successfully in 2010, having raised almost £8 million. Donations actually increased by 3.5%, with the most significant increases coming from committed givers and the Blooming Great Tea Party.

Fundraising costs increased by 2.2%. The charity continues to invest in increasing its recruitment of committed givers to provide a source of regular income to support the charity's activities through the current financial climate.

## Other income and expenditure

The charity's chain of shops increased its income from donated goods sales by 5% on a like-for-like basis. Income at £15 million was slightly lower than the prior year as a result of store closures but net profit increased by £1.4 million.

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 £695,000 (2010 – £704,000) and represented 0.6% (2010 – 0.6%) of total resources expended.

## Net income for the year

The net income for the year on unrestricted funds was £845,000 (2010 – £2.2 million). These resources were used to fund capital expenditure which for the year ended March 31, 2011 was £1.3 million from unrestricted funds, with the balance being drawn from restricted funds.

Capital expenditure for the year was £2.8 million (2010 – £12.3 million). This included £860,000 towards the cost of a new hospice for the West Midlands which will be funded partly from a Department

of Health grant and the balance from the Big Build Capital Appeal.

## Gains and losses

The charity's investment portfolio increased in value by £2.8 million in the year.

The return on the charity's investment portfolio was 7.2% which compares with the benchmark of 7.1%.

The deficit on the Marie Curie Cancer Care Defined Benefit Pension Scheme reduced by £280,000 to £3.4 million as a result of special contributions to reduce the deficit, which more than offset the small actuarial loss.

## Net movement in funds

As a result of the rise in investments the charity's unrestricted funds at March 31, 2011 increased by £3.6 million to £98 million, of which the General Fund represented £49 million.

## Impact of the recession

With hospices in nine of the major cities of 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 2011/12, in seeking to increase its patient services the charity expects to incur a deficit, as the need for its services is increasing but the NHS and voluntary funding environment remains difficult.

## Reserves

Full details of the charity's reserves are given in note 15 to the financial statements.

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 £45.6 million of free reserves is required. This represents three months of the charity's operating expenditure for 2011/12. At £49.4 million this is 8% higher than the target level, although the investment valuations remain volatile and the investments have fallen in value since the year end. The reserves policy allows the reserves a level of fluctuation to take account of market movements.

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 the 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 £15.6 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. During the year the former Caterham hospice site was sold generating a profit on disposal of £2.3 million. The proceeds were added to the Capital Investment Fund and will be used for major refurbishment works for the hospices.

- 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 within the charity's constitution by independent investment managers appointed by Council. 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 assess the working capital requirements of the charity and, based on the advice of the investment advisers and the Investment Committee, determines the asset allocation for the General Fund.

At March 31, 2011 the asset allocation was as follows:

	Actual Emillion	Actual %	Target %
UK equities	10.5	19.9	17.5%-27.5%
International equities	20.8	39.4	23%-40%
Fixed income	2.6	4.9	4%-10%
Global Bonds	6.3	11.9	7.5%-17.5%
Property	3.2	6.1	5%-8%
Hedge funds	8.6	16.3	13.5%-18.5%
Cash	0.8	1.5	0%-10%
<b>Total investment portfolio</b>	<b>52.8</b>	<b>100.0</b>	
Cash investments	(0.8)		
<b>Total investments</b>	<b>52.0</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 funds 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, 2011 was a gain of 7.2% which was just above the blended benchmark of 7.1%.

## 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 Glasgow hospice and the former Research Institute. Other assets include specially adapted minibuses for transporting patients, the interior fitments and equipment at the charity's 168 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, and the Glasgow hospice site is also vacant following the completion of the new building. Both sites are currently under offer.

Capital expenditure includes the preliminary works in respect of the 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 2010, 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 reviews and discusses matters of strategic importance relating to care and research. The Property Committee looks after the charity's freehold properties (mainly the nine hospices).

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.

## Statement of responsibilities of the trustees

Marie Curie Cancer Care 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.



Mr Patrick Hanlon met Marie Curie Cancer Care's Royal Patron His Royal Highness The Prince of Wales at the official opening of the Marie Curie Hospice, Glasgow. Thanks to the Prince's intervention, Mr Hanlon received long-delayed medals for his wartime RAF service.

In preparing each of the group and charitable company 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 group and the charitable company 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 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.

## Governance, risk management and internal controls

The Council has reviewed governance processes during the year and concluded that 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

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, 2011 were all wholly owned and registered in England and Wales. Details are included in Note 19 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

John Varley,  
Chairman,  
July 5, 2011

## Disclosure of information to auditors

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

- 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.



Volunteers are involved in many important roles across Marie Curie Cancer Care.

# Independent auditors' report

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

We have audited the financial statements (the 'financial statements') of Marie Curie Cancer Care for the year ended March 31, 2011 set out on pages 32 to 48. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006, and to the charity's trustees, as a body, in accordance with section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and regulation 10 of the Charities Accounts (Scotland) Regulations 2006. Our audit work has been undertaken so that we might state to the members and the charity's trustees those matters we are required to state to them in an auditors' 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

As explained more fully in the Statement of Trustees' Responsibilities set out on page 28, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts. Our responsibility is to audit, and express an opinion on, the financial statements in accordance

with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.

### Scope of the audit of the financial statements

A description of the scope of an audit of financial statements is provided on the APB's website at [www.frc.org.uk/apb/scope/private.cfm](http://www.frc.org.uk/apb/scope/private.cfm)

### Opinion on financial statements

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, 2011 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; 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.

### Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information in the Trustees' Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

### Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) require us to report to you if in our opinion:

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

**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 10, 2011

# Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account for the year ended March 31, 2011)

	Notes	Unrestricted funds £000	Restricted funds £000	Total funds 2011 £000	Total funds 2010 £000
<b>Incoming resources</b>					
<b>Incoming resources from generated funds:</b>					
Voluntary income	2	55,768	18,220	73,988	77,110
Activities for generating funds: Retail sales of donated and purchased goods		9,338	5,646	14,984	15,301
Investment income	3	1,689	-	1,689	1,766
		<b>66,795</b>	<b>23,866</b>	<b>90,661</b>	<b>94,177</b>
<b>Incoming resources from charitable activities</b>	<b>4</b>	<b>36,498</b>	<b>2,620</b>	<b>39,118</b>	<b>36,645</b>
<b>Other income</b>					
Net gain on disposal of fixed assets		2,321	-	2,321	-
Other income		430	-	430	653
<b>Total incoming resources</b>		<b>106,044</b>	<b>26,486</b>	<b>132,530</b>	<b>131,475</b>
<b>Cost of generating funds</b>					
Cost of generating voluntary income		25,433	1,806	27,239	26,630
Publicity		3,398	-	3,398	2,935
Fundraising trading: cost of goods sold		8,617	4,286	12,903	14,601
Investment management costs		265	-	265	(115)
		<b>37,713</b>	<b>6,092</b>	<b>43,805</b>	<b>44,051</b>
<b>Net incoming resources available for charitable application</b>		<b>68,331</b>	<b>20,394</b>	<b>88,725</b>	<b>87,424</b>
<b>Cost of charitable activities</b>					
Hospices		27,326	12,853	40,179	38,089
Nursing		33,524	2,944	36,468	34,781
Research & development	5D	5,941	1,938	7,879	10,004
<b>Total charitable expenditure</b>		<b>66,791</b>	<b>17,735</b>	<b>84,526</b>	<b>82,874</b>
<b>Governance costs</b>					
		695	-	695	704
<b>Total resources expended</b>	<b>5</b>	<b>105,199</b>	<b>23,827</b>	<b>129,026</b>	<b>127,629</b>
<b>Net income for the year</b>		<b>845</b>	<b>2,659</b>	<b>3,504</b>	<b>3,846</b>
<b>Other recognised gains &amp; losses</b>					
Gains on investment assets		2,836	-	2,836	10,826
Actuarial (losses)/gains on defined benefit scheme		(131)	-	(131)	581
<b>Net movement in funds</b>		<b>3,550</b>	<b>2,659</b>	<b>6,209</b>	<b>15,253</b>
<b>Reconciliation of funds</b>					
Total funds at April 1, 2010		94,462	12,878	107,340	92,087
<b>Total funds at March 31, 2011</b>		<b>98,012</b>	<b>15,537</b>	<b>113,549</b>	<b>107,340</b>

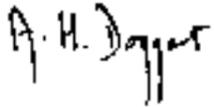
All of the charity's operations are continuing. There were no gains or losses other than those stated above.  
The notes on pages 35 to 48 form part of these financial statements.

# Balance sheets

March 31, 2011

	Notes	Group		Charity	
		2011 £000	2010 £000	2011 £000	2010 £000
<b>Fixed assets</b>					
Tangible assets	7	42,644	43,164	42,644	44,684
Investments	8	75,142	69,260	75,869	69,987
		<b>117,786</b>	<b>112,424</b>	<b>118,513</b>	<b>114,671</b>
<b>Current assets</b>					
Stocks	9	376	328	131	123
Debtors	10	6,406	7,192	6,515	7,002
Investments	11	17,684	13,270	17,684	13,270
Cash at bank and in hand		3,285	3,677	3,076	3,670
		<b>27,751</b>	<b>24,467</b>	<b>27,406</b>	<b>24,065</b>
<b>Creditors:</b>					
Amounts falling due within one year	12a	(18,979)	(16,639)	(19,306)	(16,917)
<b>Net current assets</b>		<b>8,772</b>	<b>7,828</b>	<b>8,100</b>	<b>7,148</b>
<b>Total assets less current liabilities</b>		<b>126,558</b>	<b>120,252</b>	<b>126,613</b>	<b>121,819</b>
<b>Creditors: Amounts falling due after more than one year</b>					
Provisions for liabilities and charges	14	(8,787)	(7,732)	(8,787)	(7,732)
		(801)	(1,479)	(801)	(1,479)
<b>Net assets (excluding pension liability)</b>		<b>116,970</b>	<b>111,041</b>	<b>117,025</b>	<b>112,608</b>
Defined benefit pension liability	18	(3,421)	(3,701)	(3,421)	(3,701)
<b>Net assets (including pension liability)</b>	<b>15</b>	<b>113,549</b>	<b>107,340</b>	<b>113,604</b>	<b>108,907</b>
<b>Funds</b>					
Restricted funds	15	15,537	12,878	15,537	12,878
Designated funds	15	51,985	50,197	51,985	50,197
		<b>67,522</b>	<b>63,075</b>	<b>67,522</b>	<b>63,075</b>
<b>Free reserves</b>					
Pension reserve	15	(3,421)	(3,701)	(3,421)	(3,701)
General funds	15	49,448	47,966	49,503	49,533
		<b>113,549</b>	<b>107,340</b>	<b>113,604</b>	<b>108,907</b>

Approved by Council on July 5, 2011.



AH Daggart  
Honorary Treasurer

The notes on pages 35 to 48 form part of these financial statements.

## Consolidated cash flow statement

for the year ended March 31, 2011

	2011	2010
Note	£000	£000
<b>Net cash inflow from operating activities</b>	B 6,242	7,523
<b>Returns on investments and servicing of finance</b>		
Dividends received	604	985
Interest received	347	434
<b>Capital expenditure and financial investment</b>		
Capital expenditure	(2,562)	(12,059)
Sale of tangible fixed assets	2,438	-
Investment purchases	(9,657)	(15,783)
Increase in invested cash	(3,399)	(1,346)
Investment sale proceeds	10,009	14,771
<b>Net cash inflow/(outflow) before management of liquid resources</b>	4,022	(5,475)
<b>Management of liquid resources</b>		
(Increase)/decrease in cash invested in short term investments	(4,414)	1,888
<b>Decrease in cash</b>	<b>(392)</b>	<b>(3,587)</b>

### Note A

#### Reconciliation of net cash flow to movement in net funds

Decrease in cash in the year	(392)	(3,587)
Increase/(decrease) in liquid resources	4,414	(1,888)
Net funds at April 1, 2010	16,947	22,422
<b>Net funds at March 31, 2011</b>	<b>20,969</b>	<b>16,947</b>

#### Analysis of net funds

	Apr 1, 2010	Cash flow	Mar 31, 2011
	£000	£000	£000
Cash at bank and in hand	3,677	(392)	3,285
Money market and other deposits	13,270	4,414	17,684
	<b>16,947</b>	<b>4,022</b>	<b>20,969</b>

### Note B

#### Reconciliation of changes in resources to Net Inflow from operating activities

	2011	2010
	£000	£000
Net incoming resources	3,504	3,846
Depreciation charges	3,172	2,710
(Gain)/loss on disposal of fixed assets	(2,321)	538
Pension funding adjustment	(411)	82
Dividends received	(604)	(985)
Interest received	(347)	(434)
(Increase)/decrease in stocks	(48)	277
Decrease in debtors	785	49
Increase in creditors and provisions	2,512	1,440
<b>Net cash inflow from operating activities</b>	<b>6,242</b>	<b>7,523</b>

## Notes to the financial statements

for the year ended March 31, 2011

### 1. Accounting policies

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

#### (a) Basis of accounting

The accounts have been prepared under the historical cost convention with the exception of investments stated at market value. They comply and have been prepared in accordance with applicable UK 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 charity owns 100% of the share capital of two companies – Marie Curie Trading Limited and Marie Curie Developments Limited. The consolidated statements include the financial statements of these companies which have been consolidated on a line by line basis. No Statement of Financial Activities (SOFA) or Income and Expenditure Account of the charity has been presented as permitted by Section 408 of the Companies Act 2006 and paragraph 397 of SORP 2005.

#### (c) Investments

Investments listed on a recognised stock exchange are included in the balance sheet at market value. Unrealised gains and losses arising during the year are included in the Statement of Financial Activities. Investment income is the amount received by the charity in the year.

#### (d) Stocks

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

#### (e) 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
Long leasehold buildings	}	
Short leasehold buildings	}	Over the period of the lease or 10 years whichever is shorter
Leasehold shop improvements	}	
Furniture, equipment		20-33%
Motor vehicles		25-33%

#### (f) Incoming resources

All income is included in the SOFA when the charity is entitled to the income and when it can be quantified with reasonable certainty.

**Legacy income** - 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.

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

**Investment income** is accounted for on an accruals basis.

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

#### (g) Resources expended

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

**Grants payable** -The total sum awarded during the year is expensed in the Statement of Financial Activities, where a constructive obligation exists notwithstanding that a proportion will be disbursed in subsequent accounting periods.

# Notes to the financial statements

for the year ended March 31, 2011

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

**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.

## (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

Rentals payable under operating lease contracts are charged on a straight line basis over the lease life to the Statement of Financial Activities.

## (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 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

	Unrestricted funds £000	Restricted funds £000	Total funds 2011 £000	Total funds 2010 £000
Major capital appeals	-	1,404	1,404	2,164
Donations, events and other voluntary income	40,252	11,817	52,069	50,070
Legacies	15,516	4,999	20,515	24,876
	<b>55,768</b>	<b>18,220</b>	<b>73,988</b>	<b>77,110</b>

# Notes to the financial statements

for the year ended March 31, 2011

## 3. Investment income

	Unrestricted funds £000	Restricted funds £000	Total funds 2011 £000	Total funds 2010 £000
Listed investments	844	-	844	980
Cash investments	454	-	454	541
Hedge funds	152	-	152	15
Property fund	215	-	215	208
Other investments	24	-	24	22
	<b>1,689</b>	<b>-</b>	<b>1,689</b>	<b>1,766</b>

## 4. Incoming resources from charitable activities

	Unrestricted funds £000	Restricted funds £000	Total funds 2011 £000	Total funds 2010 £000
NHS funding for nurses	17,823	-	17,823	17,742
NHS funding for hospices	18,284	-	18,284	17,392
Other NHS funding	346	-	346	674
Department of Health grants				
- Capital grant West Midlands hospice	-	996	996	320
- Capital grant programme	-	362	362	-
- Children's Palliative Care 2010/11	-	607	607	-
- Third Sector Investment Fund	-	55	55	55
Scottish Executive Section 16b funding	-	100	100	20
Big Lottery Fund	-	47	47	263
Other income	45	453	498	179
	<b>36,498</b>	<b>2,620</b>	<b>39,118</b>	<b>36,645</b>

The funding of £361,539 from the Department of Health capital grant programme comprises three grants for hospice improvements at Hampstead, Liverpool and Newcastle. The Third Sector Investment Fund grant is for research into Cognitive Behaviour Therapy. The Scottish Executive 16b funding comprises funding for nursing services. The funding from the Big Lottery includes £41,800 for the Marie Curie Helper project in Nottingham and £4,962 Awards for All funding for training volunteers in Wales.

## 5. Expenditure

	Direct costs £000	Support costs £000	Total 2011 £000	Total 2010 £000
<b>Cost of generating funds</b>				
Fundraising	24,009	3,230	27,239	26,630
Publicity	3,104	294	3,398	2,935
Retail shops	12,162	741	12,903	14,601
Investment management costs (Note C)	265	-	265	(115)
	<b>39,540</b>	<b>4,265</b>	<b>43,805</b>	<b>44,051</b>
<b>Charitable activities</b>				
Hospices	38,037	2,142	40,179	38,039
Nursing	34,270	2,198	36,468	34,781
Research and development (Note D)	7,571	308	7,879	10,004
	<b>79,878</b>	<b>4,648</b>	<b>84,526</b>	<b>82,874</b>
<b>Governance costs (Note B)</b>	334	361	695	704
<b>Total</b>	<b>119,752</b>	<b>9,274</b>	<b>129,026</b>	<b>127,629</b>

## Notes to the financial statements

for the year ended March 31, 2011

Allocation of support costs	Executive, legal & strategy £000	Finance £000	HR & training £000	IT £000	Facilities & property £000	Total 2011 £000	Total 2010 £000
Hospices	382	251	604	615	290	2,142	1,685
Nursing	382	236	605	860	115	2,198	1,690
Research and development (Note D)	49	41	63	123	32	308	728
<b>Total charitable activities</b>	<b>813</b>	<b>528</b>	<b>1,272</b>	<b>1,598</b>	<b>437</b>	<b>4,648</b>	<b>4,103</b>
Fundraising	119	555	1,026	1,230	300	3,230	3,836
Publicity	19	27	63	154	31	294	327
Retail shops	5	139	152	92	353	741	798
Governance	159	139	63	-	-	361	381
<b>Total support costs allocated</b>	<b>1,115</b>	<b>1,388</b>	<b>2,576</b>	<b>3,074</b>	<b>1,121</b>	<b>9,274</b>	<b>9,445</b>

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

	2011 £000	2010 £000
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### Note A

Net incoming resources for the year is stated after charging;

#### Fees payable to the charity's auditors for:

- the audit of the financial statements	74	72
- other services	-	16
	<b>74</b>	<b>88</b>

#### Amounts paid under operating leases

- land and buildings	4,583	5,157
- plant and machinery	731	770
	<b>5,314</b>	<b>5,927</b>

	2011 £000	2010 £000
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### Note B

Governance costs		
Apportionment of support staff (based on time spent)	361	382
Internal audit	217	218
External audit fees	74	72
Trustees' travel & meeting expenses	6	5
Trustees indemnity insurance	6	8
Legal costs	31	19
	<b>695</b>	<b>704</b>

### Note C

The investment managers' fees include a standard charge linked to the value of funds managed and also a performance related fee based on their performance against the target return.

	2011 £000	2010 £000
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### Note D

Research & development		
Palliative care research costs	5,372	5,271
Delivering choice programme and other development costs	1,719	1,160
Scientific research costs	788	3,573
	<b>7,879</b>	<b>10,004</b>

## Notes to the financial statements

for the year ended March 31, 2011

Palliative care research costs include 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) at UCL. The expenditure shown for 2009/10 included the cost of a national grant programme of £3 million.

Scientific research was previously 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. 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 in universities in the UK. The total sum awarded of £5.8 million was provided for in 2008/09. The MCRI was closed in June 2010 after the scientists had transferred to universities.

### 6. Taxation

The charity is registered for VAT but only £938,000 (2010: £1,235,000) was recoverable. The amount of VAT paid but not recoverable in the year was £2,489,000 (2010: £2,111,000).

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2010 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received within categories covered by Chapter 3, Part 11 Corporation Tax Act 2010 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes. Its subsidiaries have not incurred a tax charge as they gift all profits to Marie Curie Cancer Care.

7. Group tangible 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>					
<b>April 1, 2010</b>	58,028	3,486	6,031	13,173	80,718
Additions at cost	1,469	41	236	1,023	2,769
Disposals	(933)	-	(289)	(627)	(1,849)
<b>At March 31, 2011</b>	<b>58,564</b>	<b>3,527</b>	<b>5,978</b>	<b>13,569</b>	<b>81,638</b>
<b>Depreciation</b>					
<b>April 1, 2010</b>	19,886	1,057	5,333	11,278	37,554
Provided in the year	1,977	132	335	728	3,172
Disposals	(784)	-	(289)	(659)	(1,732)
<b>At March 31, 2011</b>	<b>21,079</b>	<b>1,189</b>	<b>5,379</b>	<b>11,347</b>	<b>38,994</b>
<b>Net book value</b>					
<b>At March 31, 2011</b>	<b>37,485</b>	<b>2,338</b>	<b>599</b>	<b>2,222</b>	<b>42,644</b>
<b>At March 31, 2010</b>	<b>38,142</b>	<b>2,429</b>	<b>698</b>	<b>1,895</b>	<b>43,164</b>

### Charity tangible fixed assets

The balances and movements on the fixed assets of the charity are as shown above for the group except that £1,496,000 of the value of freehold land and buildings which was represented by intercompany charges for fixed assets has been written off in the year.

The freehold and leasehold properties consist of nine Marie Curie Hospices, the Research Institute, administrative offices and shops. The cost of freehold land included above is £1,588,242 (2010: £1,588,242).

Freehold land and buildings for the group and the charity include assets in the course of construction at a cost of £2,016,597 (2010: £1,269,062).

The cost of additions for the group and the charity to assets in the course of construction during the year amounted to £747,535 (2010: £1,269,062).

# Notes to the financial statements

for the year ended March 31, 2011

	2011 £000	2010 £000
<b>Capital commitments</b>		
Capital expenditure authorised and contracted for	755	1,836
Capital expenditure authorised but not contracted for	18,163	20,963

Capital commitments include the commitment to construct a new hospice for the West Midlands.

## 8. Investments

	Listed investments £000	Property and unlisted investments £000	Money market deposits £000	Consolidated total £000	Investment in subsidiaries £000	Charity total £000
<b>Group and charity</b>						
Market value at April 1, 2010	49,571	84	19,605	69,260	727	69,987
Movements in deposits	-	-	3,399	3,399	-	3,399
Additions at cost	9,657	-	-	9,657	-	9,657
Disposals at book value	(8,505)	-	-	(8,505)	-	(8,505)
Unrealised gains	1,331	-	-	1,331	-	1,331
<b>Market value at March 31, 2011</b>	<b>52,054</b>	<b>84</b>	<b>23,004</b>	<b>75,142</b>	<b>727</b>	<b>75,869</b>
<b>Historic cost as at March 31, 2011</b>	<b>42,165</b>	<b>84</b>	<b>23,004</b>	<b>65,253</b>	<b>727</b>	<b>65,980</b>
<b>Historic cost as at March 31, 2010</b>	<b>41,006</b>	<b>84</b>	<b>18,259</b>	<b>59,349</b>	<b>727</b>	<b>60,076</b>

	2011 £000	2010 £000
<b>Gain/(loss) on investments</b>		
Realised losses based on historic cost as at March 31	1,505	(264)
Unrealised gains included in market value	1,331	11,090
	<b>2,836</b>	<b>10,826</b>

	2011 £000	2010 £000
<b>Listed investments</b>		
UK	16,390	13,232
Non UK	35,664	36,339
	<b>52,054</b>	<b>49,571</b>

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

The listed investments include two companies quoted on the Channel Island Stock Exchange, which the charity accepted as donations. At March 31, 2011, 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.

Investment properties includes £75,000 in a unitised property fund, together with the charity's share of a number of bequeathed properties.

# Notes to the financial statements

for the year ended March 31, 2011

## 9. Stocks

	Group		Charity	
	2011 £000	2010 £000	2011 £000	2010 £000
Inventory for resale	245	205	-	-
Daffodils	131	123	131	123
	<b>376</b>	<b>328</b>	<b>131</b>	<b>123</b>

## 10. Debtors

	Group		Charity	
	2011 £000	2010 £000	2011 £000	2010 £000
Trade debtors	1,685	2,235	1,574	2,190
Taxation recoverable	770	916	750	765
Prepayments	3,024	2,673	3,034	2,683
Legacy debtors	212	275	212	275
Other debtors	715	1,093	945	1,089
	<b>6,406</b>	<b>7,192</b>	<b>6,515</b>	<b>7,002</b>

The charity has been notified of legacies with an estimated value of £12.8 million (2010 £10.6 million) which have not been recognised as income at March 31, 2011 because no notification of impending distribution or approval of estate accounts has been received.

## 11. Current asset investments

	Group		Charity	
	2011 £000	2010 £000	2011 £000	2010 £000
Bank deposits and liquidity funds	<b>17,684</b>	<b>13,270</b>	<b>17,684</b>	<b>13,270</b>

## 12. Creditors

	Group		Charity	
	2011 £000	2010 £000	2011 £000	2010 £000
<b>(a) Amounts falling due within one year</b>				
Interest free loans	130	130	130	130
Trade creditors	6,371	5,265	6,281	4,932
Palliative care research grants	3,028	2,544	3,028	2,544
Grants awarded for scientific research	2,057	2,708	2,057	2,708
Tax and social security creditors	1,609	1,574	1,609	1,567
Accruals	3,826	2,747	3,593	2,486
Deferred income (note 13)	1,934	1,491	1,934	1,491
Other creditors	24	180	24	180
Amounts due to subsidiary undertakings	-	-	650	879
	<b>18,979</b>	<b>16,639</b>	<b>19,306</b>	<b>16,917</b>

## Notes to the financial statements

for the year ended March 31, 2011

### 12. Creditors (continued)

	Group		Charity	
	2011 £000	2010 £000	2011 £000	2010 £000
<b>(b) Amounts falling due after more than one year</b>				
Loan from British Heart Foundation for Glasgow hospice	1,850	1,850	1,850	1,850
Grants payable – Palliative care	5,882	2,953	5,882	2,953
Grants payable – Scientific research	1,017	2,929	1,017	2,929
Investment manager's performance fee	38	-	38	-
	<b>8,787</b>	<b>7,732</b>	<b>8,787</b>	<b>7,732</b>

### 13. Deferred income

	Group		Charity	
	2011 £000	2010 £000	2011 £000	2010 £000
Caring services	339	188	339	188
Fundraising events	1,190	1,128	1,190	1,128
Other	405	175	405	175
	<b>1,934</b>	<b>1,491</b>	<b>1,934</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.

### 14. Provisions for liabilities and charges

	At April 1, 2010	Additional provisions made	Amounts used	Amounts released	At March 31, 2011
	£000	£000	£000	£000	£000
<b>Group and charity</b>					
Dilapidations	274	67	-	(121)	220
Redundancy provisions	636	129	(522)	-	243
Staff costs and other liabilities	569	204	(228)	(207)	338
	<b>1,479</b>	<b>400</b>	<b>(750)</b>	<b>(328)</b>	<b>801</b>

### 15. Funds

	Note	At April 1, 2010	Income	Expenditure	Transfers, gains and losses	At March 31, 2011
		£000	£000	£000	£000	£000
<b>Restricted funds</b>						
Hospices Capital Fund	i	12,148	362	(866)	1,246	12,890
Major capital appeals	ii	22	2,399	(232)	(1,246)	943
Hospices – revenue		91	17,779	(17,689)	-	181
Nursing	iii	401	3,074	(3,073)	-	402
Education		32	-	(14)	-	18
Palliative care research		184	2,324	(1,405)	-	1,103
Scientific research		-	548	(548)	-	-
<b>Total restricted funds</b>		<b>12,878</b>	<b>26,486</b>	<b>(23,827)</b>	<b>-</b>	<b>15,537</b>

## Notes to the financial statements

for the year ended March 31, 2011

### 15. Funds (continued)

	Notes	At April 1, 2010	Income	Expenditure	Transfers, gains and losses	At March 31, 2011
		£000	£000	£000	£000	£000
<b>Designated funds</b>						
Tangible fixed asset fund	iv	31,016	-	-	(1,263)	29,753
Capital Investment Fund	v	12,280	2,321	(18)	1,040	15,625
Palliative Care Development Fund	vi	6,901	-	(292)	-	6,609
<b>Total designated funds</b>		<b>50,197</b>	<b>2,321</b>	<b>(310)</b>	<b>(223)</b>	<b>51,985</b>
<b>General Funds</b>						
General Fund	vii	47,966	103,723	(105,300)	3,059	49,448
Pension scheme deficit	viii	(3,701)	-	411	(131)	(3,421)
<b>Total general funds</b>		<b>44,265</b>	<b>103,723</b>	<b>(104,889)</b>	<b>2,928</b>	<b>46,027</b>
<b>Consolidated funds</b>		<b>107,340</b>	<b>132,530</b>	<b>(129,026)</b>	<b>2,705</b>	<b>113,549</b>

#### The above funds carried forward at March 31, 2011 represent:

- 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.
- 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.
- represents funds restricted for the Marie Curie Nursing Service.
- the net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- 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 amount transferred represents the carry forward of unspent capital expenditure funding for hospice refurbishment and other projects that are in progress at March 31, 2011.
- the amount that has been put aside for future innovative projects which either research or develop palliative care, or ensure more patients are offered the choice of being cared for at home. The fund is used to support the Delivering Choice Programme and other projects.
- 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.
- the actuarial valuation of the defined benefit pension scheme at March 31, 2011 for the purposes of FRS17 showed a funding deficit of £3.4 million.

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

	2011 £000	2010 £000
The charity	2,774	2,705
Intra-group profit	730	1,141
Intercompany charges for fixed assets written off	(1,496)	-
	<b>2,008</b>	<b>3,846</b>

The parent charity's gross income for the year was £127 million and its expenditure was £124 million.

# Notes to the financial statements

for the year ended March 31, 2011

## 15. Funds (continued)

### Analysis of net assets between funds

Group	Unrestricted funds £000	Restricted funds £000	Total 2011 £000	Total 2010 £000
Tangible fixed assets	29,753	12,891	42,644	43,164
Investments	92,826	-	92,826	82,530
Stocks	376	-	376	328
Debtors	6,406	-	6,406	7,192
Creditors and cash	(27,928)	2,646	(25,282)	(22,173)
Defined benefit pension scheme liability	(3,421)	-	(3,421)	(3,701)
<b>Total net assets</b>	<b>98,012</b>	<b>15,537</b>	<b>113,549</b>	<b>107,340</b>

## 16. Staff

### (i) Remuneration

	2011 £000	2010 £000
Wages and salaries	68,286	69,325
Social security costs	5,220	5,134
Other pension costs	4,103	4,047
<b>Total Marie Curie staff</b>	<b>77,609</b>	<b>78,506</b>
Contracted staff	6,746	6,454
<b>Total remuneration</b>	<b>84,355</b>	<b>84,960</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.

### (ii) Average number of employees

	2011 Number	2010 Number
Hospices	1,027	1,106
Nursing	2,020	2,133
Research	45	71
Fundraising	480	590
Publicity	29	26
Shops	451	509
Support	118	108
	<b>4,170</b>	<b>4,543</b>
<b>Comprising</b>		
Full-time	1,247	1,281
Part-time	2,923	3,262
	<b>4,170</b>	<b>4,543</b>

# Notes to the financial statements

for the year ended March 31, 2011

### (iii) Remuneration of higher paid staff

	2011 Number	2010 Number
£60,001 - £70,000	6	13
£70,001 - £80,000	5	6
£80,001 - £90,001	3	2
£90,001 - £100,000	5	4
£100,001 - £110,000	2	4
£110,001 - £120,000	2	2
£120,001 - £130,000	-	-
£130,001 - £140,000	1	1
£140,001 - £150,000	-	-
£150,001 - £160,000	1	2
Include in the above are:		
Research scientists	-	2
Medical practitioners	6	9

Contributions of £141,761 (2010: £169,771) were made to the NHS Pension Scheme, the Universities Superannuation Scheme and the Marie Curie Final Salary Scheme, all defined benefit schemes, for 14 higher paid employees. Contributions amounting to £131,880 (2010: £113,519) were made to defined contribution schemes, for 12 higher paid employees.

### (iv) Council members' expenses

No trustees received any remuneration in the year. Five trustees were reimbursed £415 for travel expenses (2010: one trustee - £36). The charity maintains liability insurance covering members of the Council in their capacity as directors and other officers of the charity.

### (v) Related party transactions

There were no transactions with related parties.

## 17. Lease commitments

The charity and group had annual operating lease commitments as follows:

	2011 £000	2010 £000
<b>Land and buildings</b>		
Within one year	186	211
Between two and five years	2,175	2,207
Over five years	1,040	1,536
	<b>3,401</b>	<b>3,954</b>
<b>Other</b>		
Within one year	63	96
Between two and five years	463	420
	<b>526</b>	<b>516</b>

## 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 £2,086,501 (2010: £2,006,186) into this scheme. Contributions to other defined contribution pension schemes amounted to £22,894 (2010: £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 £1,839,206 (2010: £1,804,064).

## Notes to the financial statements

for the year ended March 31, 2011

### 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 Enil (2010: 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.

### FRS 17 disclosures

A full actuarial valuation was carried out at March 31, 2008 and updated to March 31, 2011 by a qualified independent actuary to take account of the requirements of FRS17 in order to assess the liabilities of the scheme at that date. Scheme assets are stated at their market values at the respective balance sheet dates.

	2011 £m	2010 £m
Present value of funded defined benefit obligation	19.3	18.9
Fair value of scheme assets	(15.9)	(15.2)
<b>Net liability</b>	<b>3.4</b>	<b>3.7</b>

### The movement in the defined pension scheme deficit was as follows:

	2011 £m	2010 £m
<b>Liability at April 1, 2010</b>	<b>(3.7)</b>	<b>(4.2)</b>
Net finance charge	(0.1)	(0.3)
Current service cost	(0.1)	(0.2)
Employer's contributions	0.6	0.4
	<b>(3.3)</b>	<b>(4.3)</b>
Actuarial (losses)/gains	(0.1)	0.6
<b>At March 31, 2011</b>	<b>(3.4)</b>	<b>(3.7)</b>

### Movements in present value of defined benefit obligation

	2011 £m	2010 £m
<b>At April 1, 2010</b>	<b>18.9</b>	<b>15.5</b>
Current service cost	0.1	0.1
Interest cost	1.0	1.1
Actuarial gains	0.1	3.2
Benefits paid	(0.8)	(1.0)
<b>At March 31, 2011</b>	<b>19.3</b>	<b>18.9</b>

### Movements in fair value of scheme assets

	2011 £m	2010 £m
<b>At April 1, 2010</b>	<b>15.2</b>	<b>11.3</b>
Expected return on scheme asset	0.9	0.7
Actuarial (losses)/gains	(0.1)	3.8
Contributions by employer	0.7	0.4
Contributions by members	-	-
Benefits paid	(0.8)	(1.0)
<b>At March 31, 2011</b>	<b>15.9</b>	<b>15.2</b>

## Notes to the financial statements

for the year ended March 31, 2011

	2011 £m	2010 £m
<b>Expense recognised in the Statement of Financial Activities</b>		
Interest on defined benefit obligation	(1.0)	(1.1)
Expected return on scheme asset	0.9	0.7
<b>Net finance charge</b>	<b>(0.1)</b>	<b>(0.4)</b>
Current service cost	(0.1)	(0.1)
<b>Total</b>	<b>(0.2)</b>	<b>0.5</b>

The cumulative actuarial loss recognised in the Statement of Financial Activities is £8,570,000 (2010: £8,439,000). 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 was as follows:

	2011 £m	%	2010 £m	%
Equities	7.8	49.2	7.3	48.1
Corporate bonds	1.9	12.3	2.2	14.8
Fixed interest gilts	1.2	7.3	1.5	9.8
Index linked gilts	4.0	25.3	3.8	24.7
Cash	0.9	5.9	0.4	2.6
<b>Total net assets</b>	<b>15.8</b>	<b>100.0</b>	<b>15.2</b>	<b>100.0</b>

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

	2011	2010
Discount rate	5.5%	5.6%
Expected rate of return on scheme assets	6.0%	6.1%
Inflation	3.6%	3.8%
Future salary increases	3.1%	4.3%
Rate of increases in pensions in payment (LPI)	3.6%	2.5%
Rate of increases in 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.

### History of the scheme

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

	2011 £m	2010 £m	2009 £m	2008 £m	2007 £m
Present value of scheme liabilities	(19.3)	(18.9)	(15.4)	(16.8)	(17.7)
Fair value of scheme assets	15.9	15.2	11.2	16.9	14.6
<b>(Deficit)/surplus</b>	<b>(3.4)</b>	<b>(3.7)</b>	<b>(4.2)</b>	<b>0.1</b>	<b>(3.1)</b>

# Notes to the financial statements

for the year ended March 31, 2011

## Experience adjustments

	2011	2010	2009	2008	2007
	£m	£m	£m	£m	£m
Experience adjustment on scheme liabilities					
- amount (£million)	-	0.4	-	-	-
- percentage of scheme assets	(0.2)	2.2	-	-	-
Experience adjustment on scheme liabilities					
- amount (£million)	(0.1)	3.8	(6.3)	(1.3)	(0.6)
- percentage of scheme assets	(0.5)	25.1	(56.3)	(7.5)	(4.0)

The charity expects to contribute £840,000 to this scheme for the 2011/12 financial year (2010 - £662,000).

## 19. Subsidiary undertakings

The charity has the following subsidiary undertakings which were wholly owned and registered in England and Wales.

**Marie Curie Trading Limited** – The company undertakes trading activities for the benefit of the charity that it cannot carry out itself as an exempt charity, including the sale of new goods such as Christmas cards and certain events. The company made a profit of £730,000 for the year ended March 31, 2011 (March 31, 2010 £769,000) which was paid to the charity by means of a payment under gift aid.

**Marie Curie Developments Limited** – The company undertakes construction projects for the charity. The company made a profit of £150 for the period ended March 31, 2011 (2010 - £372,000) which was paid to the charity by means of a payment under gift aid.

**Cancer Care (UK) Limited** – The company is limited by guarantee and was dormant throughout the period ended March 31, 2011. The net assets at March 31, 2011 were £20,000.

**Marie Curie Ventures Limited** – The company is limited by guarantee and was dormant throughout the period ended March 31, 2011.

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

	2011	2010
	£000	£000
<b>Marie Curie Trading Limited</b>		
Turnover	3,462	3,930
Cost of sales	(1,651)	(1,827)
Gross profit	1,811	2,103
Other expenses	(1,056)	(1,309)
Interest payable	(25)	(25)
Payment to the charity under gift aid		
<b>Retained profit for the year</b>	<b>(730)</b>	<b>(769)</b>
	-	-
Net current assets	689	689
Liabilities - Debenture held by the charity	(700)	(700)
<b>Net liabilities</b>	<b>(11)</b>	<b>(11)</b>

	2011	2010
	£000	£000
<b>Marie Curie Developments Limited</b>		
Turnover	1,178	10,496
Cost of sales	(1,116)	(9,993)
Gross profit	62	503
Other expenses	(62)	(131)
Payment to the charity under gift aid	-	(372)
<b>Retained profit for the year</b>	<b>-</b>	<b>-</b>
Net current liabilities	(18)	(18)
<b>Net liabilities</b>	<b>(18)</b>	<b>(18)</b>

# Who's who

## Patron

His Royal Highness The Prince of Wales

## Life Vice Presidents

Sir Peter Davis LLD, FRSA  
J H O Earle MD FRCPATH  
Sir Nicholas Fenn GCMG MA  
Joan Gough-Thomas MA (Oxon)

## Vice Presidents

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

## 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

## Volunteers

The following roles are all unpaid volunteers: Patron, Life Vice Presidents, Vice Presidents, Members of Council, Independent Committee Members and Advisory Board Members.

## Members of Council

From April 1, 2010 to July 5, 2011  
CHAIRMAN  
Sir Peter Davis (retired March 31, 2011)  
John Varley MA  
(appointed January 17, 2011)  
HONORARY TREASURER  
\*ø Anthony H Doggart MA  
Professor Dame Christine Beasley DBE  
† Dr Sarah Beaver D. Phil, ACCA  
†† Dr Chitra Bharucha MBBS FRCPATH  
FRSA  
Sir Donald Cruickshank  
(resigned September 14, 2010)  
† David Ereira MSc  
Professor Russel Griggs OBE  
† Jeremy Jensen BSc, FCA  
ø 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  
Sir Peter Williams CBE

## Independent Committee Members

### Caring Services Committee

David Bawden  
John Cooke  
Liz Henderson MSc  
Dr Rhian Owen

### Investment Committee

Lisa Bryan  
Christopher Tracey MA  
**Audit Committee**  
Bernard Kelly BA, FCMA

### Shops Committee

Ian Jones

## Executive Board

As at June 2011  
CHIEF EXECUTIVE  
Thomas Hughes-Hallett  
MEDICAL ADVISER  
Dr Teresa Tate FRCP FRCR  
DIRECTOR OF NURSING AND  
PATIENT SERVICES  
Susan Munroe RN NDN MBA  
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

## Scottish Advisory Board

Professor Russel Griggs OBE (Chair)  
Cinzia Biondi  
Mark O'Donnell  
Anne Jarvie CBE  
Emma Mackenzie  
Elaine McLelland  
Iain Meiklejohn  
John Neilson  
Donald Storrie  
Dr Hamish Wilson CBE

## Northern Ireland Advisory Board

Alan Shannon (Chair)  
Eugene Gallagher  
Turlough Gorman  
Freddie Hall, OBE, QGM, DL  
John Heaslip, LVO  
Nichola Lynagh  
Anne Marie Marley  
Joan McEwan  
Bernard Mitchell  
Pat O'Kane

## Wales Advisory Board

Gareth Williams (Chair)  
Mike Chown  
Elliw Ellis-Davies  
Susan Elsmore  
Judith Hill  
Julie James  
Bill Jenkins  
Paul Jones  
Delyth Roberts-Jones

†† Member of the Caring Services Committee

† Member of the Investment Committee

\* Member of the Audit Committee and Investment Committee

† Member of the Audit Committee

ø 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.

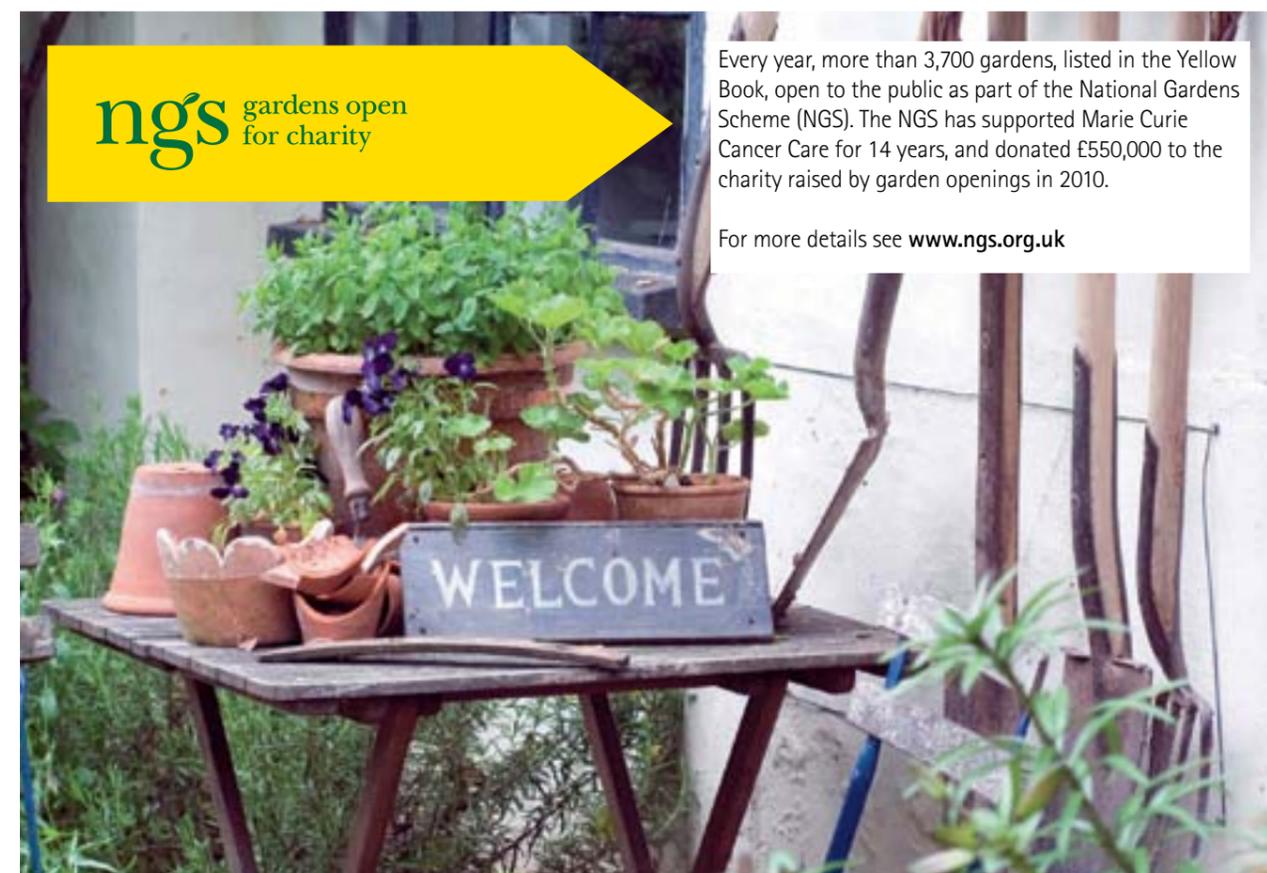
The 3 Ts Charitable Trust	Mike and Liz Davies	Hampton Fuel Allotment Charity
The Adint Charitable Trust	Peter and Janet Davies	The Happy Charitable Trust
The John Armitage Charitable Trust	DLA Piper Leeds	Peter Harrison Foundation
The John Atcheson Foundation	Dorridge Fun Run	Ms J Hayward
Atkin Charitable Foundation	The Duchy Health Charity	Patrick Heren & Fiona Cadwallader
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The BAND Trust	The Houghton Dunn Charitable Trust	The Dorothy Howard Charitable Trust
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Cancer Research UK	The Freemasons' Grand Charity	Ling Design Ltd
CC, Austin Reed Group Ltd	Payne-Gallwey Charitable Trust	The Lotus Foundation
CCA Occasions	Mr Arnold Gardiner	Mark and Liza Loveday
CHILDREN with CANCER UK	GE Capital	Pru Macleod
The Childwick Trust	Giveacar	Copley May Foundation
The Chopin Society	Richard Gladwin	Patrick McKenna
City Bridge Trust	Harry and Gylla Godwin Charitable Trust	Mitchells & Butlers plc
City Link Ltd	The Raisa Gorbachev Foundation	Mrs HE Mitchell Charitable Trust
Clintons plc	Hugh Grant	The Moffat Charitable Trust
The Alice Ellen Cooper-Dean Charitable Foundation	Great British Card Company Limited	The George A Moore Foundation
Croydon Relief In Need Charities	GVA Grimley	William Morrison
		The National Gardens Scheme

Newhall Publications Ltd	The Robertson Trust
Newman's Own Foundation	The Royal Air Force Benevolent Fund
NHBC	The Royal Bank of Scotland Group plc
The Noon Foundation, established by Lord Noon	Goldman Sachs Group Inc.
Paperchase Products Ltd	Scarborough Group Foundation
Richard Parks	Dr G Seymour
The JGW Patterson Foundation	Shaylor Group plc
The Peacock Charitable Trust	David and Joanne Smith
Pears Foundation	The Henry Smith Charity
PricewaterhouseCoopers LLP	The Sobell Foundation
Prudent Publishing	Sony UK
Premier Foods Group Ltd	Sweet Appeal Ltd
The Rank Group plc	Tata Steel Distribution UK and Ireland
The Rayne Foundation	Tesco plc
Redburn Partners	Thales UK
Reed Learning	Mr P Thompson
Reed Business Information Ltd	Tracks Publishing Ltd

The Constance Travis Charitable Trust
The John and Lucille Van Geest Foundation
The Waterloo Foundation
Wesleyan Assurance Society
The Garfield Weston Foundation
Hugh Williams-Preece
Zurich Community Trust



Printed by Spellman Walker



Every year, more than 3,700 gardens, listed in the Yellow Book, open to the public as part of the National Gardens Scheme (NGS). The NGS has supported Marie Curie Cancer Care for 14 years, and donated £550,000 to the charity raised by garden openings in 2010.

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

## Volunteering opportunities

Volunteers are vital to the work of Marie Curie Cancer Care. They take on a huge range of roles, including running our shops, visiting patients in their homes, providing bereavement support, publicising the charity, administration and fundraising.

More than 21,200 people volunteer to help with the Great Daffodil Appeal every year, and the charity is recruiting Marie Curie Fundraising Groups nationwide.

All Marie Curie Trustees and Patrons are unpaid volunteers.

For more details of volunteering opportunities in your area, call 0800 716 146 or email [volunteering@mariecurie.org.uk](mailto:volunteering@mariecurie.org.uk)

## 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)

Charity reg no. 207994 (England & Wales), SC038731 (Scotland)

## Registered offices:

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F: 028 9088 2074

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Marie Curie Cancer Care provides high quality nursing, totally free, to give people with terminal cancer and other illnesses the choice of dying at home, supported by their families.

