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**We put patients
and families first**

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Website: www.mariecurie.org.uk

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Cover photo: Moira Jenkins with Staff Nurse Louise Harris at the Marie Curie Hospice, Hampstead

Marie Curie Cancer Care is a UK charity dedicated to the care of people with terminal cancer and other illnesses. Over the financial year 2011/12, we reached a total of 35,550 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 1.3 million hours of care to 27,670 patients, along with support for their families.



Top: Marie Curie Nurse Debbie Mallaney works in patients' homes
Bottom: The cast of *Downton Abbey* publicise our Blooming Great Tea Party

Left: Ward Sister Lola Rowe with Brian and Jennifer Atkinson at the Marie Curie Hospice, Bradford

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 almost 8,000 patients in 2011/12.

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 63% 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.

Find out more about helping us at:
www.mariecurie.org.uk/fundraising

Report of the Chairman and the Chief Executive

During the year, Marie Curie Cancer Care reached more patients and families than ever before, despite the challenges presented by the state of the economy and upheaval in the NHS.

- Our Marie Curie Hospices and Marie Curie Nursing Service cared for 35,550 patients (2010/11 - 31,800).
- Expansion of our Marie Curie Helper programme enabled our volunteers to reach many more people with a terminal illness.
- We carried out pioneering research into better care for terminally ill patients.
- We are in a sound financial position, with good fundraising results and costs well under control.

The charity faces the future from a position of strength, whatever the uncertainties ahead.

Better care

At the heart of our work is one-to-one care, from a Registered Nurse or Senior Healthcare Assistant, delivered in the home of a dying person. Our Marie Curie Nursing Service provides the practical and emotional support that is needed to help a patient remain at home at the end of their life, enabling families and loved ones to carry on caring.

While the fundamentals of care remain the same, we have made major changes to the management and organisation of the service, introducing more than 40 Clinical Lead Nurses across the UK to ensure care is consistently of a high quality, and well co-ordinated. In some places our nurses are taking the lead on assessing patients' needs and prioritising care, as well as making decisions about how much Marie Curie nursing care we

should be delivering to each patient. Day-to-day management of the service – including rostering – is now being handled at our Nursing Support Centre in Pontypool. This means that our experienced clinical managers are no longer spending time on the administrative side of management, freeing them to focus on patient support. The new structure is helping to ensure that we are ready for the challenges arising from changes to the NHS. We want to be able to use our clinical expertise to take charge of patients' care, and ensure that their needs are properly met.

Traditionally, the allocation of Marie Curie Nursing is controlled by the individual patient's District Nurse. Although this often works perfectly well, the system can sometimes lead to rationing and arbitrary allocation of care. The pilots of our Managed Care service (which we are trialling in Northern Ireland) – give Marie Curie full control over how we allocate our services over a wide area. They are demonstrating that we can provide a more responsive service that better meets patients' needs. We believe that this approach is the way forward, and will work well in the changing NHS.

We are investing £2.5 million to enhance the Government's pilots of its Palliative Care Funding Review for England.

The review – led by Tom Hughes-Hallett at the Government's request – reported in July 2011. It looked at how care is funded now, and how this could be improved to ensure that funding is fair, transparent and encourages patient choice. It recommended changes in funding mechanisms to introduce a new per-patient funding system for all hospices and providers of palliative care.

We plan to use Marie Curie resources

to test the wider recommendations of the review – particularly in the areas of assessment, case management and co-ordination. We want to share our expert knowledge, as well as the tools and service models that we have developed over many years, to help patients to get better care and to enable more people to die in their place of choice.

Our nine Marie Curie Hospices provide specialist palliative care for patients as well as support for their families. Continuously improving our already high standards of care is of paramount importance for these centres of excellence.

One important way in which we achieve this is through our programme of internal inspections, which we have further developed to be closely aligned to the external inspections by our regulators. This helps ensure that we are meeting both the goals we set ourselves and those set by external regulators.

The field of palliative care research is a relatively new one. It is a field in which Marie Curie plays a major role. We believe the only sure way of improving care for the future is to ask challenging questions about current practice, and rigorously set about finding the answers.

Significant work was published by our own researchers throughout the year. Important publications included the results of a trial to test whether or not people found advance care planning acceptable.

We also fund researchers through our own grants programme, and through a joint programme with Dimpleby Cancer Care.

Our most recent competitive round of funding awarded grants to a range of projects including a drug trial to tackle difficult pain caused by nerve damage.

Chief Executive, Sir Tom Hughes-Hallett (left) with Chairman, John Varley



Wider reach

Independent research¹ shows that the proportion of deaths at home is now rising, reversing the long-established (and unwelcome) trend towards death in hospital. Marie Curie is proud to be playing a major part in this – in 2004, we launched the UK's first campaign to enable more people to choose to die at home. We continue to be leaders in changing thinking and policy around place of death.

Our contribution to the increase in the number of people who are able to choose to die at home is also immensely practical: in 2011/12, Marie Curie Nurses cared for more people at the end of their lives than ever before. Our nursing service reached 27,670 patients in their homes (up 18% from last year).

Much of the growth in patient numbers was down to the continued success of Multi-visit services, in which our Senior Healthcare Assistants visit several

patients during their shift, usually in the evening. However, we also saw growth of 5% in the total number of hours of nursing provided, to over 1.3 million (2010/11: 1.2 million).

Innovative services are making it possible for our care to reach more people. In Aberdeenshire, Marie Curie and the NHS have jointly recruited nurses to double up as Marie Curie and District Nurses. This service saves unnecessary travel, and makes both services more affordable, making it possible to care for more patients in remote rural areas.

¹ *Reversal of the British trends in place of death: Time series analysis 2004–2010* Barbara Gomes, Natalia Calanzani and Irene J Higginson. Published online January 18, 2012. *Palliative Medicine*

While specialist palliative care for in-patients remains a crucially important part of Marie Curie Hospices' work, their impact reaches far beyond the hospice walls, and out into the community.

We saw a 19% increase in the number of patients either attending day and outpatient services at the hospices, or receiving hospice services in their own homes. Overall, Marie Curie Hospices reached 7% more patients. Innovative partnerships which are tailored to local needs are the key to extending our hospices' reach, with many of our services now about getting people home and supporting them there.

We recently signed our first ever contract with an Acute Hospital Trust. The Liverpool Partnership Programme – End of Life Care will introduce jointly funded case managers and a supported discharge service to enable many more patients to die in their place of choice. We believe that this has great potential for developing and improving services in a city which has pioneered so many initiatives in end of life care.

Other innovative projects include a volunteer visitor service at the Marie Curie Hospice, Edinburgh which is soon to be rolled out across Lothian; and a successful pilot at the Marie

Curie Hospice, Hampstead providing outpatient and day care services at a satellite clinic with the charity Chai Cancer Care.

We know that in the English NHS, we will soon be operating in a much more competitive environment, bidding for contracts against commercial organisations.

We have improved how we market our services to commissioners – demonstrating how we offer outstanding quality and value, with a trusted reputation. At the same time, we are seeking to build partnerships with

Volunteer Pearline Walrond, patient Anthony Kemp and volunteer Kay Brown at the Marie Curie Hospice, Hampstead



voluntary sector partners who share our priority of putting patients and families first.

Our Marie Curie Helper Service, in which trained volunteers visit patients in their homes, has gone from strength to strength. Marie Curie Helper is now running at four sites, and we recently decided to make it one of our core services, and to expand it to further locations.

Marie Curie Helper is just one way in which volunteers' skills and freely donated time are making it possible for us to extend our reach.

Many new volunteer roles across Marie Curie are helping to increase the impact of the charity, while keeping costs under control. We are making far more use of the professional skills of volunteers in roles which include checking legal contracts, preparing reports and advising on how we can most effectively work with the NHS. One particularly successful project involved call centre staff from Zurich Insurance Group Ltd carrying out a telephone survey of patients and relatives' satisfaction with the Marie Curie Nursing Service.

Of course, Marie Curie also depends on (and we are very grateful to) thousands of volunteers in long-established roles, from office administration, to helping in shops, to driving patients to appointments.

Campaigning

While remaining fully committed to the practical provision of care, we are increasing our involvement in policy making.

Our new Director of Policy and Public Affairs Imelda Redmond is leading our involvement in a campaign for free social care to patients in their final year of life. Currently, getting access to care is difficult, and people who need help getting out of bed, washing and dressing are subject to a means test.

We believe that relatively modest investment in this area would enable many people to return quickly home from hospital at the end of their lives, without increasing overall costs.

We are also calling for increased support for family carers – our report *Committed to Carers* draws on the direct experiences of those who look after a loved one at home. We know that they are more likely to become ill themselves, and their needs are often overlooked by healthcare professionals. We are calling for all carers to get an assessment of their own needs whenever a patient is placed on the local end of life register, and for professionals to work more closely with carers.

Fundraising

The work of Marie Curie relies on fundraising, and even when times are tight, our supporters show great loyalty and commitment.

Our fundraising team approached their work with enthusiasm and ingenuity, enabling us to finish the financial year ahead of budget.

Shops were another of this year's big success stories, increasing profits by 30% from 170 stores. Seven-day opening in many areas enabled us to increase income, without significantly increasing costs, whilst promotions have boosted sales and profitability. And a drive to reclaim Gift Aid on income from donated goods brought in more than £316,000.

Our Individual Giving operation has gone from success to success, with recruitment of an all-time record 24,000 new committed givers – the previous best year saw 19,000 recruited. Two mailings – for Christmas 2011 and the Great Daffodil Appeal 2012 – became our first ever appeals to generate a net contribution of over £1million each.

We have also seen significant growth in big gifts and grants from wealthy individuals and trusts. This has been achieved through carefully-tailored approaches and well-targeted applications.

Legacies are crucially important to Marie Curie Cancer Care, accounting for

roughly 30% of our fundraising income. Over the financial year, we received £22.6 million from supporters' Wills – up £2 million (10%) on last year.

Major corporate fundraising partnerships included Santander, The Rank Group, MissionFish, HomeServe, HSBC and BGL Group. We continued to benefit from the National Gardens Scheme, which has supported Marie Curie for 15 years.

Our supporters' ability to raise sponsorship and participate in events has been hit by the continued economic downturn, and this has affected our income from community fundraising, although we also made substantial cost savings in this area.

Our drive to recruit volunteer fundraising groups is proving immensely successful – with a total of 257 groups signed up at the end of 2011/12. These groups boosted our fundraising presence in local communities, and helped make sure that our Great Daffodil Appeal once again lived up to its name, with a record 25,300 collectors bringing in record income.

The appeal was backed up with a national TV and radio advertising drive, and an energetic PR campaign. We achieved our highest ever levels of media coverage.

Greater emphasis on social media – including Facebook and Twitter – has supplemented our more traditional PR and marketing activities. Technology is enabling us to engage directly with our supporters and offering us new ways of reaching out to people – including many who are not our traditional audience.

Stronger foundations

Marie Curie Cancer Care operates throughout the UK, which means working successfully with devolved Government and institutions in Northern Ireland, Scotland and Wales. Our Advisory Boards for the devolved nations help us understand the different policies of the three Governments. These influential volunteers work closely with the different NHS organisations and guide us on how we can make additional progress.

Find out more about volunteering at:
www.mariecurie.org.uk/volunteering

Members of our Wales Advisory Board were immensely helpful in the development of our new Welsh Language Policy which includes the key commitment that when a patient requests a Welsh-speaking nurse, we will provide one (if available).

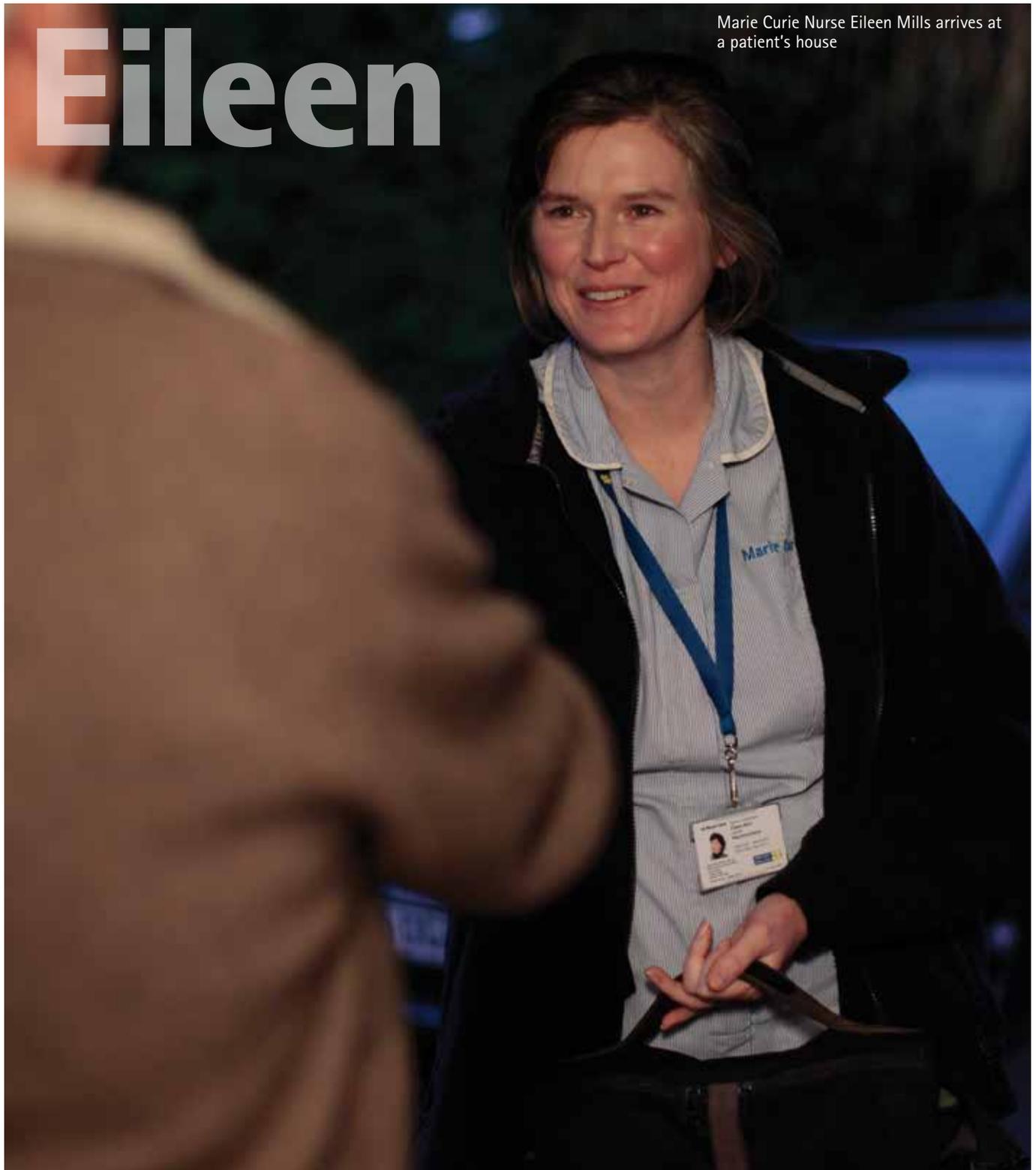
We have continued to centralise many of our operations at our offices in Pontypool. Our nursing Referral Centre and Support Centre; our Volunteer

Centre; and key elements of our fundraising, are now run from Pontypool, enabling us to operate more efficiently to defined national standards. The recent formal opening of our Pontypool offices by the First Minister for Wales emphasised our investment in this key site, and its growing importance to Marie Curie.

It is a reflection of the professionalism of the staff and volunteers at the Marie

Curie Hospice, Solihull that they have for so long provided modern palliative care in an unsuitable Victorian building. We are delighted that building work on our long-awaited Marie Curie Hospice for the West Midlands is well underway, and we will be ready to admit our first patients early in 2013.

Major building projects are also underway at our hospices in Penarth and Edinburgh. We are upgrading and



Marie Curie Nurse Eileen Mills arrives at a patient's house

modernising facilities, improving privacy and dignity for patients and families. Hospice services have temporarily moved to NHS sites, but remain fully operational throughout the works.

We were pleased to sell our former Marie Curie Research Institute building in Oxted, Surrey, for a significant sum, which will, of course, be used to further our work.

Our thanks

HRH The Prince of Wales is our enthusiastic and dedicated Royal Patron. We are grateful to him for his continued active support of our work.

Our Council of Trustees voluntarily give their time and wise counsel to set the strategic direction of Marie Curie, and ensure the charity's sound governance. Particular thanks are due to Professor Dame Christine Beasley, John Lister and

Sir Peter Williams who retired at our 2011 AGM.

We are pleased to welcome new trustees Carolyn Fairbairn, Ruth Holt and Peter Vicary-Smith to Council.

Our thanks go to all our volunteers for their freely-given time and tremendous achievements, in all areas of our work. Thanks are also due to our dedicated staff, right across the charity. We owe our success to volunteers and staff working in partnership.

We are delighted to welcome Dr Jane Collins as Marie Curie's new Chief Executive. As the former Chief Executive of Great Ormond Street Hospital, she brings with her a deep understanding of the NHS, the commissioning landscape and the work of academic and research institutions, as well as extensive experience of fundraising.

Summing up

Despite an adverse financial climate, and continued turmoil in the NHS, 2011/12 has been another good year for Marie Curie Cancer Care. The charity is on a sound financial footing, and is well prepared for the challenges that lie ahead.

John Varley, Chairman



Sir Tom Hughes-Hallett, Chief Executive



Sir Tom Hughes-Hallett joined Marie Curie Cancer Care as Chief Executive in 2000. The charity has flourished under his leadership – and a simple way of looking at this is by reference to the number of patients cared for by Marie Curie Nurses at home. In 2001/02 it was 14,600. Today, it is 27,670.

Over the last 12 years, our hospices have been rebuilt or renovated and have become centres of excellence, reaching out into their communities with a significant increase in outreach and outpatient care. Our Delivering Choice Programme, launched in 2004, has helped transform the face of end of life care in the UK.

Tom has led from the front on Marie Curie's campaign to enable more people to die in their place of choice. His tireless advocacy of this cause has helped ensure that it is now health policy across the UK.

As a new Chairman, you get a good insight into an organisation and its leader. The organisation I joined a year ago is, I observe, purposeful, focussed, responsive, self-confident and caring. I ascribe these characteristics to Tom. He will be remembered here, always, with respect and affection, and he retires with our deep and continuing gratitude.

John Varley, Chairman

Research facilitator Anne Finucane discusses the latest research findings with colleagues at the Marie Curie Hospice, Edinburgh



Edwina will always be grateful to Marie Curie Nurses

"My sister Alice was just 34 when she was told she had bowel cancer. When the hospital suggested she get a Marie Curie Nurse, I really didn't want her to have one at first – I didn't want a stranger coming into the house. But our mum said 'We need help,' so we got two nurses.

"It was amazing how much my opinion changed. I went from not wanting Alice to have a nurse to really appreciating and needing them. If it hadn't been for the nurses, she wouldn't have been able to go back to our parents' home and spend her last days with our family. Thank God they were there.

"Nobody realised Alice had cancer at first. Instead, she was told she had irritable bowel syndrome, Crohn's disease and food poisoning. On Christmas Day 2010, Alice turned all yellow and was in so much pain that Dad took her to hospital. It wasn't until they opened her up to remove a lump that they realised what it was.

"Alice was ill for a whole year and lost four stone. She stayed in our local hospital because she couldn't have any more chemo. But she was desperate to get back to our parents' house.

"The Marie Curie Nurses looked after Alice for two nights. Her children were only 18 months and eight years old at the time. The nurses' kindness towards our family was invaluable – I'll always be grateful to them.

"Alice was so ill she couldn't speak. So I asked the nurses to sit outside her bedroom where they could watch over her while she slept.

"One Saturday, Alice's nurse called a doctor because she was in agony. The doctor gave her painkillers and left in the early hours. The nurse said she could tell Alice wasn't in any pain because her breathing was stable.

"We went to sleep while the nurse looked after my sister. At four in the morning the nurse woke us up to say Alice had passed away.

"The nurses were really good with me, too. They provided such wonderful care and support.

"Alice had wanted her hair washed and nails painted, but we didn't manage to do it before she died. Our family were coming to visit the next day, and Alice really wouldn't have wanted them to see her with greasy hair and untidy nails. So the nurse said 'You could still wash Alice's hair and paint her nails,' and she helped me and Mum do it. It sounds strange, but that really meant a lot to us."

Find out more about our nurses and nursing service at:
www.mariecurie.org.uk/nurses

Edwina Gudgeon supports
the Great Daffodil Appeal

Edw

vinā



Impact Report

This Impact Report shows our overall aims for the three-year period from 2011 to 2014 along with our targets for the financial year 2011/12 and whether we achieved them.

For each element of our work, we have shown the overall targets for the three-year period, as well as the targets for last year. We also show our achievements against these targets.



Fully achieved



Part achieved



Not achieved

Better care

- Delivering the right care, in the right place, at the right time
- Hospices being the hub of their communities
- Always improving quality

Wider reach

- Research and development to improve end of life care for everyone
- Being better known and understood
- Helping communities build better local care

Stronger foundations

- Increasing the money we raise to fund our services
- Growing our volunteer support
- Improving our efficiency and effectiveness, always demonstrating value for money

Better care

Delivering the right care, in the right place, at the right time

We will ensure high quality care is provided to people in the greatest need at the end of their lives, giving them the choice to die at home. Our care will be available to people with cancer and other illnesses free of charge and will be easier to access. Organisations which commission our services will see them as value for money.

Three-year aims

We will introduce new ways of working with the NHS and other partners to ensure more people are cared for at home at the end of life.

Target 2011/12

- Develop a new funding model for our services.
- Increase the number of patients cared for at home by 10%.

Achievement

- 😊 A new funding model has been developed and is being piloted in two areas.
- 😊 The number of patients cared for at home has increased by 18% in the year.

Those in greatest need will be given priority. Marie Curie Nurses will take responsibility for determining the level of care and support provided by the charity.

Target 2011/12

- Develop a greater role for Marie Curie Nurses in assessing the needs of patients.

Achievement

- 😊 In pilot areas testing the new funding model, Marie Curie Nurses are carrying out assessments of patient need and are involved in decision-making on each patient's care.

Patients and families will be able to contact us directly to request a nurse.

Target 2011/12

- A pilot to test self-referral by patients to the Marie Curie Nursing Service will have operated for one year.

Achievement

- 😊 A pilot to test patient self-referral was launched in Derbyshire in April 2011 and has operated throughout the year.

We will provide practical training and support for families caring for the dying, and we will pilot a service offering follow-up visits after the death of a patient.

Target 2011/12

- Establish online support for patients in partnership with the healthtalkonline website.
- Review the requirements, governance and efficacy of providing a support visit after a patient has died.

Achievement

- 😊 We launched a range of patient information using healthtalkonline.
- 😞 The review determined that a visit was not appropriate and identified other ways in which support can be given.

We will share our expertise, practical skills and research work with other healthcare professionals.

Target 2011/12

- Establish and evaluate three pilot sites to provide insight into the impact of sharing our training externally.

Achievement

- 😞 We are providing training on care of the dying in the community for healthcare staff at one pilot site (Sutton and Merton). This is the only current pilot.

Analysis

The Marie Curie Nursing Service has continued to grow despite pressure on NHS finances, achieving a rise of 18%. This is largely because the NHS has recognised that care provided in a patient's home at the end of life is what patients prefer and can be provided at a lower cost.

The high level of increase in patient numbers also reflects changes in the way Marie Curie nursing services are provided. The Marie Curie Nursing Service has developed Multi-visit and Rapid Response services where a nurse is likely to see more than one patient on a single shift.

Better care

Hospices being the hub of their communities

Marie Curie Hospices will reach out to more patients and families and will improve end of life care in the communities they serve.

Three-year aims

Our nine hospices will work in partnership to improve care for patients, support for families and training for healthcare professionals in their local communities.

Target 2011/12

- Increase community services activity by our hospice-based Clinical Nurse Specialist Team by 10%.
- Adjust structures, processes and operational policies to ensure staff can work across Marie Curie Hospices and the Marie Curie Nursing Service.

Achievement

- 😊 Homecare visits are 21% higher than the prior year.
- 😊 New roles working across hospital, hospice and community are being created as part of our Liverpool project, but further work is needed next year.

The work of our hospices will be better known in their local communities through improved local marketing. They will be better supported financially by local people and businesses.

Target 2011/12

- Develop a marketing plan for each hospice to increase healthcare professionals' awareness of hospice services.

Achievement

- 😊 We have prepared marketing plans for all our hospices and are actively marketing their services.

We will operate a pilot of shared services with one independent hospice to determine whether the arrangement could reduce costs for Marie Curie and the hospice concerned.

Target 2011/12

- Identify services that can be offered with an independent hospice and sites where this can be piloted.
- Work with pilot sites to establish whether shared services will bring potential benefits and if appropriate launch them.

Achievement

- 😊 Services were identified and discussions held with potential pilot sites.
- 😊 Discussions with pilot sites indicated little opportunity for mutual benefit.

The new Marie Curie Hospice for the West Midlands will be delivering state of the art services in a fit for purpose building.

Target 2011/12

- The BIG build capital appeal will be on track to raise £10 million for the West Midlands Hospice.
- Construction work will be on schedule for the new building to be fully operational before March 31, 2013.

Achievement

- 😊 The appeal has raised £3 million with further sums pledged. The target has been reduced to £7.8 million as the tenders for the building were lower than expected.
- 😊 Construction work started in June 2011 with practical completion expected in October 2012.

Analysis

The construction of a new hospice in the West Midlands to replace the existing premises in Solihull is well underway and is on time and on budget. Raising the funds is proving challenging in the current economic climate but there have been a number of significant gifts and it is hoped that the target, which has been reduced as the building costs were lower than the pre-tender estimate, will be met.

Better care

Always improving quality

We will continuously improve all our services for patients and families, whatever the economic environment, so that they receive the highest quality care and support.

Three-year aims

Patients and families will help us to define quality and develop new and improved services. We will gather their views in greater numbers, implement changes based on their feedback, and demonstrate that their voice makes a difference to others.

Target 2011/12

- Improve our collection of feedback from patients and families using surveys.
- Establish a strategic group to ensure delivery of our patient and carer engagement strategy.
- Incorporate evidence from patient and carer engagement into the charity's Annual Quality Accounts.

Achievement

- 😊 A new format for obtaining feedback is being used to improve services.
- 😊 The Patient First Group involving patients and families has been established and is meeting regularly to advise on patient issues.
- 😊 Evidence from patients and families was included in the 2011 Quality Accounts.

We will have quality markers for all our activities in hospices and the Marie Curie Nursing Service. These will be continuously improved.

Target 2011/12

- Adopt existing quality markers for hospices and community nursing.

Achievement

- 😊 Our hospices have established standards using external quality markers.

Whatever the economic environment, we will not provide services below our quality benchmark.

Target 2011/12

- Maintain high satisfaction rates for quality in feedback from patients and families.
- Comply with regulatory standards in all of our services.

Achievement

- 😊 Patients and families rated the Marie Curie Nursing Service 4.7 out of five.
- 😊 Our services were inspected by the regulators and were compliant with the required standards. The regulators reported many positive comments from patients and families arising from their audits.

We will improve the quality of care delivered to patients and families by ensuring that our research findings directly impact on the care we deliver.

Target 2011/12

- Share the implications of research for practice throughout the charity's caring services.
- Provide evidence of application of research findings in at least three areas of our service delivery.

Achievement

- 😊 We hold regular forums looking at research results and how results can be put into practice.
- 😊 Applications in use include the use of bereavement risk assessments, the distress thermometer validation study and a study of end of life care provision for the homeless.

Analysis

All our services are regulated and subject to frequent inspections. The regulators no longer issue gradings or star ratings, but the reports received indicate that Marie Curie's services are operating at a high standard and included many positive comments from patients and families arising from their audits.

Wider reach

Research and development to improve end of life care for everyone

We will be known as a leader in end of life care research and development that brings direct benefits to patients and families. We will provide a significant increase in funding for this work.

Three-year aims

Our research will be recognised nationally and internationally for its quality and its ability to deliver practical improvements to care and support at the end of life. It will achieve a high rating from independent peer review, and we will publish our findings widely and on a regular basis.

Target 2011/12

- Ensure that 60% of our research spend will be invested as a result of independent peer review at the point of funding.
- At least 10 publications of research findings should be published in peer-reviewed journals.

Achievement

- 😊 Our grant administration process, operated by Cancer Research UK, ensured that 68% of our research funding in 2011/12 was subject to peer review.
- 😊 Over the year, our research team at UCL published 17 papers in peer-reviewed journals. Our teams in Liverpool and Cardiff each published six.

On an annual basis we will provide an analysis of end of life care across the UK, providing clarity on where services are most needed.

Target 2011/12

- Establish an analytical group at Marie Curie to annually focus on analysis of care and where it is needed.

Achievement

- 😊 Our new analytical group prepared a national analysis of end of life care to inform prioritisation of services.

We will deliver credible economic evidence demonstrating economic cost and impact of different approaches to end of life care in different settings.

Target 2011/12

- Publish a report on the comparative costs for policy makers and commissioners.

Achievement

- 😊 We published a report on cost of end of life care in different settings in February 2012.

We will increase our investment in developing, testing and implementing new services in partnership with others. These services may be delivered by volunteers and carers.

Target 2011/12

- Use our development expertise to establish new partnerships in the delivery of end of life care services across the UK. Two new initiatives should be in place during 2011/12.

Achievement

- 😊 An innovative partnership is underway in Greenwich and Bexley; and a range of partnerships is underway under a national agreement with Help the Hospices.

All patients and families will have the opportunity to take part in local and national research.

Target 2011/12

- Recruit 10 patients per year to national studies through our research facilitator programme at Marie Curie Hospices.
- Recruit 20 patients per year to local studies through our research facilitator programme.

Achievement

- 😊 92 patients from the four hospices with research facilitators have been involved in research studies.
- 😊 Six bereaved relatives at our Belfast hospice were recruited into a Keele University study. Patients and staff at our Edinburgh hospice were recruited to three studies.

Analysis

Marie Curie Cancer Care supports three research centres and undertakes a wide range of research and development directly. The charity has also made a major commitment to research funding by providing new funding of £1 million to research critical areas in palliative care. This important programme is being undertaken with the help of Cancer Research UK which is providing its renowned grant administration process to Marie Curie at no cost. This is a great example of charities working in partnership.

Wider reach

Being better known and understood

We will raise our profile at local and national level to reach more patients and families to influence health policy in all four countries and to grow our fundraising and support.

Three-year aims

Patients and families will know more about our services and how to access them through an increased focus on marketing and promotions. We will also be using volunteers widely in their local communities to spread the word about our work.

Target 2011/12

- Increase awareness of the charity through media and marketing campaigns.
- Recruit and train 50 Marie Curie Community Ambassadors.

Achievement

- 😊 As a result of our media and marketing campaigns, spontaneous awareness of Marie Curie Cancer Care increased by 8%.
- 😊 42 new ambassadors were recruited in the year.

The charity will be known by the public, healthcare professionals, commissioners and government as caring for people at the end of life with any terminal illness – not just cancer.

Target 2011/12

- We will develop a strategy to raise awareness of our nursing and hospice services with GPs in England.

Achievement

- 😊 We have developed a strategy for engagement with GP practices, with a particular focus on those involved in Clinical Commissioning Groups.

We will be represented on influential groups where our expertise in end of life care can have a positive impact for patients and families on the NHS and government.

Target 2011/12

- Develop a targeted plan to get involved with national strategies for improving end of life care in England, Wales, Scotland and Northern Ireland.

Achievement

- 😊 We are involved in end of life care policy development in each of the four home countries.

All major fundraising campaigns will be supported with investment that increases our income.

Target 2011/12

- Deliver a communications campaign to increase the number of collectors for the Great Daffodil Appeal in 2012 to 25,000.
- Deliver a communications campaign to support the Blooming Great Tea Party, Walk Ten and Marie Curie Hospice fundraising treks.

Achievement

- 😊 Volunteers carried out a total of 25,293 individual collections for the Great Daffodil Appeal – an increase of 20% on the previous year.
- 😊 Increased advertising led to a rise in participants and income from these events.

Analysis

The relationship with the NHS is critical to Marie Curie to ensure that its services receive regular and appropriate referrals. The changes in the NHS (especially in England) mean that the charity is having to develop new relationships and is working hard to get support from local communities to ensure that care at the end of life is given a high priority at this time.

The increase in the number of collectors for the Great Daffodil Appeal represents a very significant achievement and enabled the highest ever level of income to be achieved despite the economic difficulties that the country is facing.

Wider reach

Helping communities build better local care

We will support and encourage local communities and initiatives to improve the availability and quality of end of life care for people at home.

Three-year aims

We will have a network of Marie Curie volunteers across the UK with an active interest in care of the dying in their local communities.

Target 2011/12

- We will recruit at least 75 volunteers prepared to act as advocates for the charity in their area.

Achievement

- ☹️ Further work is needed on campaigning in response to changes in commissioning authorities in England.

Volunteers will have the support they need to campaign effectively to safeguard existing local end of life care services and to act as advocates for better care in the future.

Target 2011/12

- We will provide scripts and other material to support volunteers who act as advocates in the community and keep them regularly updated on change in local healthcare provision.

Achievement

- ☹️ The materials were not in place by March 2012, but will be prepared during the next year.

Our staff and volunteers will maximise the opportunities offered by social media such as Facebook and Twitter to grow awareness of our services and increase our volunteering and fundraising support.

Target 2011/12

- We will develop a social media strategy for the charity and deliver training to staff and volunteers as appropriate. We will monitor our following in social media and measure its effectiveness.

Achievement

- ☺️ We are still developing the strategy, but are very active on social media. We have seen significant growth in Facebook fans (393,400) and Twitter followers (14,200).

Our website will be a recognised source for local support and practical information for people at end of their lives and their families.

Target 2011/12

- The next stage of website development will include the ability to provide local content to help patients and families. Relevant services and support will be featured on the site.

Achievement

- ☹️ Information for patients and families is still under development and will be available in October 2013.

We will be involved in more local partnerships that deliver and promote high quality care at the end of life and will enhance our reputation as a good partner.

Target 2011/12

- Work with the NHS and other partners to jointly develop and evaluate new services.

Achievement

- ☺️ A new service is being piloted in Greenwich and Bexley.

Analysis

The charity has a strong following on social media – it has the fourth highest number of Facebook supporters of any charity in the UK, with patients and families regularly using Facebook and Twitter to highlight their appreciation of the work of our care staff.

Stronger foundations

Increasing the money we raise to fund our services

We will deliver this Strategic Plan by increasing the income we generate through fundraising. We intend to raise more income from individuals, trusts and companies, and we will actively review other potential sources of charitable income.

Three-year aims

We will recession-proof our charitable income by using many different methods of fundraising. In particular, we will focus on increasing committed monthly giving and legacies.

Target 2011/12

- Use a staff competition to identify new fundraising ideas.
- Implement a new strategy for regular and payroll giving to grow the number of regular givers recruited.

Achievement

- 😊 A new fundraising activity is being developed for implementation in 2012/13.
- 😊 Increasing our supporter recruitment and payroll fundraising activities led to an increase in recruitment of regular givers in the year.

We will grow the income we receive from individuals, trusts and companies – making full use of our website and digital media, and by investing in people, products and marketing.

Target 2011/12

- Increase income from Individual Giving campaigns by making better use of our data to deliver more targeted campaigns.
- Generate 25% more gifts of £100,000 or more and increase income from trusts and individuals giving up to £5,000 per year by 20%.
- Secure corporate sponsorship and recruitment partners for our Walk Ten and Blooming Great Tea Party events.

Achievement

- 😊 Our analysis has resulted in better targeted appeals and higher response rates.
- 😊 We achieved the financial target, albeit with a higher increase from larger donations.
- 😊 HomeServe sponsored Walk Ten and RHM supported the Blooming Great Tea Party with advertising on packs.

Volunteers will play a bigger role in our fundraising. We will double the number of fundraising groups and we will work more closely with our patrons and senior supporters.

Target 2011/12

- Set up 150 new fundraising groups across the UK targeting £3 million of new income.
- Increase the number of Great Daffodil Appeal collections.

Achievement

- 😊 We established 129 new fundraising groups.
- 😊 There were more than 20% more collections in the 2012 Great Daffodil Appeal.

We will engage more closely with our donors and broaden the ways in which they can support the charity financially.

Target 2011/12

- Develop a stewardship strategy that delivers a consistently high quality experience to all our supporters.

Achievement

- 😊 We have developed the strategy and have made a start on implementation.

We will increase the profits generated by our shops and other retail activities, including online.

Target 2011/12

- Increase the average weekly sales per shop.
- Increase the overall profit generated by our shops.
- Improve Gift Aid income from sales of donated goods.
- Increase our online sales.

Achievement

- 😊 Average weekly sales per shop are at £1,843 compared with target of £1,839.
- 😊 The overall profit of all our shops increased by 30%.
- 😊 Income from Gift Aid increased by 114%.
- 😊 Online sales increased by 8%.

Analysis

Despite the tough economic climate Marie Curie was able to increase its fundraising income. Although our income is still below the peak level of 2008/09, we still raised enough to be able to increase our services.

Shops continued to perform well and increased profit to a record level.

Stronger foundations

Growing our volunteer support

By expanding our volunteer support, we will deliver more care for patients and families – and raise the money to pay for it.

Three-year aims

New roles will be developed for volunteers to provide more support to patients and families – either directly through initiatives such as the Marie Curie Helper project, or in other ways which support the charity's work.

Target 2011/12

- Increase our regular volunteer numbers by 1,000.

Achievement

- 😊 We grew the number of regular volunteers by more than 1,800.

Volunteers will play key roles in promoting the charity in their local communities – raising awareness and funds.

Target 2011/12

- Develop Community Ambassador role and recruit 50 volunteers to perform the role.

Achievement

- 😊 The Community Ambassador role was developed and materials prepared but limited numbers were recruited by the year end.

All our volunteers will be trained and equipped to deliver their best and will be supported by our staff.

Target 2011/12

- Implement improved national recruitment and induction procedure for volunteers across Marie Curie.
- Support our staff to work with volunteers successfully by rolling out new tools, guidance and online training to help them learn how to manage the relationship with a volunteer and what to do in difficult situations.

Achievement

- 😊 We have developed and agreed a national recruitment procedure.
- 😊 We developed tools for staff, and they are available on the charity's intranet. Work has not yet started on online learning for staff due to a restructure of the team.

We will recruit more volunteers in all areas of the charity and we will celebrate and recognise their achievements.

Target 2011/12

- Make better use of the Marie Curie website and other volunteering websites to attract volunteers.
- Nominate volunteers for external awards and honours.

Achievement

- 😊 Marie Curie volunteering publicity was carried on a wide range of websites including our own.
- 😊 We made a number of nominations to external bodies – and some of our volunteers were honoured.

Analysis

We have recruited significant numbers of new volunteers. A total of 129 new volunteer fundraising groups have been formed, and many volunteers have come forward to support our work with patients in the Marie Curie Helper programme.

Stronger foundations

Improving our efficiency and effectiveness, always demonstrating value for money

We will continuously improve the cost efficiency and effectiveness of everything we do to ensure we maximise the money spent on patient and family care.

Three-year aims

Out of every £1 spent in the nursing service and hospices, we will increase the proportion spent directly on patient care, while decreasing the proportion spent on support and administration costs. This will demonstrate value for money to our supporters and the NHS.

Target 2011/12

- Optimise the Referral Centre which matches nurses to patients to gain greater efficiencies, reducing occasions when we are not able to meet a request for a nurse.

Achievement

- 😊 We have restructured the centre and other activities which support our home nursing service to improve efficiency.

We will improve the efficiency of our fundraising by cutting out our least effective ways of fundraising and investing in those which have the most potential.

Target 2011/12

- Review and improve the operational activities that support fundraising teams.
- Analyse, benchmark and cost our activities in order to prioritise activities and remove fundraising products with the lowest return on investment.

Achievement

- 😊 We reviewed the administration of our community fundraising and made improvements.
- 😊 We looked at cost ratios and standardised our core products, ending some low return activities.

We will set up a Fundraising Support Centre to maximise the efficiency of our telephone contact with supporters. This will free up our community fundraisers to focus on income generating activities rather than administration.

Target 2011/12

- Make outbound telephone calls for fundraising events from our new Fundraising Support Centre.
- Review our current outsourced telephony in fundraising.

Achievement

- 😊 The project was completed successfully with our Fundraising Support Centre team delivering welcome, thank you, events support and payment reminder calls.
- 😊 Successful pilots for lottery calling will be rolled out in 2012/13. A pilot is underway of donor recruitment.

The unit costs of services such as IT, finance and human resources will compare favourably with those of other charities and organisations providing similar services.

Target 2011/12

- Marie Curie expenditure on finance will be lower than the peer group benchmark.
- Marie Curie expenditure on human resources will be lower than the peer group benchmark and lower than the prior year percentage.
- Marie Curie expenditure on IT will be lower than the peer group benchmark and lower than the prior year percentage.

Achievement

- 😊 Marie Curie expenditure on finance was 1.1% of total expenditure compared with 2% for the survey average and 1.7% for our peer group.
- 😊 Marie Curie expenditure on human resources was 1.0% of total expenditure compared with 1.5% for the survey average and 1.7% for peer group.
- 😊 Marie Curie expenditure on IT was 2.2% of total expenditure compared with 1.6% for the survey average and 1.9% for peer group.

Analysis

The percentage that the charity spends on services such as finance, human resources and IT is significantly lower than that of other charities measured in a survey of charity finances. The establishment of the Fundraising Support Centre in Pontypool is enabling the charity to improve its efficiency by freeing up local fundraisers from many administrative tasks and enabling them to focus on developing our fundraising.

Our finances

Three-year aims

Target 2011/12

- Keep the deficit on unrestricted funds to below the £5 million budgeted for 2011/12.

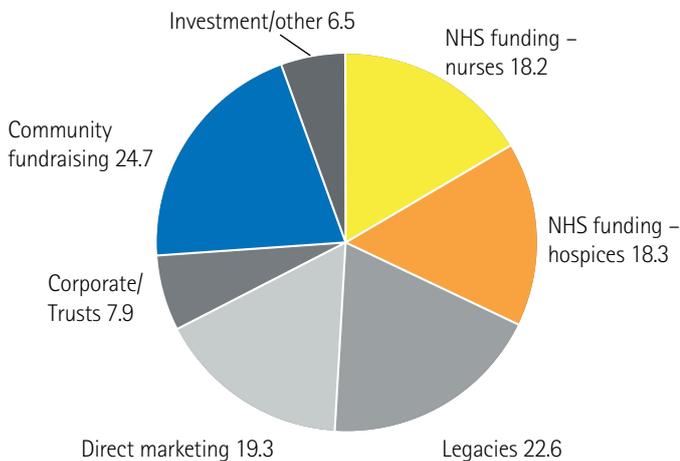
Achievement

- ☺ The deficit for the year was reduced to £3.1 million (excluding gains on disposal of fixed assets) through higher net fundraising income, higher shops profits and lower expenditure.

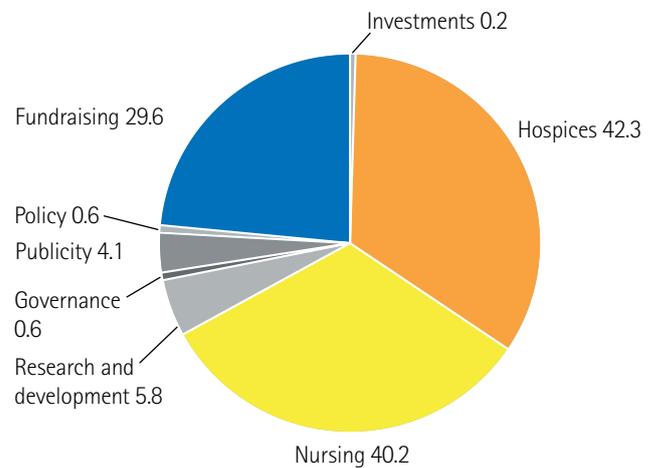
Analysis

The trustees permitted a budget deficit on unrestricted funds as demand for the Marie Curie Nursing Service is increasing faster than the ability of the charity to grow its fundraising income. The final result, although still a deficit, represents an improvement to the amount originally budgeted. The trustees remain committed to supporting the continued growth of the Marie Curie Nursing Service and have budgeted a further deficit in 2012/13.

Income 2011/12 £ million



Expenditure 2011/12 £ million



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

Report of the council

for the 12 months ended March 31, 2012

Objectives

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

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 nine 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.

Marie Curie relies on charitable donations, with the balance of funding received from the NHS.

Marie Curie Nursing Service

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

Research and development

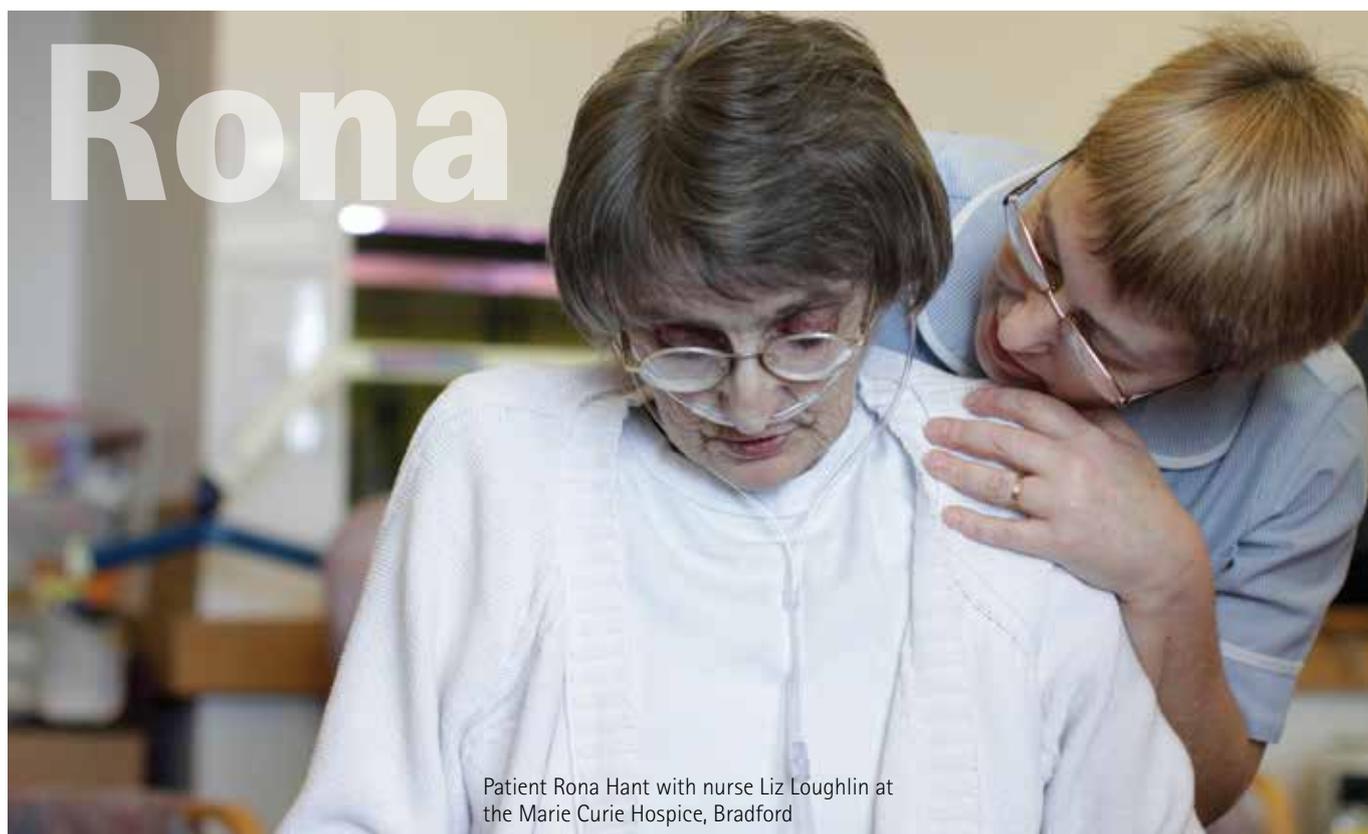
The charity carries out and funds research into better ways to care for patients with terminal illnesses. The charity provides funding for three centres for palliative care research which are based in UCL, Cardiff University and the University of Liverpool, as well as for other projects in collaboration 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 2011/12 and the progress made towards achieving those aims is shown in the Impact Report on pages 12 to 21.

The targets contained in the Impact Report are based on the charity's strategic plan for the period from 2011 to 2012. The objectives and targets contained in the Strategic Plan are kept



Patient Rona Hant with nurse Liz Loughlin at the Marie Curie Hospice, Bradford

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.

Development of charitable activities

Hospices

Occupancy of the 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 19%.

Marie Curie Nursing Service

Despite the financial pressures faced by the NHS, the NHS commissioned 11% more care from the Marie Curie Nursing Service. As a result the number of patients cared for by the nursing service increased by 12%.

Research

The charity provides grants for funding palliative care research to UK universities. During the year the charity committed to a further three years of funding at £1 million per annum. The charity continued its support for the Marie Curie Palliative Care Research Unit, which is part of UCL, through the provision of a core research grant and a programme grant which is examining interventions which improve end of life care in advanced dementia.

The charity also provides research funding to the University of Liverpool which includes funding to support the development of the Liverpool Care Pathway for the Dying Patient and for the Wales Cancer Trials Unit at Cardiff University.

Development

During the year the charity operated Delivering Choice projects to improve patient choice by developing end of life services in eight areas of the UK including Somerset, South East London and Northumberland.

The charity has launched a volunteer support service called Marie Curie Helper in Nottingham, Somerset, Liverpool and Hackney and piloted direct patient referral of the Marie Curie Nursing Service.

Overall results

Results for the year ended March 31, 2012 are given in the Statement of Financial Activities on page 31. The assets and liabilities as at March 31, 2012 are given in the Balance Sheets on page 32.

The charity's incoming resources (excluding profit on disposal of fixed assets) increased by £6.5 million (5.0%) to £136.7 million (2011 - £130.2 million). Income from the NHS for the Marie Curie Nursing service increased by £2.0 million (11.1%) and the charity received £2.9 million from the Department of Health towards the cost of the construction of the West Midlands hospice, an increase of £1.9 million from the prior year. There were also increases in fundraising income of 4.3% and in shops income of 6.9%.

The level of expenditure increased by 5.5% over the prior year. The charity incurred a deficit on unrestricted funds of £1.4 million (2011 - surplus £0.8 million).

The value of the charity's investment assets reduced in value by £1.2 million (2011 - increase £2.8 million), a reduction of 1.6%.

Charitable activities

Income from the NHS towards the cost of the nursing service increased by 11.1% as more care was commissioned from Marie Curie Nursing Service compared to the previous year. There were a number of significant increases in services notably in Devon, Dorset, Durham and Grampian.

Expenditure on the nursing service increased in line with the growth in income as the charity responded to the increase in requests for its services.

Expenditure on hospices also increased as the charity continued to develop its

non in-patient services and also faced a range of cost pressures.

Expenditure on research and development, at £5.8 million, was £2.1 million lower than the previous year. The current year included the funding of £3 million for an extension of the national grant programme at £1 million per annum, whereas the prior year included new funding for the Marie Curie funded institutes at UCL and University of Liverpool and new funding for the Wales Cancer Trials Unit which totalled £4.7 million.

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 (now closed) but have now transferred into UK universities and continue to receive support.

Voluntary income

Overall voluntary income increased by £2.2 million to £76.2 million. Legacy income increased by £2.1 million, and income from Capital Appeals for hospice developments in the West Midlands and Glasgow Appeal raised £1.8 million which was £0.4 million more than the prior year. Other donations reduced by £0.3 million (0.6%).

Fundraising costs increased by 8.6% as the charity increased its investment in recruitment of committed givers to provide a source of regular income to support its activities through the current financial climate.

Other income and expenditure

The charity's chain of shops increased its income by 6% on a like-for-like basis by extending Sunday opening in a large number of shops and increasing the amount of Gift Aid claimed on sales of donated goods. Income of £16 million was the highest ever, and net profit from retail activities increased by £1.2 million (59%).

Governance costs, which relate to the governance arrangements of the charity rather than the costs associated with the management of the charitable and

Girl group The Saturdays on the site of our new Marie Curie Hospice for the West Midlands. Pictured (l-r) are Una Healy, Mollie King, Rochelle Wiseman and Vanessa White.



fundraising activities, have remained largely unchanged at £0.7 million (2011 – £0.7 million) and represented 0.5% (2011 – 0.6%) of total resources expended.

Net income for the year

The charity made a net deficit on unrestricted funds of £1.4 million (2011 – surplus £0.8 million).

Capital expenditure for the year was £8.2 million (2011 – £2.8 million). This included £5.2 million towards the cost of a new hospice for the West Midlands. Work commenced on site in June 2011. The project is 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 fell in value by £1.2 million having increased by £2.8 million in the prior year.

The return on the charity's investment portfolio was (0.2)% which compares

with the benchmark of 2.2%.

The deficit on the Marie Curie Cancer Care Defined Benefit Pension Scheme reduced by £0.3 million to £3.1 million. This was a result of special contributions to reduce the deficit which more than offset the actuarial loss.

Net movement in funds

As a result of the deficit and the fall in the market value of the investments the charity's unrestricted funds at March 31, 2012 fell by £3.0 million to £95.0 million of which the General Fund represented £47.1 million.

Impact of the recession

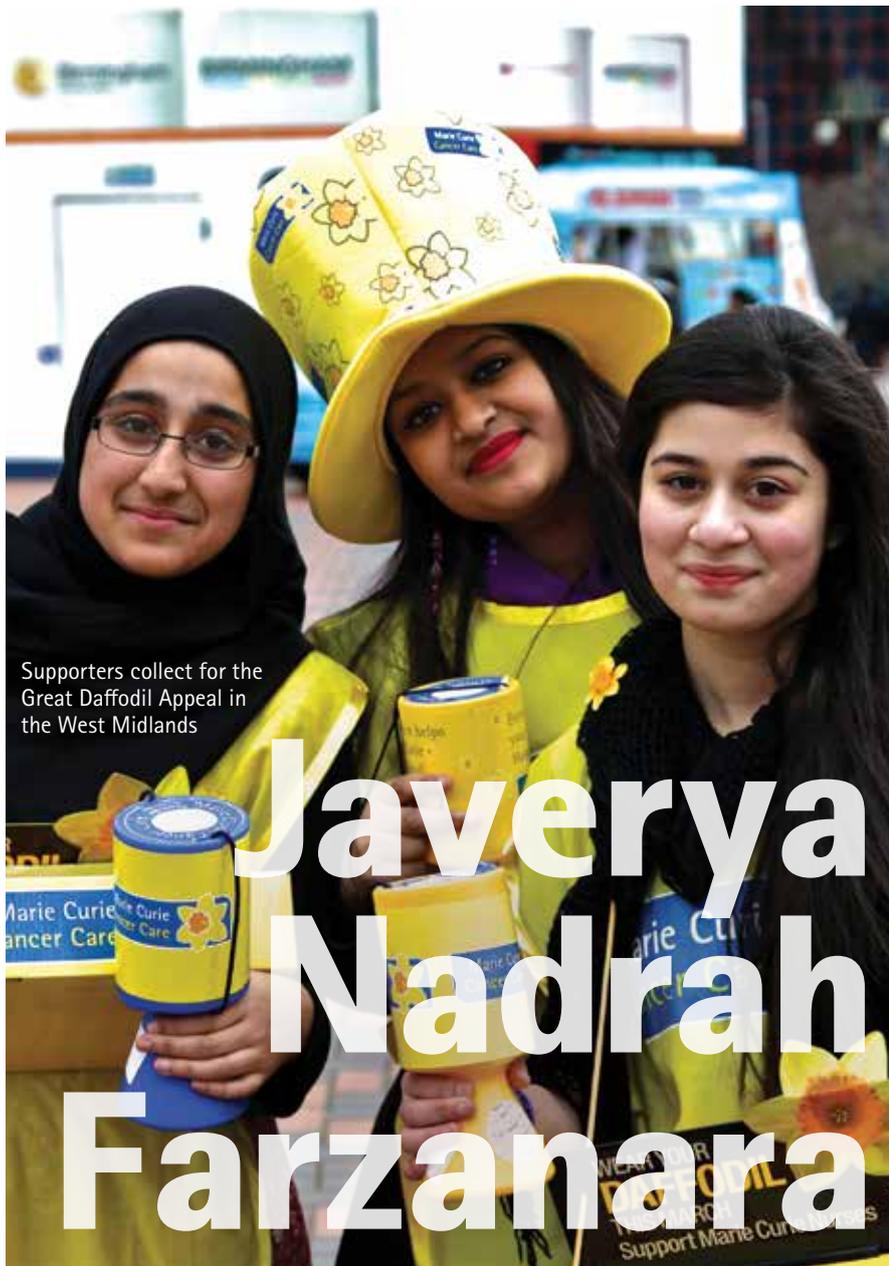
With hospices in nine of the major cities in the UK and a nursing service that covers virtually all of the UK, the charity's activities are a key part of the health infrastructure of the UK and need to be maintained throughout this time of financial uncertainty.

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.



Supporters collect for the Great Daffodil Appeal in the West Midlands

Javerya Nadrah Farzanara

Based on these calculations, the Council estimates that a total of £47.3 million of free reserves is required. This represents four months of the charity's operating expenditure for 2012/13. At £47.1 million this is just below 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.

The charity is budgeting to make a deficit of over £5 million as the demand for its community services is growing at a faster rate than its income. This deficit will need to be funded by the reserves and may continue beyond next year as the economic environment

makes securing increases in fundraising difficult to achieve.

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

- The Capital Investment Fund is for the modernisation of Marie Curie Hospices and other capital projects. The fund balance of £17.3 million is expected to be used to refurbish, maintain and replace the charity's hospice network. At May 1, 2011 the estimated rebuilding cost of the hospices was £122 million. During the year the former Marie Curie Research

Institute site was sold generating a profit on disposal of £1.7 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.

The charity has announced that it will support the national work being undertaken by the NHS to develop a funding mechanism for palliative care and improve services for patients with funding of £2.5 million over the period to 2015. The charity is seeking to raise funds from its supporters for this work and may be required to provide funding from reserves for it. The funding has been made available from the Palliative Care Development Fund, which has been reduced by this amount.

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 assesses the working capital requirements of the charity and with the advice of the investment advisers, and the Investment Committee determines

the asset allocation for the General Fund. At March 31, 2012 the asset allocation was as follows:

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

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 and 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 2011, 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 Clinical Governance Trustees 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.

	Actual £million	Actual %	Target %
UK equities	11.4	22.0	17.5% – 27.5%
International equities	17.8	34.4	23% – 40%
Fixed income	2.7	5.2	4% – 10%
Global Bonds	6.5	12.5	7.5% – 17.5%
Property	3.5	6.8	5% – 8%
Hedge funds	8.1	15.6	13.5% – 18.5%
Cash	1.8	3.5	0% – 10%
Total investment portfolio	51.8	100.0	
Cash investments	(1.8)		
Total listed investments	50.0		

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, 2012 was a loss of 0.2% which was below the blended benchmark of 2.2%.

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 Marie Curie Research Institute. Other assets include specially adapted minibuses for transporting patients, the interior fitments and equipment at the charity's 175 shops, IT systems and office equipment.

The sale of the site of the former research institute resulted in a profit on disposal of £1.7 million. A new Glasgow hospice has been constructed and the former site is under offer.

Capital expenditure included £5.2 million of construction cost 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.

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

The Council as trustees are responsible for preparing the Report of the Council – and the financial statements in accordance with applicable law and regulations. Company law requires the trustees to prepare financial statements for each financial year. Under that law they are required to prepare the group and parent company financial statements in accordance with UK Accounting Standards and applicable law (UK Generally Accepted Accounting Practice).

Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the group and the parent charity of the group and of the surplus or deficit for that period.

In preparing 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.

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.

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

Supporter Gary Ambrose runs in the Brighton Marathon



Gary

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. Systems implemented to mitigate these risks are continually being developed or enhanced.

Subsidiary undertakings

The charity's principal subsidiary undertakings as at March 31, 2012 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 10, 2012

Independent auditor's 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, 2012 set out on pages 31 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 auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity, its members as a body and its trustees as a body, for our audit work, for this report or for the opinions we have formed.

Respective responsibilities of the trustees and auditor

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

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, 2012 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 (as amended).

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

July 27, 2012

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended March 31, 2012.

	Note	Unrestricted funds £000	Restricted funds £000	Total funds 2012 £000	Total funds 2011 £000
Incoming resources					
Incoming resources from generated funds:					
Voluntary income	2	57,160	19,026	76,186	73,988
Activities for generating funds: Retail sales of donated and purchased goods		9,985	6,032	16,017	14,984
Investment income	3	1,988	-	1,988	1,689
		69,133	25,058	94,191	90,661
Incoming resources from charitable activities	4	38,390	3,838	42,228	39,118
Other income					
Net gain on disposal of fixed assets	7	1,704	-	1,704	2,321
Other income		282	-	282	430
Total incoming resources		109,509	28,896	138,405	132,530
Cost of generating funds					
Cost of generating voluntary income		28,188	1,370	29,558	27,211
Publicity		4,086	-	4,086	3,205
Fundraising trading: cost of goods sold		8,506	4,189	12,695	12,902
Investment management costs		238	-	238	265
		41,018	5,559	46,577	43,583
Net incoming resources available for charitable application		68,491	23,337	91,828	88,947
Cost of charitable activities					
Hospices		29,650	12,601	42,251	40,157
Nursing		34,792	5,408	40,200	36,446
Research & development	5d	4,159	1,655	5,814	7,868
Policy		598	-	598	299
Total charitable expenditure		69,199	19,664	88,863	84,770
Governance costs		677	-	677	673
Total resources expended	5	110,894	25,223	136,117	129,026
Net (expenditure)/income for the year		(1,385)	3,673	2,288	3,504
Other recognised gains & losses					
(Losses)/gains on investment assets	8	(1,228)	-	(1,228)	2,836
Actuarial losses on defined benefit scheme	18	(374)	-	(374)	(131)
Net movement in funds		(2,987)	3,673	686	6,209
Reconciliation of funds					
Total funds at April 1, 2011		98,012	15,537	113,549	107,340
Total funds at March 31, 2012		95,025	19,210	114,235	113,549

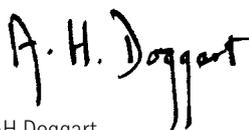
All of the charity's operations are continuing. There were no gains or losses other than those stated above. The notes on pages 34 to 48 form part of these financial statements.

Balance sheets

as at March 31, 2012.

	Note	Group 2012 £000	2011 £000	Charity 2012 £000	2011 £000
Fixed assets					
Tangible assets	7	45,289	42,644	45,289	42,644
Investments	8	75,532	75,142	76,259	75,869
		120,821	117,786	121,548	118,513
Current assets					
Stocks	9	246	376	192	131
Debtors	10	5,916	6,406	6,896	6,515
Investments	11	15,726	17,684	15,726	17,684
Cash at bank and in hand		3,703	3,285	3,257	3,076
		25,591	27,751	26,071	27,406
Creditors:					
Amounts falling due within one year	12a	(20,177)	(18,979)	(21,326)	(19,306)
Net current assets		5,414	8,772	4,745	8,100
Total assets less current liabilities		126,235	126,558	126,293	126,613
Creditors: Amounts falling due after more than one year					
	12b	(8,185)	(8,787)	(8,185)	(8,787)
Provisions for liabilities and charges	14	(690)	(801)	(690)	(801)
Net assets (excluding pension liability)		117,360	116,970	117,418	117,025
Defined benefit pension liability	18	(3,125)	(3,421)	(3,125)	(3,421)
Net assets (including pension liability)	15	114,235	113,549	114,293	113,604
Funds					
Restricted funds	15	19,210	15,537	19,210	15,537
Designated funds	15	51,032	51,987	51,032	51,985
		70,242	67,524	70,242	67,522
Free reserves					
Pension reserve	15	(3,125)	(3,421)	(3,125)	(3,421)
General funds	15	47,118	49,446	47,176	49,503
		114,235	113,549	114,293	113,604

Approved by Council on July 10, 2012.



AH Daggart
Honorary Treasurer

The notes on pages 34 to 48 form part of these financial statements.

Consolidated cash flow statement

for the year ended March 31, 2012.

	Note	2012 £000	2011 £000
Net cash inflow from operating activities	B	2,975	6,242
Returns on investments and servicing of finance			
Dividends received		739	604
Interest received		525	347
Capital expenditure and financial investment			
Capital expenditure		(7,972)	(2,562)
Sale of tangible fixed assets		3,811	2,438
Investment purchases		(8,341)	(9,657)
Increase in invested cash		(2,343)	(3,399)
Investment sale proceeds		9,066	10,009
Net cash (outflow)/inflow before management of liquid resources		(1,540)	4,022
Management of liquid resources			
Decrease/(increase) in cash invested in short term investments		1,958	(4,414)
Increase/(decrease) in cash		418	(392)

Note A

Reconciliation of net cash flow to movement in net funds

Increase/(decrease) in cash in the year	418	(392)
(Decrease)/increase in liquid resources	(1,958)	4,414
Net funds at April 1, 2011	20,969	16,947
Net funds at March 31, 2012	19,429	20,969

Analysis of net funds

	Apr 1, 2011 £000	Cash flow £000	Mar 31, 2012 £000
Cash at bank and in hand	3,285	418	3,703
Money market and other deposits	17,684	(1,958)	15,726
	20,969	(1,540)	19,429

Note B

Reconciliation of changes in resources to net inflow from operating activities

	2012 £000	2011 £000
Net incoming resources	2,288	3,504
Depreciation charges	3,425	3,172
Gain on disposal of fixed assets	(1,704)	(2,321)
Pension funding adjustment	(875)	(411)
Dividends received	(739)	(604)
Interest received	(525)	(347)
Decrease/(increase) in stocks	130	(48)
Decrease in debtors	490	785
Increase in creditors and provisions	485	2,512
Net cash inflow from operating activities	2,975	6,242

Notes to the financial statements

for the year ended March 31, 2012.

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	25-28 years
Short leasehold buildings	Over the period of the lease or 10 years whichever is shorter
Leasehold shop improvements	Over the period of the lease or 10 years whichever is shorter
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	Investment income is accounted for on an accruals basis.
Gifts in kind	Gifts in kind are valued at their realised amount, or the amount equivalent to an alternative commercial supply, and are included in the SOFA as appropriate. No amounts are included for services donated by volunteers.

Notes to the financial statements

for the year ended March 31, 2012.

1. Accounting policies (continued)

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.
Fundraising costs	Fundraising and publicity expenditure have been shown separately. Fundraising expenditure represents the total costs of fundraising, excluding only direct costs of specific events organised by third parties, which are netted off against the income from those events.
Research expenditure	Research expenditure is written off as incurred.
Support costs	The costs of functions which support more than one of the charity's activities have been allocated to those activities based on time spent. Costs classified as governance relate to the general running of the charity and include the operations of the Council and addressing constitutional, audit and other statutory matters. (See Note 5).
Governance costs	Governance costs are the costs associated with the governance arrangements of the charity which relate to the general running of the charity rather than those costs associated with fundraising or charitable activity. These costs include external and internal audit, legal advice for trustees and costs associated with constitutional and statutory requirements and the preparation of the annual report.

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 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.

Notes to the financial statements

for the year ended March 31, 2012.

1. Accounting policies (continued)

(4) Palliative Care Funding Review. This represents the amount set aside by the trustees to support the development of a new funding mechanism and model of service provision to improve end of life care services for patients and families.

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 2012 £000	Total funds 2011 £000
Major capital appeals	-	1,840	1,840	1,404
Donations, events and other voluntary income	38,462	13,310	51,772	52,069
Legacies	18,698	3,876	22,574	20,515
	57,160	19,026	76,186	73,988

3. Investment income

	Unrestricted funds £000	Restricted funds £000	Total funds 2012 £000	Total funds 2011 £000
Listed investments	979	-	979	844
Cash investments	632	-	632	454
Hedge funds	15	-	15	152
Property fund	346	-	346	215
Other investments	16	-	16	24
	1,988	-	1,988	1,689

4. Incoming resources from charitable activities

	Unrestricted funds £000	Restricted funds £000	Total funds 2012 £000	Total funds 2011 £000
NHS funding for nurses	19,799	-	19,799	17,823
NHS funding for hospices	18,251	-	18,251	18,284
Other NHS funding	173	500	673	346
Department of Health grants				
- Capital grant West Midlands hospice	-	2,870	2,870	996
- Capital grant programme	-	-	-	362
- Children's Palliative Care	-	-	-	607
- Third Sector Investment Fund	-	117	117	55
Scottish Executive Section 16b funding	-	89	89	100
Big Lottery Fund	-	139	139	47
Other income	167	123	290	498
	38,390	3,838	42,228	39,118

Other NHS funding includes a capital grant towards the cost of the new hospice in Glasgow. The Third Sector Investment Fund grant includes £57,000 for research into Cognitive Behaviour Therapy and £60,000 for the patient self-referral project. The Scottish Executive 16b funding comprises £89,000 for nursing services. The funding from the Big Lottery includes £130,000 for the Marie Curie Helper project in Nottingham and £9,000 Awards for All funding for training volunteers at the Marie Curie Hospice, Hampstead in London.

Notes to the financial statements

for the year ended March 31, 2012.

5. Expenditure

	Direct costs £000	Support costs £000	Total 2012 £000	Total 2011 £000
Cost of generating funds				
Fundraising	26,553	3,005	29,558	27,211
Publicity	3,761	325	4,086	3,205
Retail shops	11,890	805	12,695	12,902
Investment management costs (Note C)	208	30	238	265
	42,412	4,165	46,577	43,583
Charitable activities				
Hospices	39,762	2,489	42,251	40,157
Nursing	37,571	2,629	40,200	36,446
Research and development (Note D)	5,414	400	5,814	7,868
Policy	497	101	598	299
	83,244	5,619	88,863	84,770
Governance costs (Note B)				
	325	352	677	673
Total	125,981	10,136	136,117	129,026

Allocation of support costs	Executive, legal & strategy £000	Finance £000	HR & training £000	IT £000	Facilities & property £000	Total 2012 £000	Total 2011 £000
Hospices	298	274	825	725	367	2,489	2,120
Nursing	298	274	825	1,087	145	2,629	2,176
Research and development (Note D)	60	68	87	145	40	400	297
Policy	30	14	21	36	-	101	110
Total charitable activities	686	630	1,758	1,993	552	5,619	4,703
Fundraising	150	411	816	1,341	287	3,005	3,202
Publicity	18	27	60	181	39	325	290
Retail shops	6	137	161	109	392	805	740
Investment management	-	28	-	-	2	30	-
Governance	162	137	53	-	-	352	339
Total support costs allocated	1,022	1,370	2,848	3,624	1,272	10,136	9,274

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

Note A

Net incoming resources for the year is stated after charging:

Fees payable to the charity's auditor for:

	2012 £000	2011 £000
- the audit of the financial statements	76	74
- other audit services	6	10
	82	84

Notes to the financial statements

for the year ended March 31, 2012.

5. Expenditure (continued)

	2012 £000	2011 £000
Amounts paid under operating leases		
- land and buildings	4,460	4,583
- plant and machinery	792	731
	5,252	5,314

Note B

	2012 £000	2011 £000
Governance costs		
Apportionment of support staff (based on time spent)	352	339
Internal audit	221	217
External audit fees	72	74
Trustees' travel & meeting expenses	7	6
Trustees indemnity insurance	6	6
Legal costs	19	31
	677	673

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.

Note D

	2012 £000	2011 £000
Research & development		
Palliative care research costs	3,404	5,361
Delivering choice programme and other development costs	2,103	1,719
Scientific research costs	307	788
	5,814	7,868

Palliative care research costs include the cost of research grants to the Marie Curie Palliative Care Research Institute (MCPCI) at the University of Liverpool, the Marie Curie Palliative Care Research Unit (MCPCRU), at UCL and the Marie Curie Palliative Care Research Centre (MCPCRC) at Cardiff University. The expenditure shown for 2011/12 principally comprises the cost of a new national grant programme of £3 million and extensions and adjustments to existing awards held by MCPCI, MCPCRU and the MCPCRC.

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 expenditure in 2011/12 comprises adjustments to grants previously awarded and costs associated with the closure of the former MCRI site.

6. Taxation

The charity is registered for VAT but only part of the VAT incurred is able to be recovered. The amount of VAT paid but not recoverable in the year was £3,358,000 (2011: £2,489,000).

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

Notes to the financial statements

for the year ended March 31, 2012.

7. Group tangible fixed assets

	Freehold land and buildings	Leasehold land and buildings	Leasehold land and buildings	Furniture, equipment and motor vehicles	Total
	£000	Long £000	Short £000	£000	£000
Cost					
April 1, 2011	58,674	3,527	5,978	13,569	81,748
Additions at cost	6,062	-	360	1,753	8,175
Disposals	(3,811)	-	(106)	(218)	(4,135)
At March 31, 2012	60,925	3,527	6,232	15,104	85,788
Depreciation					
April 1, 2011	21,189	1,189	5,379	11,347	39,104
Provided in the year	1,924	147	296	1,058	3,425
Disposals	(1,727)	-	(106)	(197)	(2,030)
At March 31, 2012	21,386	1,336	5,569	12,208	40,499
Net book value					
At March 31, 2012	39,539	2,191	663	2,896	45,289
At March 31, 2011	37,485	2,338	599	2,222	42,644

Charity tangible fixed assets

The freehold and leasehold properties consist of nine Marie Curie Hospices, administrative offices and shops. The cost of freehold land included above is £1,588,242 (2011: £1,588,242). During the year the former site of the Marie Curie Research Institute at Oxted was sold for £3.6 million generating a profit compared with historic cost of £1.7 million.

Freehold land and buildings for the group and the charity include assets in the course of construction at a cost of £7,729,670 (2011: £2,016,597).

The cost of additions for the group and the charity to assets in the course of construction during the year amounted to £5,177,149 (2011: £747,535).

Capital commitments

	2012 £000	2011 £000
Capital expenditure authorised and contracted for	9,660	755
Capital expenditure authorised but not contracted for	18,864	18,163

Capital commitments include the commitment to construct a new hospice for the West Midlands and refurbishment works at the Marie Curie hospices in Penarth and Edinburgh.

Notes to the financial statements

for the year ended March 31, 2012.

8. Investments

	Listed investments	Property and unlisted investments	Money market deposits	Consolidated total	Investment in subsidiaries	Charity total
	£000	£000	£000	£000	£000	£000
Group and charity						
Market value at April 1	52,054	84	23,004	75,142	727	75,869
Movements in deposits	-	-	2,343	2,343	-	2,343
Additions at cost	8,341	-	-	8,341	-	8,341
Disposals at book value	(7,850)	-	-	(7,850)	-	(7,850)
Unrealised gains	(2,444)	-	-	(2,444)	-	(2,444)
Market value at March 31, 2012	50,101	84	25,347	75,532	727	76,259
Historic cost as at March 31, 2012	42,657	84	23,004	65,745	727	66,472
Historic cost as at March 31, 2011	42,165	84	23,004	65,253	727	65,980

Gain/(loss) on investments

	2012 £000	2011 £000
Realised gains based on historic cost as at March 31	1,216	1,505
Unrealised (losses)/gains included in market value	(2,444)	1,331
	(1,228)	2,836

Listed investments

	2012 £000	2011 £000
UK	17,659	16,390
Non UK	32,442	35,664
	50,101	52,054

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

Investment properties includes £75,400 in a unlisted property fund, together with the charity's share of a number of bequeathed properties.

9. Stocks

	Group		Charity	
	2012 £000	2011 £000	2012 £000	2011 £000
Inventory for resale	54	245	-	-
Daffodils	192	131	192	131
	246	376	192	131

10. Debtors

	Group		Charity	
	2012 £000	2011 £000	2012 £000	2011 £000
Trade debtors	1,323	1,685	1,323	1,574
Taxation recoverable	927	770	812	750
Prepayments	2,499	3,024	2,509	3,034
Legacy debtors	330	212	330	212
Other debtors	837	715	1,922	945
	5,916	6,406	6,896	6,515

The charity has been notified of legacies with an estimated value of £16.3 million (2011 £12.8 million) which have not been recognised as income at March 31, 2012 because no notification of impending distribution or approval of estate accounts has been received.

Notes to the financial statements

for the year ended March 31, 2012.

11. Current asset investments

	Group		Charity	
	2012 £000	2011 £000	2012 £000	2011 £000
Bank deposits and liquidity funds	15,726	17,684	15,726	17,684

12. Creditors:

	Group		Charity	
	2012 £000	2011 £000	2012 £000	2011 £000
(a) Amounts falling due within one year				
Interest free loans	130	130	130	130
Trade creditors	4,691	3,183	4,032	3,093
NHS contract obligations	3,414	3,188	3,414	3,188
Palliative care research grants	2,953	3,028	2,953	3,028
Grants awarded for scientific research	1,230	2,057	1,230	2,057
Tax and social security creditors	1,698	1,609	1,698	1,609
Accruals	3,839	3,826	3,839	3,593
Deferred income (note 13)	1,993	1,934	1,993	1,934
Other creditors	229	24	229	24
Amounts due to subsidiary undertakings	-	-	1,808	650
	20,177	18,979	21,326	19,306

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

	Group		Charity	
	2012 £000	2011 £000	2012 £000	2011 £000
(b) Amounts falling due after more than one year				
Loan from British Heart Foundation for Glasgow hospice	1,850	1,850	1,850	1,850
Grants payable – palliative care	6,397	5,882	6,397	5,882
Grants payable – scientific research	-	1,017	-	1,017
Investment Manager's performance fee	(62)	38	(62)	38
	8,185	8,787	8,185	8,787

The Investment Manager's fees are partly performance related. The amount payable is based on the four-year average compared to the benchmark. The amount due in 2011/12 represents the amount estimated to be rebated to the charity in future years based on performance to date which was below the benchmark in the current year.

13. Deferred income

	Group		Charity	
	2012 £000	2011 £000	2012 £000	2011 £000
Caring services	627	339	627	339
Fundraising events	1,108	1,190	1,108	1,190
Other	258	405	258	405
	1,993	1,934	1,993	1,934

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

Notes to the financial statements

for the year ended March 31, 2012.

14. Provisions for liabilities and charges

Group and charity	At April 1, 2011	Additional provisions made	Amounts used	Amounts released	At March 31, 2012
	£000	£000	£000	£000	£000
Dilapidations	217	70	(26)	(50)	211
Redundancy provisions	287	62	(88)	(43)	218
Staff costs and other liabilities	297	50	(28)	(58)	261
	801	182	(142)	(151)	690

15. Funds

Group and charity	Note	At April 1, 2011	Income	Expenditure	Transfers, gains and losses	At March 31, 2012
		£000	£000	£000	£000	£000
Restricted funds						
Hospices Capital Fund	i	12,890	-	(887)	5,798	17,801
Major capital appeals	ii	943	5,439	(13)	(5,798)	571
Hospices – revenue	iii	181	17,249	(17,159)	-	271
Nursing	iii	402	5,287	(5,491)	-	198
Education		18	-	(18)	-	-
Palliative care research		1,103	921	(1,655)	-	369
Total restricted funds		15,537	28,896	(25,223)	-	19,210
Designated funds						
Tangible fixed asset fund	iv	29,753	-	-	(2,266)	27,487
Capital Investment Fund	v	15,625	-	-	1,680	17,305
Palliative Care Development Fund	vi	6,609	-	-	(2,869)	3,740
Palliative Care Funding Review	vii	-	-	-	2,500	2,500
Total designated funds		51,987	-	-	(955)	51,032
General Funds						
General Fund	viii	49,446	109,509	(110,689)	(1,148)	47,118
Pension scheme deficit	ix	(3,421)	-	(205)	501	(3,125)
Total general funds		46,025	109,509	(110,894)	(647)	43,993
Consolidated funds		113,549	138,405	(136,117)	(1,602)	114,235

The above funds carried forward at March 31, 2012 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 capital appeals. A transfer is made to the Hospices Capital Fund in respect of expenditure on capital projects funded by the capital appeals. The balance at the end of the year represents the capital appeal funds which have been received for which expenditure has not yet been incurred.
- funds restricted for the Marie Curie Hospices and the Nursing Service.

Notes to the financial statements

for the year ended March 31, 2012.

15. Funds (continued)

- (iv) the net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- (v) 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 principal movements are the sale proceeds from the former Marie Curie Research Institute site at Oxted (£3.6 million) which has been added to this fund partly offset by the release of capital expenditure budgets for ongoing projects which were unspent at March 31, 2011 brought forward from the prior year.
- (vi) 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.
- (vii) the amount set aside by the trustees to support the development of a new funding mechanism and model of service provision to improve end of life care services for patients and families. The balance was transferred from the Palliative Care Development Fund.
- (viii) the General Fund is the working capital of the charity and represents the net amount that the Council is available to meet possible shortfalls in funding and increases in costs.
- (ix) the actuarial valuation of the defined benefit pension scheme at March 31, 2012 for the purposes of FRS17 showed a funding deficit of £3.1 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:

	2012 £000	2011 £000
The charity	1,271	2,774
Intra-group profit	1,017	730
Intercompany charges for fixed assets written off	(217)	(1,496)
	2,071	2,008

The parent charity's gross income for the year was £129 million and its expenditure was £128 million.

Analysis of net assets between funds

	Unrestricted funds £000	Restricted funds £000	Total 2012 £000	Total 2011 £000
Tangible fixed assets	27,488	17,801	45,289	42,644
Investments	91,258	-	91,258	92,826
Stocks	246	-	246	376
Debtors	5,916	-	5,916	6,406
Creditors and cash	(26,758)	1,409	(25,349)	(25,282)
Defined benefit pension scheme liability	(3,125)	-	(3,125)	(3,421)
Total net assets	95,025	19,210	114,235	113,549

16. Staff

	2012 £000	2011 £000
(i) Remuneration		
Wages and salaries	72,467	68,286
Social security costs	4,328	5,220
Other pension costs	5,539	4,103
Total Marie Curie staff	82,334	77,609
Contracted staff	7,281	6,746
Total remuneration	89,615	84,355

Contract staff includes costs for nurses, consultants, other medical staff and allied health professionals employed by the NHS for whom the charity reimburses the NHS for the time spent working at the charity. These people are not employed by the charity and so are not included in the analysis of staff employed.

Notes to the financial statements

for the year ended March 31, 2012.

16. Staff (continued)

	2012 Number	2011 Number
(ii) Average number of employees		
Hospices	1,005	1,027
Nursing	2,026	2,020
Research	43	45
Fundraising	426	480
Publicity	31	29
Shops	466	451
Support	125	118
	4,122	4,170

Comprising

Full-time	1,282	1,247
Part-time	2,840	2,923
	4,122	4,170

(iii) Remuneration of higher paid staff

	2012 Number	2011 Number
£60,001 - £70,000	12	6
£70,001 - £80,000	6	5
£80,001 - £90,000	5	3
£90,001 - £100,000	2	5
£100,001 - £110,000	3	2
£110,001 - £120,000	2	2
£120,001 - £130,000	-	-
£130,001 - £140,000	-	1
£140,001 - £150,000	1	-
£150,001 - £160,000	-	1
£160,001 - £170,000	1	-
Included in the above are - Medical practitioners	8	6

Contributions of £145,779 (2011: £141,761) 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 £179,880 (2011: £131,880) were made to defined contribution schemes, for 16 higher paid employees.

(iv) Council members' expenses

No trustees received any remuneration in the year. Two trustees were reimbursed £623 for travel expenses (2011: five trustees - £415). 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.

Notes to the financial statements

for the year ended March 31, 2012.

17. Lease commitments

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

	2012 £000	2011 £000
Land and buildings		
Within one year	307	186
Between two and five years	2,290	2,175
Over five years	1,191	1,040
	3,788	3,401
Other		
Within one year	64	63
Between two and five years	412	463
	476	526

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 £2,300,630 (2011: £2,086,501) into this scheme. Contributions to other defined contribution pension schemes amounted to £22,894 (2011: £22,894).

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 £1,869,954 (2011: £1,839,206).

Closed schemes

Between September 1, 1994 and December 31, 2003 the charity operated a defined contribution scheme for the benefit of employees. Contributions were paid into this scheme until December 31, 2003. The assets of this scheme are held separately from those of the charity in an independently administered fund. The pension cost charge for this scheme represents contributions payable by the charity to the fund and amounted to £nil (2011: £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, 2011 and resulted in an actuarially assessed deficit of £4.7 million. On the basis of this valuation the trustees of the scheme and the charity agreed the employer contribution rate of 21.9% from April 1, 2011 and past service deficit recovery payments of £720,000 to July 1, 2022.

The valuation has been updated to March 31, 2012 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.

	2012 £m	2011 £m
Present value of funded defined benefit obligation	20.5	19.3
Fair value of scheme assets	(17.4)	(15.9)
Net liability	3.1	3.4

Notes to the financial statements

for the year ended March 31, 2012.

18. Pensions (continued)

The movement in the defined pension scheme deficit was as follows:	2012	2011
	£m	£m
Liability at April 1, 2011	(3.4)	(3.7)
Net finance charge	(0.1)	(0.1)
Current service cost	(0.1)	(0.1)
Employer's contributions	0.9	0.6
	(2.7)	(3.3)
Actuarial losses	(0.4)	(0.1)
At March 31, 2012	(3.1)	(3.4)

Movements in present value of defined benefit obligation	2012	2011
	£m	£m
At April 1, 2011	19.3	18.9
Current service cost	0.1	0.1
Interest cost	1.0	1.0
Actuarial gains	1.1	0.1
Benefits paid	(1.0)	(0.8)
At March 31, 2012	20.5	19.3

Movements in fair value of scheme assets	2012	2011
	£m	£m
At April 1, 2011	15.9	15.2
Expected return on scheme asset	0.9	0.9
Actuarial gains/(losses)	0.7	(0.1)
Contributions by employer	0.9	0.7
Contributions by members	-	-
Benefits paid	(1.0)	(0.8)
At March 31, 2012	17.4	15.9

Expense recognised in the Statement of Financial Activities	2012	2011
	£m	£m
Interest on defined benefit obligation	(1.0)	(1.0)
Expected return on scheme asset	0.9	0.9
Net finance charge	(0.1)	(0.1)
Current service cost	(0.1)	(0.1)
Total	(0.2)	(0.2)

Actuarial loss charged to the Statement of Financial Activities	2012	2011
Actual return less expected return on scheme assets	0.7	(0.1)
Experience gains arising on scheme liabilities	1.0	-
Changes in assumptions underlying the present value of scheme liabilities	(2.1)	-
Total	(0.4)	(0.1)

The cumulative actuarial loss recognised in the Statement of Financial Activities is £8,944,000 (2011: £8,570,000). 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.

Notes to the financial statements

for the year ended March 31, 2012.

18. Pensions (continued)

The fair value of the scheme assets was as follows:	2012	%	2011	%
	£m		£m	
Equities	8.4	48.3	7.8	49.2
Corporate bonds	2.3	13.1	1.9	12.3
Gilts	5.9	33.9	5.2	32.6
Cash	0.8	4.7	0.9	5.9
Total net assets	17.4	100.0	15.8	100.0

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

	2012	2011
Discount rate	4.6%	5.5%
Expected rate of return on scheme assets	5.0%	6.0%
Inflation	3.1%	3.6%
Future salary increases	3.6%	3.1%
Rate of increases in pensions in payment (LPI)	3.0%	3.6%
Rate of increases in pensions in payment (LPI – minimum 4%)	4.2%	4.0%

In valuing the liabilities of the pension fund at March 31, 2012, 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:

Balance sheet

	2012	2011	2010	2009	2008
	£m	£m	£m	£m	£m
Present value of scheme liabilities	(20.5)	(19.3)	(18.9)	(15.4)	(16.8)
Fair value of scheme assets	17.4	15.9	15.2	11.2	16.9
(Deficit)/surplus	(3.1)	(3.4)	(3.7)	(4.2)	0.1

Experience adjustments

	2012	2011	2010	2009	2008
	£m	£m	£m	£m	£m
Experience adjustment on scheme liabilities					
- amount (£million)	1.0	-	0.4	-	-
- percentage of scheme assets (%)	5.0	(0.2)	2.2	-	-
Experience adjustment on scheme liabilities					
- amount (£million)	0.7	(0.1)	3.8	(6.3)	(1.3)
- percentage of scheme assets (%)	4.2	(0.5)	25.0	(56.0)	(7.5)

The charity expects to contribute £720,000 to this scheme for the 2012/13 financial year (2011/12 – £875,000).

Notes to the financial statements

for the year ended March 31, 2012.

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 £824,000 for the year ended March 31, 2012 (March 31, 2011 – £730,000) 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 £192,000 for the period ended March 31, 2012 (2011 – £150) 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, 2012. The net assets at March 31, 2012 were £20,000.

Marie Curie Ventures Limited – The company is limited by guarantee and was dormant throughout the period ended March 31, 2012.

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

	2012	2011
	£000	£000
Marie Curie Trading Limited		
Turnover	3,458	3,462
Cost of sales	(1,701)	(1,651)
Gross profit	1,757	1,811
Other expenses	(908)	(1,056)
Interest payable	(25)	(25)
Payment to the charity under gift aid	(824)	(730)
Retained profit for the year	-	-
Net current assets	689	689
Liabilities – Debenture held by the charity	(700)	(700)
Net liabilities	(11)	(11)
	2012	2011
	£000	£000
Marie Curie Developments Limited		
Turnover	5,637	1,178
Cost of sales	(5,363)	(1,116)
Gross profit	274	62
Other expenses	(81)	(62)
Payment to the charity under gift aid	(193)	-
Retained profit for the year	-	-
Net current liabilities	(18)	(18)
Net liabilities	(18)	(18)

Who's who

Patron

His Royal Highness The Prince of Wales

Life Vice Presidents

Sir Peter Davis LLD, FRSA
J H O Earle MD FRCP
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, 2011 to July 10, 2012
CHAIRMAN
John Varley MA
HONORARY TREASURER
*∅ Anthony H Doggart MA
Professor Dame Christine Beasley
DBE (retired Sept 13, 2011)

‡ Dr Sarah Beaver D. Phil, ACCA
‡‡ Dr Chitra Bharucha MBBS
FRCP Path FRSA
‡ David Ereira MSc
∅ Caroline Fairbairn (app Jan 24, 2012)
Professor Russel Griggs OBE
Ruth Holt (app Nov 8, 2011)
‡ Jeremy Jensen BSc, FCA
∅ John P Lister (retired Sept 13, 2011)
‡‡ Alison Norman CBE DSc RGN RHV
RM FWT Dipms
Professor Peter Rigby FRS, F Med Sci
‡‡ Dr L Caroline Stirling MB.BS, MRCP,
MSc, PhD
Peter Vicary-Smith (app Jan 24, 2012)
Sir Peter Williams CBE (retired Sept 13,
2011)

Independent Committee Members

Clinical Governance

Trustees' Committee

John Cooke
Dr Rhian Owen
Liz Henderson OBE
Julie Hughes
Dave Bawden
Prof Annie Turner

Investment Committee

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

Shops Committee

Gareth Williams (Chair)
Ian Jones
Maureen Ryan
Robin Harris

Executive Board

As at June 2012
CHIEF EXECUTIVE
Sir Thomas Hughes-Hallett
MEDICAL ADVISER
Dr Teresa Tate FRCP FRCR
DIRECTOR OF NURSING &
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
DIRECTOR OF POLICY & PUBLIC AFFAIRS
Imelda Redmond
COMPANY SECRETARY
Trevor Lake MA FCIS

Scottish Advisory Board

Professor Russel Griggs OBE (Chair)
Cinzia Biondi
Anne Jarvie CBE
Emma Mackenzie
Elaine McLelland
Iain Meiklejohn
John Neilson
Donald Storrie (died June 30, 2012)
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
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

∅ 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.

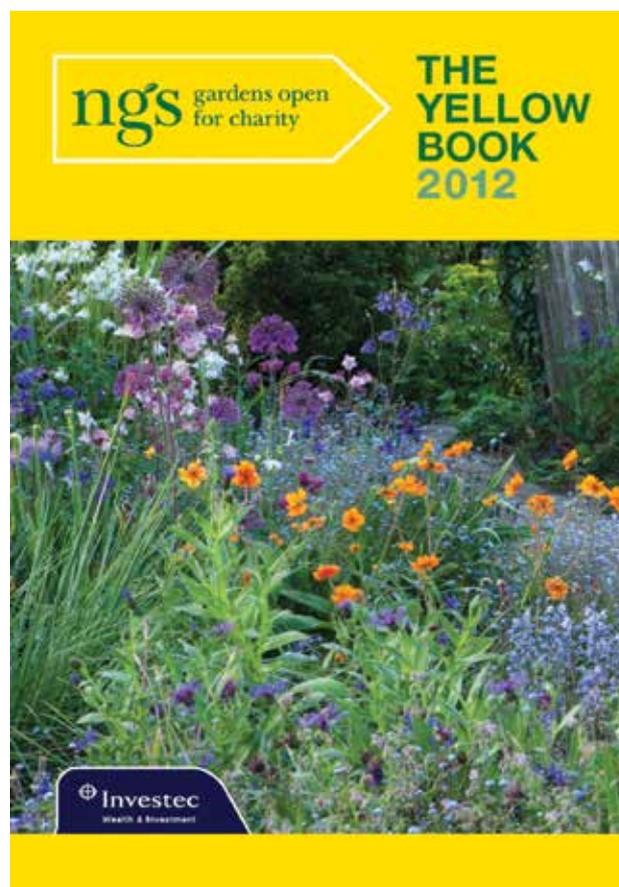
The 29th May 1961 Charity	Mike and Liz Davies	HomeServe plc
The 3Ts Charitable Trust	Dignity plc	The Dorothy Howard Charitable Trust
Ian Armitage and Johanna Cunningham	Dimbleby Cancer Care	HSBC Bank plc
The John Armitage Charitable Trust	DLA Piper (Birmingham)	The Holbeck Charitable Trust
Atkin Charitable Foundation	Mr Ray Driver and Mrs Fiona Beet	The Horne Foundation
BACS	The Margaret Jean Dunlop Charitable Trust	The Houghton Dunn Charitable Trust
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California Community Foundation	Hugh Grant	The Kells Trust
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Candis Club	The Hampstead Wells and Campden Trust	J H Lawson Memorial Trust
Stephen Gordon Catto Charitable Trust	Hampton Fuel Allotment Charity	Leeds Building Society
CC, Austin Reed Group Ltd	The Happy Charitable Trust	Ling Design Ltd
Mr John Chandris	Harris Lamb	Lloyds Banking Group plc
The Channel Four Rowers	Peter Harrison Foundation	Prue MacLeod
City Bridge Trust	The Headley Trust	Mrs Rachel McCredy
City Link Ltd	The Christina Mary Hendrie Trust For Scottish & Canadian Charities	Harvey and Allison McGrath
Constance Green Foundation	Patrick Heren and Fiona Cadwallader	Fiona McKay
The Alice Ellen Cooper Dean Charitable Foundation	Alan Edward Higgs Charity	The Merchant Taylors' Consolidated Charities for the Infirm
Copley May Foundation		Milk Link
Cruden Foundation Ltd		Mitchells & Butlers plc

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The George A Moore Foundation	The Rank Group plc	Mrs Stopford
William Morrison	The Rayne Foundation	Sweet Appeal Ltd
The Edith Murphy Foundation	The RD Crusaders Foundation	The Swire Charities
The National Gardens Scheme	Mr Leith Robertson	Tata Steel Distribution UK and Ireland
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Payne-Gallwey Charitable Trust	Sovereign Health Care Charitable Trust	The Wixamtree Trust
The Peacock Charitable Trust	The Tom and Sheila Springer Charitable Trust	The Wolfson Foundation
Pears Foundation	St Edmunds Trust	
The Pilkington Charities Fund		

The National Gardens Scheme

Supporting those that nurse and care remains at the heart of what The National Gardens Scheme has done since its founding 85 years ago. Since 1996 The NGS has donated more than £6 million to Marie Curie Cancer Care, making the charity which raises money through garden openings Marie Curie's largest single supporter.

For more details see
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 our charity, administration and fundraising.

More than 25,300 people volunteer to help with the Great Daffodil Appeal every year, and we are 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 0845 305 2191 or email volunteering@mariecurie.org.uk

For more information

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

Phone: 0800 716 146 (free)
email: info@mariecurie.org.uk
Visit: www.mariecurie.org.uk

 MarieCurieUK

 @mariecurieuk

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

To make a donation

Call: 0800 716 146 (free)
Visit: www.mariecurie.org.uk/donate
or send a cheque to our registered offices below.

Registered offices:

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89 Albert Embankment
London
SE1 7TP
email: info@mariecurie.org.uk
Phone: 020 7599 7777
Fax: 020 7599 7788

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Fax: 0131 561 3909

Northern Ireland

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Pontypool, Gwent NP4 0HZ
Phone: 01495 740 827
Fax: 01495 740 889

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.



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