

Report and accounts 2013–14

Marie Curie
Cancer Care



2013

2014

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What we do



Given the choice, most of us would want to die at home, surrounded by the people we cherish. Marie Curie Cancer Care makes this possible for people suffering from terminal cancer and other illnesses. Over the financial year 2013/14, we provided care and support for 40,844 people.

Marie Curie Nurses

Our nurses give free hands-on care to people with terminal cancer and other illnesses in their own homes, and vital emotional support to their loved ones. Over the financial year 2013/14, Marie Curie Nurses provided more than 1.3 million hours of nursing to 31,558 terminally ill people.

Marie Curie Hospices

Marie Curie Cancer Care's nine hospices provide free specialist medical care for those with serious illnesses, and emotional support for their families, giving them the best possible quality of life.

In 2013/14, Marie Curie Hospices cared for 8,931 people (3,466 as in-patients, the remainder reached through day services, clinical nurse specialists and other services).

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

Marie Curie Helper

Marie Curie Helper is a pioneering service that gives people with any terminal illness face-to-face support in their homes. Marie Curie Helpers are trained, dedicated volunteers who provide practical and emotional support, as well as companionship, to people with terminal illnesses and their carers. The service supported 355 people in 2013/14.

Research

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

Campaigning

Marie Curie Cancer Care campaigns on behalf of people with a terminal illness and their families across the UK. We work with parliamentarians, policy makers, the NHS and other charities to improve the quality of services for people with a terminal illness and their families and carers.

Our funding

All our services are always free to patients and their families, thanks to the generous support of the public. Our nursing services and hospices are funded in partnership with the NHS. For most services, the costs are shared equally.

Number of people with a terminal illness helped by our services in 2013/14

Marie Curie Nurses	31,558
Marie Curie Hospices	8,931
Marie Curie Helper	355
Total	40,844

Report of the Chairman and Chief Executive



John Varley, Chairman

We are pleased to report on a successful year for Marie Curie Cancer Care. During 2013/14, we:

- cared for more people than ever before
- introduced innovative services for terminally ill people
- sought the views of patients and families to develop our care and research
- finished the year in a strong financial position as a result of successful fundraising

It was a year of preparation and transition, as we drew up a new Strategic Plan for 2014-19, based on our research into the views and experiences of people with terminal cancer and other illnesses and their families. We will build the charity so we can help many more people who are terminally ill, together with their families and their carers, earlier and in different ways. We will be seen as a charity that supports and cares for people with any terminal illness, including cancer.

Better care

We are committed to improving continuously the care we provide – and to do so, we must seek the views of the people we serve. Over the year, we piloted real-time feedback in Scotland, in both the Marie Curie Nursing Service and our hospices. Our volunteers are asking patients and families about their care as they receive it. The results are proving more useful than our previous annual survey, as we are able to respond rapidly to any areas that need action. This approach is being extended across the UK.

Innovative approaches to how we provide services – especially in partnership with other organisations – are also enabling us to make it possible for more people to die where they choose.

In the Neath Port Talbot area of South Wales, a pilot project in which our nurses work very closely with other healthcare teams to assess patients' needs and provide appropriate care resulted in a 33% increase

in the number of people receiving care from Marie Curie. Eighty-two per cent of patients who had identified a preferred place of death achieved it. The new approach has now been introduced in other parts of Wales.

We are at the centre of a new programme to redesign care around the needs of patients and families across the whole of Northern Ireland, working in partnership with the Health and Social Care Board and many other organisations. This is the biggest-ever project to use Marie Curie's Delivering Choice methodology, which has a proven track record in transforming care.

The most effective way of ensuring that care continues to improve and better meet the needs of patients and families is through rigorous research. Palliative care research is a small field, and Marie Curie is now the biggest UK funding organisation to focus entirely on it. We run a major grants programme, as well as funding three research centres, at University College London, the University of Liverpool and Cardiff University.

We want to make sure that our research programme concentrates on the topics that really matter to terminally ill people and their families. Working in partnership with the James Lind Alliance, we asked patients, families, carers and healthcare professionals what they think are the most important unanswered questions about care. Their answers will form the basis of our future research funding decisions, and be available to guide other research organisations.

Significant research results reported this year included the 'Unpacking the Home' study, led by Professor Sheila Payne, which interviewed people aged 50+ who had cared for someone who died at home. While caring was predominantly viewed as a positive experience, carers reported poor co-ordination of care, lack of information about services and lack of knowledge about what to expect, as well as anxiety about administering medication.

We funded a new Marie Curie Chair in Palliative and End of Life Care at University College London, with Professor Paddy Stone taking over the leadership of our established team at the Marie Curie Palliative Care Research Unit.



Dr Jane Collins, Chief Executive

Wider reach

Despite the impact of the economic environment, and of major changes to the NHS in England, we continued to expand, providing support to more people.

The Marie Curie Nursing Service cared for just over 29,000 people (up 7.5%) in their homes, providing 1.3 million hours of care. A further 2,500 people were cared for by NHS-managed Marie Curie Nurses, who are part-funded by the charity, bringing the total to just over 31,500.

Creative approaches to delivering care in rural areas of Scotland – including the employment of local District Nurses to take on Marie Curie shifts – are enabling us to help people in sparsely populated regions where there are too few people to operate our usual service model.

We have worked hard to ensure that end of life care continues to be a high priority for NHS commissioners, encouraging them to work with us on innovative approaches to care. Our new partnership with the Royal College of GPs is helping us to develop our relationships with the family doctors who provide vital medical support that makes it possible for patients to remain at home.

The Marie Curie Helper service, in which trained volunteers support people with a terminal illness, continues its roll out, with services introduced in the West Midlands, Fife and South Wales. We now offer Marie Curie Helper in eight areas of the UK covering a population of around 10 million. The service has already supported over 600 terminally ill people and their families in the community since its inception.

Our nine Marie Curie Hospices cared for over 8,900 people with terminal cancer or other illness (3,500 in-patients, and the remainder through day services, clinical nurse specialists and other services) – up over 8%. We are seeing the benefit of the major building projects completed in 2012/13 at our hospices in Edinburgh and in Cardiff and the Vale (Penarth). The new Marie Curie Hospice for the West Midlands, which was opened by our Royal Patron HRH The Prince

of Wales in 2013, is a centre of palliative care excellence for the region. Further building work to enhance facilities has just been completed at our hospices in Hampstead, Bradford and Newcastle.

Marie Curie provides care for all terminally ill people, regardless of their diagnosis. Non-cancer patients have historically been disadvantaged in accessing palliative care and support, and we believe that this needs to change.

Stronger foundations

At the beginning of the financial year, opportunities to develop Marie Curie services – and the urgent need for this care – were outpacing growth in our fundraising. Trustees took the decision to set a deficit budget for the year, anticipating that investment in several profitable fundraising areas would achieve a good financial return over time.

With better-than-expected results achieved mid-year, trustees chose to continue to use the charity's reserves to invest more in several key areas. The additional money funded increased recruitment of regular donors; development of the charity's infrastructure (especially digital infrastructure); strengthening management of our caring services; advertising for the Great Daffodil Appeal; and a major new project in which trained volunteers will provide companionship and emotional support for dying patients and their families at Musgrove Park Hospital, Somerset.

Income from regular givers was 23% up on 2012/13, as a result of investment in recruitment, and the charity received record income of £26.4 million from Wills (up £3.8 million on 2012/13) – demonstrating the long-term value of regular givers and sensitive legacy marketing.

Community fundraising also enjoyed an excellent year, with particularly good performances from Walk Ten and Swimathon 2013, as well as from events run by members of the public in aid of the charity.

Marie Curie retail activities made a profit of £3.2 million (12% up on 2012/13). We are continuing to expand our high street presence.

Despite the additional investment in key areas, Marie Curie ended the year in a strong financial position, with healthy and diverse streams of income.

Strategic Plan

Marie Curie's Strategic Plan for 2014-19 has been developed in response to the urgent need to develop more care and support for more terminally ill people, building on the services we already provide.

At present, around 400,000 people in the UK every year have palliative care needs. Increased longevity and the 1940s-60s baby boom mean that this number will grow, and the people who need care will be older, with more complex needs and multiple illnesses.

Marie Curie will provide hospice and nursing care for more people at the end of their lives – our goal is at least 50,000 people a year by 2019. But we also anticipate supporting people much earlier in their illness, in different ways.

We will accelerate the roll out of our Marie Curie Helper service to cover the whole of the UK, enabling more people to have the support of a trained volunteer in the last year of their lives.

We will develop an information and support service to help terminally ill people, their families and their carers in response to people telling us that they need a single point of contact for information about all terminal conditions.

We plan to help more families after the death of a loved one, expanding our bereavement services.

We are exploring how we might share our expertise in end of life care with other organisations by creating a new Training Academy.

At present, although we provide care for people with all terminal illnesses regardless of their underlying illness, we are known to the public principally as a cancer charity.

To support more people with any terminal condition, we need to be clear about what we do and who we care for, while remaining true to our founders' intention of providing care to people with terminal cancer.

During 2014/15, we will be developing and starting to implement our plan.

We have a strong track record of achievement, and great support from the public. We are confident that Marie Curie can achieve its ambitious aims over the next five years and make a major contribution to the communities we serve.



John Varley, Chairman



Dr Jane Collins, Chief Executive

Impact Report

This Impact Report shows the progress we have made in achieving our targets for the financial year 2013/14, the third year of our three-year strategic plan.

Our strategic plan for 2011-2014 identified nine themes:

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

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

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

Analysis

The majority of our home nursing is provided directly by Marie Curie Nurses from the Marie Curie Nursing Service – over 93% of patients in 2013/14. The remaining patients are cared for by NHS staff who are part-funded by Marie Curie. The number of patients cared for directly by the Marie Curie Nursing Service in 2013/14 increased by 7.5%.

The number of patients supported by NHS staff funded by Marie Curie fell by 39% as a number of NHS-operated services transferred to Marie Curie in the year.

Despite the pressure on NHS budgets the Marie Curie Nursing Service continues to grow. This follows growth in patient numbers of 16% in 2011/12 and 12% in 2012/13, reflecting the great need for this service and the high regard in which it is held by the NHS across the UK.

The Marie Curie Nursing Service is staffed by both Registered Nurses and Senior Healthcare Assistants.

Target 2013/14

Increase the number of patients reached by the Marie Curie Nursing Service by 8.6%.

Manage the transition from Primary Care Trust contracts to Clinical Commissioning Group contracts for 2013/14 in England.

Secure agreement to redesign services for end of life care in two areas using the principles of the Palliative Care Funding Review pilots.

Support and maintain Marie Curie Helper service development in the five areas already established and roll out the service to three new sites.

Achievement

Patient numbers were up 7.5% for the year.

The transition took place in April without disruption to our services.

We secured agreements and started projects in Southampton and in Fife and Lothian which are following these principles.

The charity also started a major review of end of life care services across the whole of Northern Ireland, working with the Health and Social Care Board.

The service is continuing in all five established areas. In 2013/14, we launched a new service in the West Midlands. Development of two further sites is underway in Fife and Cardiff.

Analysis

There have been significant improvement works at the charity's hospices. In Hampstead the day care unit has been refurbished. In Newcastle the building has been extended to create a dining area for patients and families in response to their comments. In Bradford works are underway to refurbish patient areas. The Department of Health provided funding towards the cost each of these projects and in Bradford the charity has also been pledged a gift of £302,000 from a local trust.

Hospice patient numbers increased by over 8%. One factor was the opening of the Marie Curie Hospice, West Midlands in January 2013, with 24 beds compared to 17 in the Marie Curie Hospice, Solihull which it replaced. The increase also reflects the more extensive refurbishments that we carried out in the prior year (2012/13) which impacted on patient numbers and increases in day care patients at a number of hospices.

Analysis

Marie Curie has increased the feedback that it receives from patients and families who receive the charity's clinical services. There has been a considerable increase in the number of people we survey, and we have launched new channels for service improvements. Details of how we have taken action based on comments and suggestions from patients and families are now published on our website.

The level of patient satisfaction with Marie Curie's patient services remains very high: 98% rated the service as good or very good, of which 89% rated the service as very good.

We also receive in-depth feedback from our Expert Voices Group, which is made up of patients and families who have received our services. They give their views from a patient perspective on new initiatives and our policies. They are also increasingly involved in assessing care standards and compliance.

2. 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.

Target 2013/14

Increase the number of patients receiving care at our hospices.

Maintain the target level of 80% of beds in use at all our hospices during the year.

Complete refurbishment works at our Hampstead and Newcastle hospices and start refurbishment at the Marie Curie Hospice, Bradford.

Develop local relationships around Marie Curie Hospices to ensure that hospices become the hub of their local end of life care community.

Achievement

Hospice patient numbers increased by over 8% to 8,931.

Actual occupancy at 78% was just below the target level of 80%. Five hospices exceeded the target and four were lower – this included the impact of refurbishment.

The Hampstead and Newcastle hospice refurbishments have been completed within budget and on time. The Bradford works are on schedule for completion in the early part of 2014/15.

A wide range of activities is underway, including a partnership with the Royal Liverpool and Broadgreen University Hospitals NHS Trust, bereavement groups in Bradford, involvement in Transforming Your Care in Belfast and a number of others.

3. 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.

Target 2013/14

Increase by at least 20% the number of patients and carers feeding back in our annual surveys.

Adopt the Friends and Family Test so that it can be applied in the end of life context.

Establish user-led measurements such as patient-reported assessment of symptoms.

Achievement

The overall increase in the number of patients and carers giving feedback in the annual survey was 18%.

The test has been piloted in Scotland and will be rolled out through the majority of our feedback channels by 1 July 2014.

We have established measures for patients to rate us on support for pain relief and support for other symptoms such as breathlessness and nausea but more work is needed to develop specific measures which will be undertaken in 2014/15.

Wider reach

4. 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.

Analysis

Marie Curie provides long-term funding to three centres at University College London (UCL), the University of Liverpool and Cardiff University. A total of £1.7 million was payable under these grants in 2013/14, although the full funding has been provided for in prior years.

The Marie Curie Research Programme Funding scheme makes grant awards of £1 million per annum and is one of the largest and most influential sources of research funding in palliative care.

Marie Curie works with its researchers to ensure that the outcome from research it funds is made available to the whole research community in open-access publications.

The James Lind Alliance is a non-profit making initiative which was established in 2004. It brings patients, carers and clinicians together to identify and prioritise the top 10 uncertainties, or 'unanswered questions', about the effects of treatments that they agree are most important. We expect this work will have a very significant impact on the future development of our services and research.

Target 2013/14

Establish a Marie Curie Research Advisory Panel that incorporates independent experts to advise on Marie Curie's research strategy.

Work with Cancer Research UK to manage the fourth and fifth calls for the Marie Curie Cancer Care Research Programme funding scheme.

Encourage researchers funded by Marie Curie to publish the results of their research.

Set up a partnership with the James Lind Alliance to identify priorities for our research.

Achievement

The membership and structure of the committee has been agreed and the first meeting held under the chairmanship of Andy Haines, Professor of Public Health and Primary Care at the London School of Hygiene and Tropical Medicine.

Under the fourth call, we awarded funding to five research projects. The fifth call closes early in 2014/15.

In 2013, a total of 36 peer-reviewed journal publications have arisen from Marie Curie research funding.

We secured funding from a number of partners who will participate in the project, and the survey and assessment work will be completed shortly.

5. 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.

Analysis

We have undertaken a wide-ranging consultation with our many stakeholders to understand how we are perceived and what we need to do to make ourselves better known and understood. This research is being assessed and the implications for our brand and communications are being considered.

Target 2013/14

Review how the charity is understood by its supporters; patients and families; commissioners; and other stakeholders.

We will influence the development of end of life care policy and legislation throughout the UK.

Develop online functionality to support our patient services and fundraising activities.

Achievement

We have carried out research with key stakeholder groups. This is being used to develop the charity's brand and communications strategy.

We influenced the draft Care and Support Bill (in England) and the Wales End of Life Care Plan. In Northern Ireland the Health and Social Care Board has agreed that Marie Curie will undertake a review of end of life care provision across the country, based on the Delivering Choice Programme approach developed by the charity.

A major project called Better Connected is underway. This will improve the information that we make available to patients and families using our services; support our nurses working in the community; and increase the automation of our fundraising campaigns.

6. 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.

Analysis

The Voluntary Sector Provider Forum brings together the key charities involved in providing services to the NHS. Grouping together with like-minded organisations is the most effective way to exert influence. The forum's work is increasingly important following the NHS re-organisation.

Target 2013/14

Develop a Voluntary Sector Provider Forum for organisations providing services to the NHS to become an influential voice in the sector.

Co-ordinate responses from end of life care charities to consultations. We will complete at least six responses.

Increase our influence in three areas:

- Carers

- Black, Asian and Minority Ethnic (BAME) groups

- Other disadvantaged groups

Achievement

The Voluntary Sector Provider Forum meets regularly and has 17 member organisations.

We regularly work with partner organisations to submit joint responses where this is most appropriate. Five were submitted this year.

Partnerships have been established with carers' organisations across the UK to deliver joint publications and events.

Our BAME programme is progressing well. A major conference was held in September 2013; policy and practice solutions have been worked through collaboratively across a wide range of organisations; and a report was launched at a parliamentary event in March 2014.

We have established a partnership with Disability UK and are working on a joint piece of research and a policy report.

Stronger foundations

7. Increasing the money we raise to fund our services

We will deliver our Strategic Plan for 2011/14 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.

Analysis

It has been a very successful year in fundraising, with income significantly higher than the prior year, as the charity has increased the number of people who donate regularly and the number of Great Daffodil Appeal collectors.

It has taken longer than planned to secure and open new shops, but the shops chain has continued to increase the contribution it makes towards Marie Curie's charitable work through a combination of new stores, increased like-for-like sales and higher income from Gift Aid. Gift Aid on the sales of donated goods generated income of over £700,000 in 2013/14.

Net profit from our retail activities increased by 12% to £3.2 million.

Target 2013/14

Recruit 32,400 collectors for the Great Daffodil Appeal and raise £3 million.

Recruit 216 new Fundraising Groups bringing the number to 600 by March 2014, raising a total of £3 million.

Recruit 66,770 new committed givers.

Recruit 12,500 Walk Ten participants and raise over £700,000.

Increase like-for-like sales of donated goods in Marie Curie Shops by 1%.

Open 18 new shops.

Achievement

We recorded around 31,125 collector instances, up 7% on the prior year, and raised £3 million.

We started fewer new Fundraising Groups – 126 new groups in 2013/14 bringing the total to 445 at March 2014. However the new groups that were formed raised more than expected – totalling £3.6 million.

We recruited 63,454 new committed givers – slightly below target.

We recruited more than 12,870 participants and raised over £850,000.

The like-for-like sales increase was 2%.

We opened nine shops in the year, and a further eight are planned for the early part of 2014/15.

8. Growing our volunteering support

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

Analysis

The volunteering team delivered a significant increase in the number of volunteers and developed a number of new roles. Perhaps the most significant is the new hospital volunteering scheme in Somerset. Although Marie Curie seeks to enable patients to spend their last days at home, this cannot be achieved for all and so a pilot scheme has been launched with Musgrove Park Hospital for trained volunteers to support dying patients and their families in the hospital.

Target 2013/14

Recruit 1,300 new volunteers during the year.

Develop new volunteer roles.

We will help establish Marie Curie as a leader in volunteer services for people at the end of their lives by publishing and disseminating two reports on volunteering.

Achievement

A total of 2,600 volunteers started in 2013/14.

A new hospital volunteering project has started. Corporate volunteer roles were created to support patient feedback, and new roles were established to support research.

We promoted research produced as part of Marie Curie's partnership with Dimbleby Cancer Care and a publication about the Marie Curie Helper service.

9. 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.

Analysis

Our nursing support services were reorganised in the year, and efficiency savings enabled the significant increase in activity to be largely undertaken within existing costs.

The costs of human resources and finance continue to compare favourably with those of other charities.

Target 2013/14

Reduce the Marie Curie Nursing Service management costs to increase the proportion spent on the direct cost of care.

Increase the number of communications to Marie Curie Nursing Service staff that are made via email.

Marie Curie finance and human resources expenditure will be lower than a benchmark of peer group charities and lower than the prior year percentage.

Achievement

Efficiency improvements meant that nursing service support and management costs increased by just 2% despite the service growing by 8%.

We are now able to communicate with the majority of nursing service staff by email and will now use this as a primary means of communication.

Marie Curie's expenditure on finance was 0.9% (2012/13 – 1.0%) compared to 1.7% for the peer group benchmark (2012/13 – 1.8%). For human resources Marie Curie expenditure was 1.0% (2012/13 – 0.9%) compared to 1.7% (2012/13 – 1.6%) for the benchmark.

Our finances

Target 2013/14

Increase our income to fund the planned growth in charitable services.

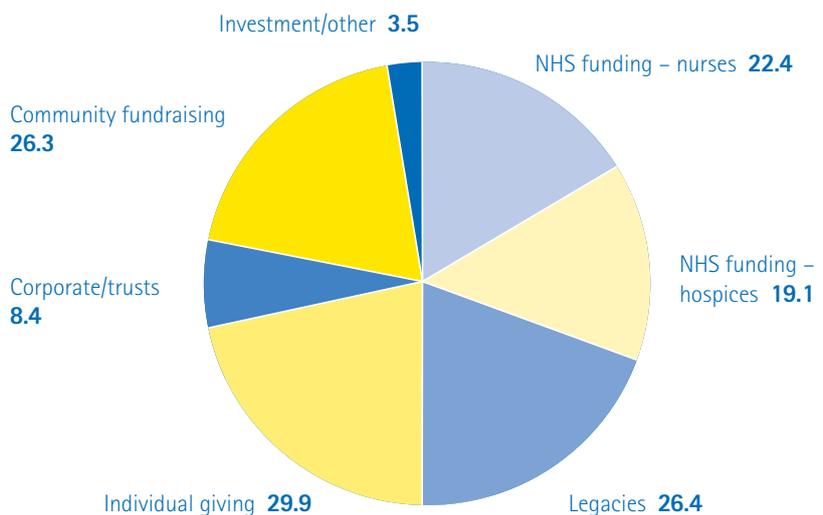
Achievement

Fundraising income has increased by 9%, and shops and trading income by 7% enabling the charity to extend the reach of its services in the year.

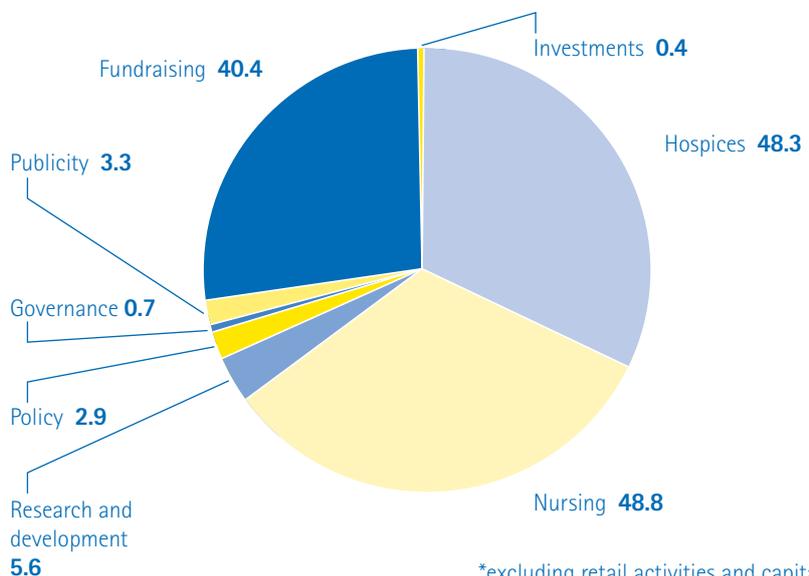
Analysis

Demand for the Marie Curie Nursing Service has continued to grow, despite the funding constraints facing the NHS. The charity has also invested more in hospices, the Marie Curie Helper service, patient engagement, digital developments and donor recruitment, which resulted in a deficit for 2013/14. The final result, although still a deficit, represents an improvement on the amount originally budgeted. The trustees have agreed a further deficit budget for 2014/15 but expect that the impact of the investment in donor recruitment and other fundraising activities will mean that the charity will no longer have a deficit on income and expenditure from 2016/17.

Income 2013/14 £136 million*



Expenditure 2013/14 £150 million*



*excluding retail activities and capital grants

Report of the Council and Strategic Report for the 12 months ended 31 March 2014

Objectives

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

Activities

In order to meet these objectives, Marie Curie Cancer Care has four principal charitable activities:

Hospices

Marie Curie operates nine hospices across the UK which provide a full range of palliative care services including in-patient care, daycare activities, outpatient services and homecare visits by specialist staff. Marie Curie receives annual grants from the NHS towards the cost of the hospices, but has to raise more than half of their funding from charitable donations.

Marie Curie Nursing Service

Marie Curie operates a nursing service which cares for people in their own homes. Marie Curie works in partnership with the NHS and has a contract with most NHS primary care organisations, covering virtually every part of the UK. Marie Curie receives some funding from the NHS but relies on charitable donations to operate these services.

Research and development

The charity carries out and funds research into better ways to care for patients with terminal cancer and other illnesses. The charity provides funding for three centres for palliative care research, which are based in University College London, Cardiff University and the University of Liverpool. The charity also runs a research grants programme which funds projects on an open competitive basis, in collaboration with other research organisations. Marie Curie also has a programme of development to improve the quality of care provided to patients at the end of their lives.

Policy, information and awareness

The charity seeks to influence the policy of the governments in each of the four home countries for the benefit of patients with terminal illnesses and their families and to promote awareness of issues facing people with a terminal illness and the charity's associated activities.

Achievements and future plans

A detailed analysis of the aims of the charity for 2013/14 and the progress made towards achieving those aims is shown in the Impact Report on pages 8–15.

The targets contained in the Impact Report are based on the charity's Strategic Plan for the period from 2011 to 2014. The charity's trustees (known as Council) have 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.

The Council has approved a new Strategic Plan for the period from 2014 to 2019. This is described in the Report of the Chairman and Chief Executive on page 7.

Development of charitable activities

Hospices

Occupancy of hospice in-patient beds was 78% through 2013/14 with 7% more in-patients cared for than in 2012/13. The increase reflected the fact that 24 beds are available at the new West Midlands hospice, compared with 17 at the facility it replaced and that 2012/13 was affected by refurbishment works at both the Edinburgh and the Cardiff and the Vale hospices.

The number of patients for non in-patient services (which comprise daycare and outpatient attendances and homecare visits) increased by 8% compared with the previous year.

Marie Curie Nursing Service

Despite the financial pressures it faces, the NHS commissioned more care from the Marie Curie Nursing Service. The number of patients cared for by the Marie Curie Nursing Service increased by 8%. There were increases in the number of patients cared for in every region, with above average increases in the North West, Wales and in London & the South East.

Research

The charity provides grants for funding palliative care research to researchers at UK universities. Marie Curie continues to provide funding of £1 million per annum for research projects on key issues in palliative care.

The charity continued its support for the Marie Curie Palliative Care Research Unit, a research group based in University College London (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 provided new funding to the UCL unit to enable the appointment of a new Chair, Senior Lecturer and PhD students to support its research programme.

The charity also provides research funding to the Marie Curie Palliative Care Research Centre at the Wales Cancer Trials Unit at Cardiff University and the Marie Curie Palliative Care Institute at the University of Liverpool. A new three-year grant was awarded to the Wales Cancer Trials Unit following a peer review process.

Development

During the year Marie Curie worked with the NHS in developing end of life services in a number of areas across the UK to improve care for patients and families.

Marie Curie Helper (the charity's volunteer support service) now operates in eight locations, with one service launched and two under development during 2013/14. Three further sites are planned for 2014/15.

Overall results

Results for the year ended 31 March 2014 are given in the Statement of Financial Activities on page 25. The assets and liabilities as at 31 March 2014 are given in the Balance Sheets on page 26.

The charity's incoming resources increased by £7.9 million (5.4%) to £154.8 million excluding profit on disposal of fixed assets. Income from the NHS for the hospices increased by 3.8% and income for the Marie Curie Nursing Service increased by £1.2 million. The charity also received £1.0 million from the Department of Health towards the cost of refurbishing three hospices compared with £4.0 million in 2012/13 towards the cost of the construction of the West Midlands hospice in that year. There were also increases in fundraising income of 8.9% and in shops and trading income of 7.1%.

Expenditure increased by 12.5% from the prior year. Net expenditure before gains and losses for the year on unrestricted funds was £10.1 million (2012/3 – deficit £3.4 million), which reflects the deliberate planning for a deficit to support increased services and investment in infrastructure development.

Charitable activities

Income from the NHS towards the cost of the nursing service increased by 5.7% as more care was commissioned from the Marie Curie Nursing Service compared with the previous year. There were a number of significant increases in services, notably in Devon, Dorset and Durham, continuing the expansion from 2012/13. Expenditure on the nursing service rose as the charity responded to increased requests for its services.

Expenditure on hospices also increased as the charity cared for more patients and also met the first full year's running costs of the new West Midlands hospice.

Expenditure on research and development was £5.7 million, which was £4.1 million higher than the previous year. 2013/14 includes a new funding commitment of £3.2 million to fund a Clinical Chair and Senior Lecturer at UCL for 10 years; this was committed in 2013/14 although expenditure did not start until early in 2014/15. Expenditure in 2013/14 also included a new three-year funding commitment for the Wales Cancer Trials Unit, which totalled £1.1 million, and expenditure on Marie Curie's own research facilitators who are based in the charity's hospices.

Voluntary income

Overall voluntary income increased by £7.5 million to £91.1 million, an increase of 8.9%. Legacy income was £26.4 million (2012/13 - £22.7 million). The underlying increase was 11.2% as 2012/13 was the final year of the Big Build capital appeal for the new hospice in the West Midlands which raised £1.8 million in that year.

Costs of generating voluntary income increased by 17.0% as the charity further increased its investment in recruitment of committed givers to provide a source of regular income to support its activities. Income from committed giving increased by 23% as a result of this investment.

Other income and expenditure

Sales of donated goods by the charity's chain of shops were 7.1% higher than the prior year. Total income of £17.7 million was the highest ever, the increase coming from new shop openings, additional income from Gift Aid and a 2% increase in donated goods sales on a like-for-like basis. Net profit from retail activities increased by £341,000 to £3.2 million.

Governance costs, which relate to the governance arrangements of the charity rather than the costs associated with the management of the charitable and fundraising activities, were £680,000 (2012/13 - £719,000), as 2012/13 included some one-off recruitment costs. The costs represented 0.4% (2012/13 - 0.5%) of total resources expended.

Gains and losses

Marie Curie's investment portfolio rose in value by £2.7 million compared with an increase of £6.1 million in the prior year. The return on the charity's investment portfolio was 6.7%, which compares favourably with the benchmark set by the Investment Committee of 4.1%.

The deficit on the Marie Curie Cancer Care Defined Benefit Pension Scheme reduced by £0.1 million to £2.0 million. This was a result of special contributions to reduce the deficit of £0.7 million offset by an actuarial loss of £0.6 million.

Net movement in funds

The planned deficit was only partly offset by the rise in the market value of the charity's investments so unrestricted funds at 31 March 2014 fell by £8.1 million.

Deficit

With hospices in nine major cities and a nursing service that covers virtually the whole population, Marie Curie's activities are a key part of the health infrastructure of the UK. For 2014/15, the NHS has increased its commissioning of the Marie Curie Nursing Service. The Council has continued to increase its investment in the charitable activities and has accepted that the charity incurred a deficit in each of the last two years, as the voluntary funding environment remains difficult and makes it hard to increase income to support the growth in services in the short term.

Additionally the charity is investing in its new Strategic Plan. While fundraising and shops income are increasing well, this additional strategic investment means that it is now not expected to eliminate the deficit until 2016/17.

The Council has approved the use of the General Fund to fund the deficit. At 31 March 2014 the reserves remain in excess of the target level of reserves set by the trustees. The deficit expected in 2014/15 and planned for 2015/16 will reduce the level of reserves below the target level. From 2016/17 it is

forecast that the increasing fundraising and shops income will eliminate the deficit and start to restore the reserves to the target level. The trustees are carefully monitoring the charity's expenditure and progress in developing fundraising and shops income and will take any action needed if there is any significant risk to the charity's financial position and ability to support its core activities.

Reserves

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

Marie Curie provides a range of critical health services which communities across the UK are dependent on. To fund these services it is reliant on a number of fluctuating income streams of donations, legacies, shop profits and investment income.

To enable the charity to make commitments to each community to provide its key hospice and nursing services, it 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 Council calculates 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 2% to 25% depending on the nature of the activities.

Based on these calculations, the Council estimates that a total of £41.9 million of free reserves is required. This represents approximately three months of the charity's operating expenditure for 2014/15. At £42.1 million the level of the General Fund at 31 March 2014 is in line with the target level. This will be used to fund the planned deficit

over the next two years and is also affected by fluctuations in investment valuations. The reserves policy allows the reserves a level of fluctuation to take account of market movements.

Marie Curie is budgeting to make a larger deficit in 2014/15 as the demand for its community services is growing at a faster rate than its income and due to the substantial investment in its new strategy. 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 further designated funds to underpin the charity's medium term investment programme which will require funding over and above the amounts required to fund core services:

- The Capital Investment Fund is for the modernisation of Marie Curie Hospices and other capital projects. The fund balance of £13.6 million is expected to be used to refurbish, maintain and replace the charity's hospice network. At May 2011 the estimated rebuilding cost of the hospices was £122 million. During 2012/13 the former Glasgow and Solihull hospice sites were sold generating a profit on disposal of £2.1 million. The proceeds were added to the Capital Investment Fund in that year and will be used for major refurbishment works for the hospices.
- The Palliative Care Development Fund will be used to support the charity's commitments to 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 two 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 2016. The funding has been made available from the Palliative Care Development Fund.

Full details are shown in note 15 to the financial statements.

Asset allocation at 31 March 2014

	Actual £'million	Actual %	Target %
UK equities	9.8	19.4	17.5%–27.5%
International equities	17.7	35.0	23%–40%
Fixed income	2.0	3.9	4%–10%
Global bonds	5.8	11.4	7.5%–17.5%
Property	4.2	8.3	5%–8%
Hedge funds	9.9	19.6	13.5%–18.5%
Cash	1.2	2.4	0%–10%
Total investment portfolio	50.6	100.0	
Cash investments	(0.2)		
Total listed investments	50.4		

Investments

Marie Curie invests the funds held in its General, Designated and Restricted Funds in order to obtain a return. The investments are managed according to the powers defined in the charity's constitution by independent investment managers appointed by the 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 from the investment advisers, the Investment Committee determines the asset allocation for the General Fund.

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.

Marie Curie'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 Nyes Ledge Capital Horizon Fund and the Forester Diversified Fund of Funds.

The investment portfolio has been reduced during 2013/14 in order to fund the development of the charity's activities.

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 31 March 2014 was 6.7%, which was above the blended benchmark of 4.1%.

Fixed assets

The majority of Marie Curie's fixed assets comprise the land, buildings, furniture and equipment at the nine hospices. Other assets include specially adapted minibuses for transporting patients; the interior fittings and equipment at the charity's shops; IT systems; and office equipment.

Capital expenditure for the year was £4.7 million (2012/13 - £14.4 million). 2012/13 included £7.3 million towards the cost of a new hospice for the West Midlands which was completed in January 2013. The project was

funded partly from a Department of Health grant and the balance from the Big Build Capital Appeal.

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

Grant-making policies

Marie Curie provides research grants to develop understanding of palliative care. Applications are subject to peer review by experts in the field. Grant recipients are required to submit annual progress reports.

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 is committed to being a diverse and inclusive charity. The charity aims to demonstrate support for all its employees and volunteers, valuing each individual's contribution regardless of age, gender, gender identity, sexual orientation, marital status, civil partnership status, disability, nationality, race, religion or belief. We are committed to providing equal opportunities for all employees and volunteers.

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

Every year volunteers support the charity in a wide range of roles in our hospices, shops, Helper service, offices and research units, and play a crucial part in our diverse fundraising events and initiatives, particularly the 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 the Council since April 2013, showing membership of all standing committees, and names of principal advisers to the charity are set out on page 43.

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 four times a year to consider the investment strategy and monitor the returns achieved by Marie Curie'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 is responsible for the charity's estates strategy.

The Palliative Care Research Committee advises on research strategy and governance.

The Retail Committee advises on the charity's shops and other trading activities.

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 the Council.

Election and appointment

The Council appoints all new trustees, based on selection criteria which ensure that collectively it maintains a broad range of relevant skills and experience. The Council also appoints the members of the Audit, Investment, Clinical Governance and Palliative Care Research Trustees Committees. The recruitment of new trustees is through a

process of advertisement, application and interviews.

inappropriate to presume that the group and the charitable company will continue its activities

Induction and training

An induction programme is offered to all new trustees and they are provided with updates on an ongoing basis. Where such needs are identified, training is provided.

The Council is responsible for keeping adequate accounting records. These must be sufficient to show and explain the charitable company's transactions. They should 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. The 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.

Statement of responsibilities of the trustees

Marie Curie is a registered charity (number 207994 for England & Wales and SC038731 for 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 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.

The Council as trustees are responsible for preparing the Report of the Council and Strategic Report 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).

Disclosure of information to auditor

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 auditor is 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 auditor is aware of that information

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.

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

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

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 Marie Curie 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 the Council which compare actual results against activity targets and the phased budget and link financial performance with resource and activity levels.

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

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

Significant risks are highlighted for consideration and monitoring by the Executive Board which is chaired by the Chief Executive. The major risks are shown in the table below.

Summary reports are made to the Audit Committee and to the Council. All major risks to which Marie Curie 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 31 March 2014 were all wholly owned and registered in England and Wales. Details are included in Note 19 to the financial statements. 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.

Auditor

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

The Report of the Council and the Strategic Report are approved on behalf of the Council



Chairman
8 July 2014

Patient safety	Of critical concern is seeking to prevent any failure in our care services and clinical governance system leading to death of, or serious harm to, patients using our services.
Health and safety issues	Preventing serious harm to staff, volunteers and members of the public who work in or visit our hospices, shops, offices, or participate in our fundraising activities is a key area of focus.
Funding	The charity receives funding from the NHS which could be affected by commissioning changes or the impact of financial pressures on the health and social care systems in the UK.
Financial sustainability	The charity is reliant on income from voluntary activities to support critical health and social care services. Maintaining the trust of donors and the relevance of our case for support is critical to the success of our fundraising activities.
Delivery of the new Strategic Plan	The charity faces significant challenges in the implementation of its new Strategic Plan.

Independent auditor's report to the members of Marie Curie Cancer Care

We have audited the financial statements of Marie Curie Cancer Care for the year ended 31 March 2014 set out on pages 25 to 42. 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. Our audit work has been undertaken so that we might state to the charitable company's members 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 charitable company and its members 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 22, 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.

Our responsibility is to audit, and express an opinion on, the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board'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 Financial Reporting Council's website at www.frc.org.uk/auditscopeukprivate

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 31 March 2014 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.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information in the Trustees' Annual Report, which constitutes the Strategic Report and the Trustees' 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 requires us to report to you if, in our opinion:

- the charitable company has not kept adequate 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.



8 July 2014

**Matthew Lewis (Senior Statutory Auditor)
for and on behalf of KPMG LLP,
Statutory Auditor**
Chartered Accountants

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

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2014

	Note	Unrestricted funds £000	Restricted funds £000	Total funds 2014 £000	Total funds 2013 £000
Incoming resources					
Incoming resources from generated funds					
Voluntary income	2	72,743	18,356	91,099	83,639
Activities for generating funds: Retail sales of donated and purchased goods		11,514	6,173	17,687	16,521
Investment income	3	1,724	–	1,724	1,995
		85,981	24,529	110,510	102,155
Incoming resources from charitable activities	4	41,874	1,906	43,780	44,385
Other income					
Net gain on disposal of fixed assets		79	–	79	2,125
Other income		436	–	436	287
Total incoming resources		128,370	26,435	154,805	148,952
Cost of generating funds					
Cost of generating voluntary income		39,084	1,267	40,351	34,487
Publicity		3,337	–	3,337	3,671
Fundraising trading: cost of goods sold		10,412	4,062	14,474	13,649
Investment management costs		493	–	493	597
		53,326	5,329	58,655	52,404
Net incoming resources available for charitable application		75,044	21,106	96,150	96,548
Cost of charitable activities					
Hospices		33,949	14,262	48,211	44,987
Nursing		42,869	5,894	48,763	44,906
Research & development	5D	4,828	921	5,749	1,617
Policy, information and awareness		2,862	–	2,862	1,911
Total charitable expenditure		84,508	21,077	105,585	93,421
Governance costs					
		680	–	680	719
Total resources expended	5	138,514	26,406	164,920	146,544
Net (expenditure)/income for the year		(10,144)	29	(10,115)	2,408
Other recognised gains & losses					
Gains/(losses) on investment assets	8	2,665	–	2,665	6,064
Actuarial gains/(losses) on defined benefit pension scheme	18	(600)	–	(600)	340
Net movement in funds		(8,079)	29	(8,050)	8,812
Reconciliation of funds					
Total funds at 1 April 2013	15	98,048	24,999	123,047	114,235
Total funds at 31 March 2014		89,969	25,028	114,997	123,047

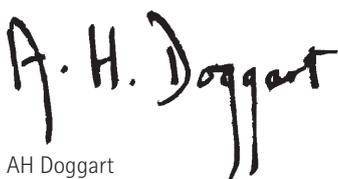
All of the charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 28 to 42 form part of these financial statements.

Balance sheets

for the year ended 31 March 2014

	Note	Group 2014 £000	2013 £000	Charity 2014 £000	2013 £000
Fixed assets					
Tangible assets	7	55,081	55,132	55,081	55,132
Investments	8	69,538	77,110	70,169	77,837
		124,619	132,242	125,250	132,969
Current assets					
Stocks	9	247	246	168	162
Debtors	10	9,997	7,222	10,839	8,662
Investments	11	8,920	7,374	8,920	7,374
Cash at bank and in hand		1,466	3,479	1,313	3,255
		20,630	18,321	21,240	19,453
Creditors:					
Amounts falling due within one year	12a	(19,113)	(18,230)	(20,313)	(20,041)
Net current assets		1,517	91	927	(588)
Total assets less current liabilities		126,136	132,333	126,177	132,381
Creditors: Amounts falling due after more than one year					
Provision for liabilities and charges	14	(503)	(584)	(503)	(584)
Net assets (excluding pension liability)		117,029	125,162	117,070	125,210
Defined benefit pension liability	18	(2,032)	(2,115)	(2,032)	(2,115)
Net assets (including pension liability)	15	114,997	123,047	115,038	123,095
Funds					
Restricted funds	15	25,028	24,999	25,028	24,999
Designated funds	15	49,918	49,687	49,918	49,687
		74,946	74,686	74,946	74,686
Free reserves					
Pension reserve	15	(2,032)	(2,115)	(2,032)	(2,115)
General funds	15	42,083	50,476	42,124	50,524
		114,997	123,047	115,038	123,095

Approved by the Council on 8 July 2014.



AH Doggart
Honorary Treasurer

The notes on pages 28 to 42 form part of these financial statements.
Company number: 00507597

Consolidated cash flow statement

for the year ended 31 March 2014

	Note	2014 £000	2013 £000
Net cash (outflow) from operating activities	B	(7,568)	(3,169)
Returns on investments and servicing of finance			
Dividends received		1,012	935
Interest received		435	680
Capital expenditure and financial investment			
Capital expenditure		(4,663)	(14,367)
Sales of tangible fixed assets		79	2,858
Investment purchases		(16,511)	(15,345)
Decrease in invested cash		743	5,535
Investment sale proceeds		26,006	14,297
Net cash (outflow) before management of liquid resources		(467)	(8,576)
Management of liquid resources			
(Increase)/decrease in cash invested in short term investments		(1,546)	8,352
(Decrease)/increase in cash		(2,013)	(224)

Note A:

Reconciliation of net cash flow to movement in net funds

(Decrease)/increase in cash in the year	(2,013)	(224)
Increase/(decrease) in liquid resources	1,546	(8,352)
Net funds at 1 April 2013	10,853	19,429
Net funds at 31 March 2014	10,386	10,853

Analysis of net funds

	1 April 2013 £000	Cash flow £000	31 March 2014 £000
Cash at bank and in hand	3,479	(2,013)	1,466
Money market and other deposits	7,374	1,546	8,920
	10,853	(467)	10,386

Note B:

Reconciliation of changes in resources to net inflow from operating activities

	2014 £000	2013 £000
Net incoming resources	(10,115)	2,408
Depreciation	4,713	3,790
Gain on disposal of fixed assets	(79)	(2,125)
Pension funding adjustment	(683)	(670)
Dividends receivable	(1,012)	(935)
Interest receivable	(370)	(680)
(Increase) in stocks	(1)	-
(Increase)/decrease in debtors	(2,840)	(1,306)
Increase/(decrease) in creditors and provisions	2,819	(3,651)
Net cash (outflow)/inflow from operating activities	(7,568)	(3,169)

Notes to the financial statements

for the year ended 31 March 2014

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 on the going concern basis and 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 years
Long leasehold buildings	25 years
Short leasehold buildings	Over the period of the lease or 10 years, whichever is the shorter
Leasehold shops improvements	Over the period of the lease or 10 years, whichever is the shorter
Furniture, equipment and IT servers	25 – 33 % per annum

(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 31 March 2014

(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.
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 financial statements. Income received from capital appeals is included under restricted voluntary income and the related costs, including depreciation, are charged against that income. Designated funds comprise funds which have been set aside at the discretion of the Council for specific purposes. The purposes and uses of the designated funds are set out in Note 15 to the financial statements. Funds contained within the designated fund comprise:

- (1) Tangible Fixed Asset Fund – which represents the value of general funds invested in fixed assets.
- (2) Capital Investment Fund which represents funds held to contribute towards the renewal of the charity's 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.
- (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 parents and families.

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

Notes to the financial statements

for the year ended 31 March 2014

2. Voluntary income

	Unrestricted funds £000	Restricted funds £000	Total funds 2014 £000	Total funds 2013 £000
Major capital appeals	-	97	97	1,842
Donations, events and other voluntary income	54,912	9,675	64,587	59,133
Legacies	17,831	8,584	26,415	22,664
	72,743	18,356	91,099	83,639

3. Investment income

	Unrestricted funds £000	Restricted funds £000	Total funds 2014 £000	Total funds 2013 £000
Listed investments	1,012	-	1,012	935
Cash investments	370	-	370	680
Hedge funds	6	-	6	15
Property fund	203	-	203	188
Other investments	133	-	133	177
	1,724	-	1,724	1,995

4. Incoming resources from charitable activities

	Unrestricted funds £000	Restricted funds £000	Total funds 2014 £000	Total funds 2013 £000
NHS funding for nurses	22,357	-	22,357	21,150
NHS funding for hospices	19,059	-	19,059	18,356
Other NHS funding	339	-	339	346
Department of Health grants				
- Capital grant West Midlands hospice	-	94	94	4,043
- NHS England capital grants	-	943	943	-
- Third Sector Investment Fund	-	12	12	60
Scottish Executive	-	135	135	191
Voluntary Action Fund	-	20	20	-
Big Lottery Fund	-	180	180	159
Social Enterprise Investment Fund	-	497	497	-
Other income	119	25	144	80
	41,874	1,906	43,780	44,385

Other NHS funding includes project grants for development of services in a number of NHS localities. Department of Health grants comprise the final instalment of a capital grant towards the construction cost of the new hospice in the West Midlands. NHS England provided three grants for hospice improvements at Bradford, Newcastle and Hampstead. The Scottish Government 16b funding comprises £134,597 for nursing services in Scotland. The funding from the Big Lottery includes £70,522 for the Marie Curie Helper project in Northern Ireland, £62,366 for the carers project in Wales and £65,260 for a BAME community development worker at the Cardiff and the Vale hospice. The funding from the Voluntary Action Fund is towards the costs of the Confident Caring project in Glasgow. The funding from the Social Enterprise Investment Fund is a grant to develop the application of social investment models to end of life care.

Notes to the financial statements

for the year ended 31 March 2014

5. Expenditure	Direct costs £000	Support costs £000	Total 2014 £000	Total 2013 £000
Cost of generating funds				
Fundraising	37,046	3,305	40,351	34,487
Publicity	2,897	440	3,337	3,671
Retail activities	13,475	999	14,474	13,649
Investment management costs (Note C)	463	30	493	597
	53,881	4,774	58,655	52,404
Charitable activities				
Hospices	45,294	2,917	48,211	44,987
Nursing	45,060	3,703	48,763	44,906
Research & development (Note D)	5,267	482	5,749	1,617
Policy, information and awareness	2,677	185	2,862	1,911
	98,298	7,287	105,585	93,421
Governance (Note A)				
	315	365	680	719
Total	152,494	12,426	164,920	146,544

Allocation of support costs	Executive, legal & strategy £000	Finance £000	HR & training £000	IT £000	Facilities & property £000	Total 2014 £000	Total 2013 £000
Hospices	108	299	974	1,199	337	2,917	2,759
Nursing	108	299	978	2,217	101	3,703	3,202
Research & development (Note D)	60	74	88	240	20	482	408
Policy, information and awareness	61	15	31	60	18	185	114
Total charitable activities	337	687	2,071	3,716	476	7,287	6,483
Fundraising	90	448	774	1,798	195	3,305	2,880
Publicity	18	30	73	300	19	440	356
Retail activities	6	149	164	180	500	999	869
Investment management costs	-	30	-	-	-	30	28
Governance	150	149	66	-	-	365	378
Total support costs allocated	601	1,493	3,148	5,994	1,190	12,426	10,994

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	2014 £000	2013 £000
Governance costs		
Apportionment of support staff (based on time spent)	365	378
Internal audit	219	240
External audit fees (Note B)	73	78
Trustees' travel & meeting expenses (Note 16)	1	6
Trustees' indemnity insurance	4	4
Legal costs	18	13
	680	719

Notes to the financial statements

for the year ended 31 March 2014

5. Expenditure (continued)

	2014 £000	2013 £000
Amounts paid under operating leases		
– land and buildings	4,730	4,529
– plant & machinery	847	750
	<u>5,577</u>	<u>5,279</u>
Depreciation of owned assets	<u>4,713</u>	<u>3,790</u>

Note B

Net incoming resources for the year is stated after charging:

	2014 £000	2013 £000
Fees payable to the charity's auditor for:		
– the audit of the financial statements	67	66
– other audit services	6	12
	<u>73</u>	<u>78</u>

Note C

Investment managers' fees costs 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

	2014 £000	2013 £000
Research and development		
Palliative care research costs	5,292	1,001
Development costs	457	712
Scientific research costs	–	(96)
	<u>5,749</u>	<u>1,617</u>

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. Also included are grants awarded under the charity's own National Grant Programme and collaborations with Dimpleby Cancer Care. The expenditure shown for 2013/14 principally comprises a new 10-year funding commitment of £3.2 million to fund a Clinical Chair and Senior Lecturer at the MCPCRU, a new three-year funding commitment for the MCPCRC which totalled £1.1 million and expenditure on the charity's own research facilitators who are based in the charity's hospices. Development costs comprise development of end of life services including the Caring Together project that has been in partnership with the British Heart Foundation in Glasgow.

6. Taxation

The charity is registered for VAT but only part of the VAT incurred is recoverable. The amount of VAT paid but not recoverable in the year was £4.1 million (2012/13: £4.8 million).

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 charity.

Notes to the financial statements

for the year ended 31 March 2014

7. Group and charity tangible fixed assets	Freehold land and buildings	Leasehold land and buildings Long	Leasehold land and buildings Short	Furniture, equipment and motor vehicles	Total
	£000	£000	£000	£000	£000
Cost					
At 1 April 2013	69,141	3,527	6,574	16,065	95,307
Additions at cost	2,280	–	348	2,035	4,663
Disposals	–	–	(121)	(20)	(141)
At 31 March 2014	71,421	3,527	6,801	18,080	99,829
Depreciation					
At 1 April 2013	20,579	1,483	5,809	12,304	40,175
Provided in the year	2,590	134	263	1,726	4,713
Disposals	–	–	(121)	(19)	(140)
At 31 March 2014	23,169	1,617	5,951	14,011	44,748
Net book value					
At 31 March 2014	48,252	1,910	850	4,069	55,081
At 31 March 2013	48,562	2,044	765	3,761	55,132

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 (2013: £1,588,242).

Freehold land and buildings for the group and the charity include assets in the course of construction at a cost of £NIL (2013: £NIL). The cost of additions for the group and the charity to assets in the course of construction during the year amounted to £NIL (2013: £6,920,184).

Capital commitments	2014	2013
	£000	£000
Capital expenditure authorised and contracted for	523	307
Capital expenditure authorised but not contracted for	3,841	5,149

Notes to the financial statements

for the year ended 31 March 2014

8. Investments

	Listed investments	Property and unlisted investments	Money market deposits	Consolidated total	Investment in subsidiaries (Note 19)	Charity total
	£000	£000	£000	£000	£000	£000
Group and charity						
Market value at 1 April 2013	57,222	76	19,812	77,110	727	77,837
Movements in deposits	-	-	(10,743)	(10,743)	-	(10,743)
Additions at cost	16,512	-	(16,006)	506	29	535
Disposals at book value	(21,162)	-	26,006	4,844	(125)	4,719
Unrealised gains	(2,179)	-	-	(2,179)	-	(2,179)
Market value at 31 March 2014	50,393	76	19,069	69,538	631	70,169
Historic cost at 31 March 2014	29,026	76	19,069	48,171	631	48,802
Historic cost at 31 March 2013	34,005	76	19,820	53,901	727	54,628

Gain/(loss) on investments

	2014 £000	2013 £000
Realised gains	4,844	1,892
Unrealised gains/(losses) included in market value	(2,179)	4,172
	2,665	6,064

Listed investments

	2014 £000	2013 £000
UK	17,504	18,545
Non UK	32,889	38,669
	50,393	57,214

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

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

9. Stocks

	Group		Charity	
	2014 £000	2013 £000	2014 £000	2013 £000
Inventory for resale	79	84	-	-
Daffodils	168	162	168	162
	247	246	168	162

10. Debtors

	Group		Charity	
	2014 £000	2013 £000	2014 £000	2013 £000
Trade debtors	3,035	1,684	3,035	1,684
Taxation recoverable	2,026	1,287	2,035	1,273
Prepayments	2,324	2,530	2,334	2,540
Legacy debtors	1,040	272	1,040	272
Amounts due from subsidiary undertakings	-	-	823	1,462
Other debtors	1,572	1,449	1,572	1,431
	9,997	7,222	10,839	8,662

The charity has been notified of legacies with an estimated value of £17.6 million (2013 £16.1 million) which have not been recognised as income at 31 March 2014 because no notification of impending distribution or approval of estate accounts has been received.

Notes to the financial statements

for the year ended 31 March 2014

11. Current asset investments

	Group		Charity	
	2014	2013	2014	2013
	£000	£000	£000	£000
Bank deposits and liquidity funds	8,920	7,374	8,920	7,374

12. Creditors

	Group		Charity	
	2014	2013	2014	2013
	£000	£000	£000	£000
(a) Amounts falling due within one year				
Interest free loans	130	130	130	130
Trade creditors	4,668	4,839	4,630	4,832
NHS contract obligations	2,156	2,933	2,156	2,933
Palliative care research grants	2,784	2,687	2,784	2,687
Grants awarded for scientific research	96	493	96	493
Tax and social security creditors	1,749	1,825	1,749	1,825
Accruals	3,708	2,562	3,352	2,562
Deferred income (Note 13)	3,204	2,212	3,204	2,212
Pensions and other payroll	618	549	618	551
Amounts due to subsidiary undertakings	-	-	1,594	1,816
	19,113	18,230	20,313	20,041

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

	Group		Charity	
	2014	2013	2014	2013
	£000	£000	£000	£000
(b) Amounts falling due after more than one year				
Loan from British Heart Foundation for new Glasgow hospice	1,850	1,850	1,850	1,850
Grants payable – palliative care	6,487	4,553	6,487	4,553
Investment manager's performance fee	267	184	267	184
	8,604	6,587	8,604	6,587

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

13. Deferred income

	Group		Charity	
	2014	2013	2014	2013
	£000	£000	£000	£000
Caring services	1,154	911	1,154	911
Fundraising events	1,388	973	1,388	973
Other	662	328	662	328
	3,204	2,212	3,204	2,212

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 31 March 2014

14. Provisions for liabilities and charges

Group and charity	At 1 April 2013	Additional provisions made	Amounts used	Amounts released	At 31 March 2014
	£000	£000	£000	£000	£000
Dilapidations	107	-	-	-	107
Rent	204	62	(26)	-	240
Staff costs and other liabilities	273	-	(85)	(32)	156
	584	62	(111)	(32)	503

15. Funds

Group and charity	Note	At 1 April 2013	Income	Expenditure	Gains & losses	Transfers	At 31 March 2014
		£000	£000	£000	£000	£000	£000
Restricted funds (Group & charity)							
Hospices Capital Fund	i	24,308	-	(1,470)	-	1,252	24,090
Major capital appeals	ii	21	190	-	-	(97)	114
Hospices – revenue	iii	229	19,070	(17,931)	-	(1,155)	213
Nursing	iii	174	6,104	(6,084)	-	-	194
Palliative care research		267	1,071	(921)	-	-	417
Total restricted funds		24,999	26,435	(26,406)	-	-	25,028
Designated funds (Group & charity)							
Tangible Fixed Asset Fund	iv	30,824	-	-	-	167	30,991
Capital Investment Fund	v	13,415	-	(154)	-	292	13,553
Palliative Care Development Fund	vi	2,948	-	(47)	-	-	2,901
Palliative Care Funding Review	vii	2,500	-	(27)	-	-	2,473
Total designated funds		49,687	-	(228)	-	459	49,918
General funds (Group)							
General Fund	viii	50,476	128,370	(138,286)	2,665	(1,142)	42,083
Pension scheme deficit	ix	(2,115)	-	-	(600)	683	(2,032)
Total general funds		48,361	128,370	(138,286)	2,065	(459)	40,051
Consolidated funds		123,047	154,805	(164,920)	2,065	-	114,997
General funds (Charity)		48,409	123,290	(133,940)	2,065	268	40,092

The above funds carried forward at 31 March 2014 represent:

- (i) grants and donations received from hospice capital appeals which have been invested in hospice capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- (ii) the net proceeds from the capital appeals. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects 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.
- (iii) funds restricted for the Marie Curie Hospices and the Nursing Service.
- (iv) the net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).

Notes to the financial statements

for the year ended 31 March 2014

15. Funds (continued)

- (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 movement is the expenditure to cover the refurbishment of the Hampstead, Bradford and Newcastle hospices which took place in the year, which was partly funded by grants from the Department of Health. The fund also received funding from the General Fund of £990,000 in respect of IT and other capital projects that were in progress on 31 March 2014 which will be carried forward into 2014/15.
- (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.
- (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 parents and families.
- (viii) the General Fund is the working capital of the charity and represents the net amount that the Council has available to meet possible shortfalls in funding and increases in costs.
- (ix) the actuarial valuation of the defined benefit pension scheme at 31 March 2014 for the purposes of FRS17 showed a funding deficit of £2.0 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:

	2014 £000	2013 £000
The charity	(8,764)	385
Intra-group profit	714	2,024
Intercompany charges for fixed assets written off	12	(272)
	(8,038)	2,137

The parent charity's gross income for the year was £151.7 million and its expenditure was £161.8 million.

Analysis of net assets between funds

	Unrestricted funds £000	Restricted funds £000	Total 2014 £000	Total 2013 £000
Tangible fixed assets	30,991	24,090	55,081	55,132
Investments	78,458	–	78,458	84,484
Stocks	247	–	247	246
Debtors	9,997	–	9,997	7,222
Creditors and cash	(27,692)	938	(26,754)	(21,922)
Defined benefit pension scheme liability	(2,032)	–	(2,032)	(2,115)
Total net assets	89,969	25,028	114,997	123,047

16. Staff

(i) Remuneration

	2014 £000	2013 £000
Wages and salaries	80,415	77,472
Social security costs	6,340	5,807
Other pension costs	5,323	4,485
Total Marie Curie staff	92,078	87,764
Contracted staff	9,561	8,275
Total remuneration	101,639	96,039

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

Notes to the financial statements

for the year ended 31 March 2014

16. Staff (continued)

	2014 Number	2013 Number
ii) Average number of employees		
Hospices	977	976
Nursing	2,187	2,129
Research	9	25
Fundraising	441	445
Publicity	38	32
Shops	543	519
Support	157	134
	4,352	4,260
Comprising		
Full time	1,413	1,332
Part time	2,939	2,928
	4,352	4,260

iii) Remuneration of higher paid staff

	2014 Number	2013 Number
£60,000 – £70,000	12	4
£70,000 – £80,000	4	5
£80,000 – £90,000	3	3
£90,000 – £100,000	4	6
£100,000 – £110,000	3	3
£110,000 – £120,000	1	1
£120,000 – £130,000	1	1
£130,000 – £140,000	–	1
£140,000 – £150,000	–	–
£150,000 – £160,000	–	–
£160,000 – £170,000	2	1
Included in the above are – medical practitioners	6	4

Contributions of £131,166 (2013: £63,587) were made to the NHS Pension Scheme and the Universities Superannuation Scheme, all defined benefit schemes, for 12 higher paid employees. Contributions amounting to £181,668 (2013: £166,835) were made to defined contribution schemes, for 18 higher paid employees.

iv) Council members' expenses

No trustees received any remuneration in the year. Five trustees were reimbursed £1,188 in total for travel expenses (2013: £434). 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 31 March 2014

17. Lease commitments

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

	2014 £000	2013 £000
Land and buildings		
Within one year	651	505
Between two and five years	1,366	1,965
Over five years	2,272	1,488
	4,289	3,958
Other		
Within one year	113	73
Between two and five years	405	422
	518	495

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 £3,331,090 (2013: £2,549,489) into this scheme. Contributions to other defined contribution pension schemes amounted to £NIL (2013: £9,539).

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 £1,921,326 (2013: £1,876,301).

Closed schemes

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

FRS17 disclosures

A full actuarial valuation was carried out at 31 March 2011 and resulted in an actuarial 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 1 April 2011 and past service deficit recovery payments of £720,000 to 1 July 2022. A full actuarial valuation as at 31 March 2014 is being prepared and will be available in autumn 2014.

The valuation has been updated to 31 March 2014 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.

	2014 £000	2013 £000
Present value of funded defined benefit obligation	(21.9)	(21.9)
Fair value of scheme assets	19.9	19.8
Net liability	(2.0)	(2.1)

Notes to the financial statements

for the year ended 31 March 2014

18. Pensions (continued)

The movement in the defined pension scheme deficit was as follows:	2014	2013
	£m	£m
Liability at 1 April 2013	(2.1)	(3.1)
Net finance charge	0.0	0.0
Current service cost	(0.1)	(0.1)
Employer's contributions	0.8	0.8
	(1.4)	(2.4)
Actuarial gains/(losses)	(0.6)	0.3
At 31 March 2014	(2.0)	(2.1)

Movements in present value of defined benefit obligation	2014	2013
	£m	£m
At 1 April 2013	21.9	20.5
Current service cost	0.1	0.1
Interest cost	0.9	0.9
Actuarial gains	(0.0)	1.4
Benefits paid	(1.0)	(1.0)
At 31 March 2014	21.9	21.9

Movements in fair value of scheme assets	2014	2013
	£m	£m
At 1 April 2013	19.8	17.4
Expected return on scheme asset	0.9	0.9
Actuarial gains	(0.6)	1.7
Contributions by employer	0.8	0.8
Contributions by members	0.0	-
Benefits paid	(1.0)	(1.0)
At 31 March 2014	19.9	19.8

Expense recognised in the Statement of Financial Activities	2014	2013
	£m	£m
Interest on defined benefit pension plan obligation	(0.9)	(0.9)
Expected return on scheme asset	0.9	0.9
Net finance charge	0.0	0.0
Current service cost	(0.1)	(0.2)
Total	(0.1)	(0.2)

Actuarial gain/(loss) charged to the Statement of Financial Activities	2014	2013
	£m	£m
Actual return less expected return on scheme assets	(0.6)	1.7
Experience gains/(losses) arising on scheme liabilities	0.0	(0.2)
Changes in assumptions underlying the present value of scheme liabilities	0.0	(1.2)
Total	(0.6)	0.3

The cumulative actuarial loss recognised in the Statement of Financial Activities is £9,204,000 (2013: £8,604,000). Cumulative actuarial losses reported in the Statement of Financial Activities for the accounting period ending on 31 March 2003, and subsequently included by prior year adjustment under paragraph 96 of FRS17, are £2,580,000.

Notes to the financial statements

for the year ended 31 March 2014

18. Pensions (continued)

The fair value of the scheme assets was as follows:

	2014		2013	
	£m	%	£m	%
Equities	10.3	51.5%	9.9	50.1%
Corporate bonds	7.0	35.1%	2.5	12.8%
Gilts	2.6	13.2%	6.7	33.9%
Cash	0.0	0.2%	0.7	3.2%
Total net assets	19.9	100.0%	19.8	100.0%

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

	2014	2013
Discount rate	4.3%	4.3%
Expected rate of return on plan assets	5.6%	4.7%
Inflation	3.5%	3.5%
Future salary increases	4.0%	4.0%
Rate of increases in pensions in payment (LPI)		
maximum 5%	3.4%	3.3%
minimum 4% maximum 5%	4.2%	4.3%
maximum 2.5%	2.3%	2.2%

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 now to live for 21.4 years (24.0 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

	2014	2013	2012	2011	2010
	£m	£m	£m	£m	£m
Present value of scheme liabilities	(21.9)	(21.9)	(20.5)	(19.3)	(18.9)
Fair value of scheme assets	19.9	19.8	17.4	15.8	15.2
(Deficit)	(2.0)	(2.1)	(3.1)	(3.4)	(3.7)

Experience adjustments

	2014	2013	2012	2011	2010
	£m	£m	£m	£m	£m
Experience adjustments on scheme liabilities					
– amount (£million)	0.0	(0.2)	1.0	(0.0)	0.4
– percentage of scheme assets (%)	0.1%	(0.8%)	5.0%	(0.2%)	2.2%
Experience adjustments on scheme liabilities					
– amount (£million)	(0.6)	1.7	0.7	(0.1)	(3.6)
– percentage of scheme assets (%)	(3.2%)	8.6%	4.2%	(0.5%)	(24.0%)

The charity expects to contribute approximately £810,000 to the scheme for the 2014/15 financial year (2013/14 – £810,000).

Notes to the financial statements

for the year ended 31 March 2014

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 £677,000 for the year ended 31 March 2014 (2013: £1,200,000) 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 £37,000 for the period ended 31 March 2014 (2013: £261,000) which was paid to the charity by means of a payment under Gift Aid.

Cancer Care (UK) Limited – The company is limited by guarantee and was dormant throughout the period ended 31 March 2014. The net assets at 31 March 2014 were £20,000.

Marie Curie Ventures Limited – The company was dormant throughout the period ended 31 March 2014.

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

	2014	2013
	£000	£000
Marie Curie Trading Limited		
Turnover	3,792	4,062
Cost of sales	(2,055)	(1,917)
Gross profit	1,737	2,145
Other expenses	(1,037)	(921)
Interest payable	(23)	(24)
Payment to the charity under Gift Aid	(677)	(1,200)
Retained profit for the year	-	-
Net current assets	575	689
Liabilities – Debenture held by the charity	(575)	(700)
Net liabilities	-	(11)

	2014	2013
	£000	£000
Marie Curie Developments Limited		
Turnover	1,269	7,266
Cost of sales	(1,209)	(6,920)
Gross profit	60	346
Other expenses	(23)	(85)
Payment to the charity under Gift Aid	(37)	(261)
Retained profit for the year	-	-
Net current liabilities	(0)	(17)
Net liabilities	-	(17)

Who's who

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His Royal Highness The Prince of Wales

Life Vice Presidents

Sir Peter Davis LLD, FRSA
J H O Earle MD FRCPATH
Sir Nicholas Fenn GCMG MA
Sir Thomas Hughes-Hallett

Vice Presidents

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GCB OBE MC JP
Major General Sir Michael
Carleton-Smith CBE DL
John Carson CBE
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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
Williams, Cheltenham
Bready & Co, Glasgow
DLA Piper (pro bono)

Auditor

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

Joan Gough-Thomas, who died in 2013, was a Life Vice President and a Founder Member of Marie Curie Cancer Care.

++ Member of the Clinical Governance Trustees Committee

+ Member of the Investment Committee

* Member of the Audit Committee and Investment Committee

‡ Member of the Audit Committee

ø Member of the Retail Committee

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John Varley MA

Honorary Treasurer

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‡ Sarah Beaver MA D. Phil

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+ David Ereira MSc

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Professor Russel Griggs OBE

(until 10 September 2013)

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MSc, PhD

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Dave Bawden

Prof Annie Turner

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

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Director of Community Involvement

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Director of Communications

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Susan Elsmore

Julie James

Bill Jenkins

Paul Jones

Chris Martin

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All Marie Curie Patrons are volunteers. They help Marie Curie Cancer Care by raising funds and promoting greater awareness of the charity's work and its need for support.

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Our thanks

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

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For more information

Our 2013-14 Annual Review shows how we are helping people and their families who are living with a terminal illness, in the words of the people we help, our nurses, our staff and volunteers and our supporters. Find out more at mariecurie.org.uk/review

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: mariecurie.org.uk

 MarieCurieUK

 @mariecurieuk

To make a donation

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

Offices:

Registered office

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

Northern Ireland

60 Knock Road
Belfast
BT5 6LQ
Phone: 028 9088 2060
Fax: 028 9088 2074

Scotland

14 Links Place
Edinburgh
EH6 7EB
Phone: 0131 561 3900
Fax: 0131 561 3909

Wales

Block C Mamhilad House
Mamhilad Park Estate
Pontypool, Gwent NP4 0HZ
Phone: 01495 740 827
Fax: 01495 740 889



give with confidence

Marie Curie Cancer Care gives people with all terminal illnesses the choice to die at home. Our nurses provide them and their families with free hands-on care and emotional support, in their own homes, right until the end.

Company number: 00507597 Charity reg number:
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