



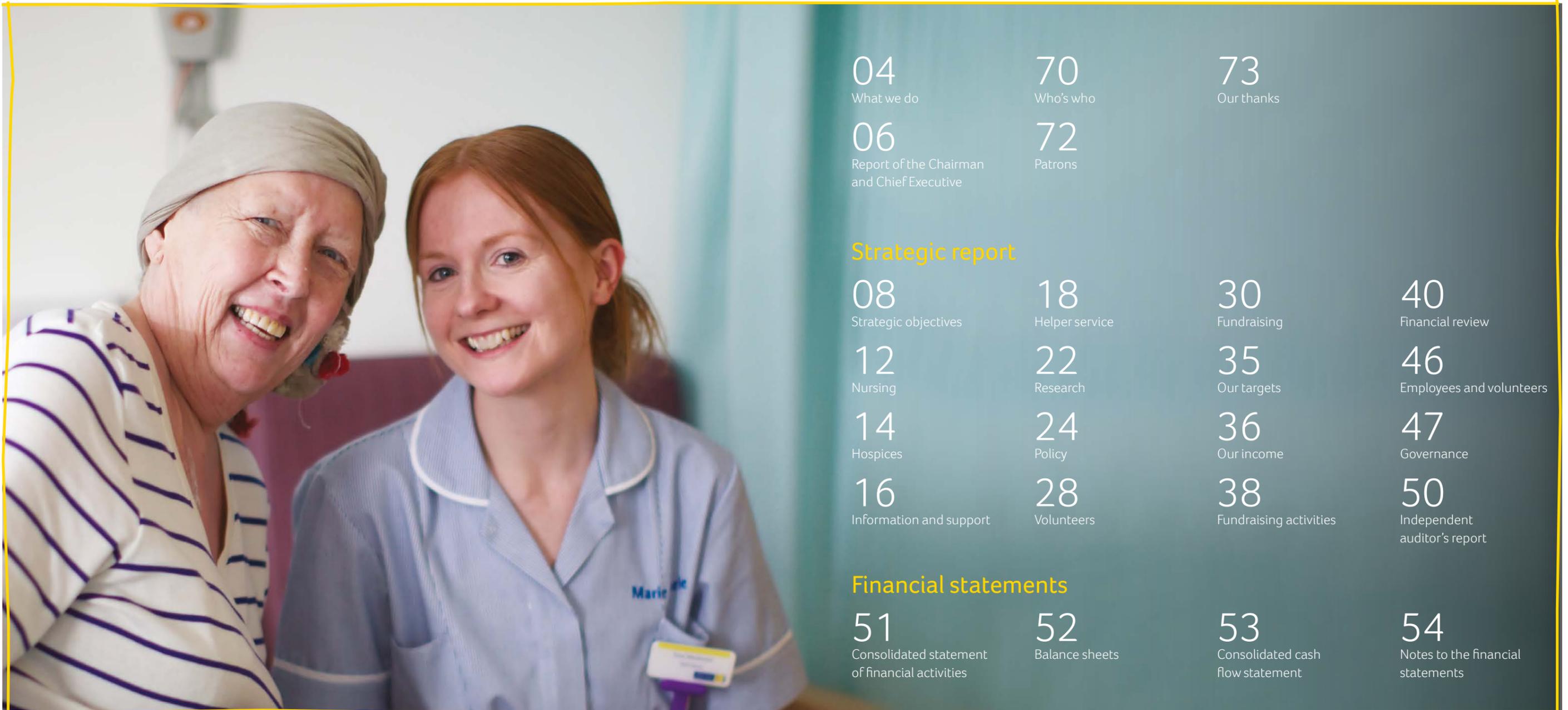
Bringing light in the darkest hours

Marie Curie Annual Report and Accounts 2015 –16



Contents

Every day of your life matters – from your first to your last. We believe everyone living with a terminal illness should be able to get the most from the time they have left. This report shows what we've been doing this year to make that a reality.



04

What we do

06

Report of the Chairman and Chief Executive

Strategic report

08

Strategic objectives

12

Nursing

14

Hospices

16

Information and support

70

Who's who

72

Patrons

18

Helper service

22

Research

24

Policy

28

Volunteers

73

Our thanks

30

Fundraising

35

Our targets

36

Our income

38

Fundraising activities

40

Financial review

46

Employees and volunteers

47

Governance

50

Independent auditor's report

Financial statements

51

Consolidated statement of financial activities

52

Balance sheets

53

Consolidated cash flow statement

54

Notes to the financial statements

What we do

We're here for people living with any terminal illness, and their families. We offer expert care, guidance and support to help them get the most from the time they have left.

Last year, we were there for people in more ways than ever before. Here are just some of the highlights.



Marie Curie Nurses

31,755

people cared for

2,176

nursing staff

1.2 million

hours of care provided in total

93%

of people rated the service as 'very good' – the highest possible rating

99%

of patients said they were likely to recommend our services to friends and family



Marie Curie Hospices

8,638

people cared for (3,139 as in-patients)

93%

of people rated the service as 'very good' – the highest possible rating

99%

of patients said they were likely to recommend our services to friends and family



Marie Curie Helper

979

households supported

460

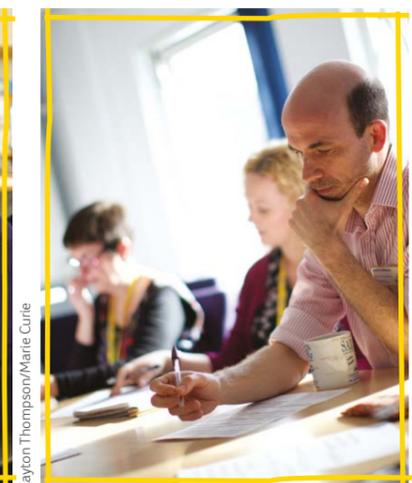
active Helper volunteers

7

new services launched



Over **50,000** people helped by our services in 2015/16



Information and support

9,936

calls to our Support Line since we launched it in April 2015

98.3%

of callers surveyed said they would recommend the service

654,875

views of information and support topics on our website



Research and development

£1.6 million

in funding provided to our three research centres (UCL, Cardiff University, University of Liverpool)

75

research papers published in peer-reviewed journals

£1 million

given annually in grants for research projects to groups across the UK

4,285

people recruited to take part in Marie Curie-funded studies



Policy, information and awareness

We campaign and work hard to influence decision-makers on the issues that really affect people with a terminal illness and their families.

We invest in our brand to communicate to people who we are and what we do, so they know they can come to us for support when they need us, and how to get involved in supporting our work.



Report of the Chairman and Chief Executive

Welcome to our Annual Report and Accounts for 2015/16.

At Marie Curie, we know that making sure people get the high-quality care and support they need at the end of their lives is an urgent challenge for the UK.

We have been delighted to see that these issues have had a markedly increased public profile this year, with significant media and policy discussion around palliative and end of life care, and how these should be funded and delivered.

We feel we've made a significant contribution towards raising the profile of these serious health and social care challenges, working with other organisations.

For example, we started 2015/16 with a major policy publication, *Changing the conversation*, setting out how the needs of many people living with a terminal illness, and their families, are unmet and unrecognised. Significant inequities exist in the system.

We're now starting to see the results of these efforts both in the increased volume and more urgent tone of the national conversation about care at the end of people's lives, but there's much more to do.

Without action, the care available to people living with a terminal illness can only deteriorate further as our population ages and as people find themselves living with ever more complex needs.

We also made some significant changes to our brand this year, renaming ourselves as simply Marie Curie and introducing a new logo and strapline ("Care and support through terminal illness"). We made these changes to make clear that we are here for people affected by all terminal illnesses, including cancer. Read more about the positive effect these changes have had so far on page 25.

Information and support

The start of the financial year saw the launch of our information and support service, comprising the Marie Curie Support Line, the online Marie Curie Community and extensive information available on our website.

While nursing remains at the heart of what we do, and we have once again increased the number of people cared for by Marie Curie Nurses and our hospices this year, delivering this new service was one of the key commitments we made in the five-year strategy launched in 2014.

Bereaved family members have told us time and time again that the availability of an information and support service would have made a huge difference to them while they were caring for loved ones with a terminal illness. You can read more about the impact the service has had in its first year on pages 16-17.

Challenges ahead

We're very proud of what we've achieved for people living with a terminal illness, and their families, this year. But we recognise that we are operating in an extremely challenging environment.

Our NHS funding has remained broadly the same in aggregate this year compared to last across the four nations of the United Kingdom. However, we know that this may not always be the case given the scale of funding challenges the health service faces.

We also continue to face challenges around recruitment of nursing staff – this is a national issue affecting all healthcare organisations.



John Varley
Chairman



Dr Jane Collins
Chief Executive

In that context, we are constantly challenging ourselves to make sure we're doing everything we can to deliver as much care as possible with the money available to us.

Repaying your trust

At a time when public trust of charities in the UK has taken a knock, we welcome the arrival of the new fundraising regulator. Our supporters' trust is our most valuable asset; it is the lifeblood of all charities.

We are committed to making sure that everyone who supports our cause has a positive experience, and that we make the best possible use of your generous donations of time or money to help people who desperately need care and support.

Thank you

Finally, we would like to thank each and every one of our supporters, volunteers, partners and staff members for everything they've done for Marie Curie over the last year.

We hope you enjoy reading this report and seeing what your efforts have achieved for people living with a terminal illness and their families.

Our aims

In 2014, we set out our five-year strategy to improve care and support across the UK. Below are the goals we're working towards between now and 2019. In this report, you'll see all the great work we've done towards achieving these aims over the last year.

Reach and inspire

We will reach more people living with a terminal illness, and their families. We will inspire more people to support our work.

Improve care

We will improve the way people living with a terminal illness are cared for across the UK.

Be effective and efficient

We will manage our charity as efficiently and effectively as possible.

Our vision

A better life for people and their families living with a terminal illness.

Our mission

To help people and their families living with a terminal illness make the most of the time they have together by delivering expert care, emotional support, research and guidance.



Brian Morrison/Marie Curie

Nurses like Elizabeth are there for patients night and day

Our nurses make it possible for people to be cared for at home, surrounded by the people they love, at the end of their lives.

10pm – 7am

an overnight shift for a Marie Curie Nurse



“To be with someone who is dying is such an extraordinary experience, particularly for the family. I try to get to know what the person was like before their illness - what makes them an individual, because that’s important.

It’s such a huge difference when you care for someone in their own home rather than in a hospital environment. You’re a privileged guest in their home.

I go in and introduce myself. I don’t say I am the palliative care nurse, I say I am the nurse for the night. I just try to reassure them and make them feel comfortable - to put them at their ease.

That’s the most comforting thing for loved ones: knowing that the person wanted to stay at home and has got their dying wish, surrounded by family, friends and pets. And that they’ve been comfortable, peaceful and dignified until the end.

In a way, that sums up what Marie Curie is all about.”

Elizabeth Wolley, Marie Curie Nurse

“Working as a Marie Curie Nurse is a privilege”

“ We had such good support from Marie Curie. The Marie Curie Nurse was wonderful. She came to see how we were coping three times a week. It meant I could keep my promise to Alan that he would stay at home. It was just lovely - if dying can be lovely. They made it as comfortable as it could be.”

Marie Curie Nurses helped Marjorie care for her husband Alan at home at the end of his life.



Simon Rawles/Marie Curie

Nursing is at the heart of what we do

Our nurses work night and day, in people’s homes across the UK, providing hands-on care and vital emotional support. They help people living with a terminal illness stay surrounded by the people they care about most, in the place where they’re most comfortable.

Our target	Our achievements
Provide nursing and hospice care of the highest standard to more people each year.	Our nurses cared for 31,755 people – a 0.5% increase on the previous year.
	In 2016, 2,176 Marie Curie Nurses made 249,569 visits, and provided 1.2 million hours of nursing care, to people living with a terminal illness.
	99% of the people we cared for said they were likely to recommend our services to friends and family.
	Our nursing and hospice services were rated as ‘very good’ – the highest possible rating – by 93% of patients.



Aisha Mallikow

“ The extraordinary commitment the Marie Curie Nurses showed Dad is beyond words. He was cared for with love, dignity and respect. Having a nurse there at night meant Mum could finally get some sleep.”

Marie Curie Nurses cared for Aisha’s father-in-law Mohammed at home in the final months of his life.

Given the choice, most of us would prefer to die in our home surrounded by the people we love. Marie Curie Nurses make that possible for more people. That’s why, despite funding pressures in the NHS, we have continued to expand our nursing services to meet the needs of the people we help.

For example, in the south-west we are working with the NHS to provide longer visits and extended care when people need it. This year, patients accessing our core services received an average of 8.7 visits (up from eight in 2014/15). We also increased the average hours of care each patient received (42.8 hours compared with 42.1 last year).

Where patients in hospital wish to be cared for at home, it’s important that urgent care and support is available so they can be discharged. Our new rapid response service in Northumbria allows people to access specialist advice, nursing care and emotional support within one hour – crucial for those times, especially at night, when no other help may be available apart from by calling an ambulance.

It supported 619 people in the last financial year since launching in October.

Services like this help us reduce unnecessary stays in hospital for people with a terminal illness, and, with help from discharge support services, get people home as quickly as possible if that’s where they’d prefer to be.

Round-the-clock hospice care

Our nine hospices offer the reassurance of specialist care and support, in a friendly, welcoming environment, for people living with a terminal illness and their loved ones – whether they’re staying in the hospice or just coming in for the day. They provide a wide range of services including in-patient care, day care activities, outpatient services and homecare visits by specialist staff.

Our target	Our achievements
Provide nursing and hospice care of the highest standard to more people each year.	We cared for 8,638 people this year in our hospices – a 1.7% increase in total patient numbers compared with the previous year. Of that total, 3,139 were cared for as in-patients and 5,499 received other services, including out-patient services. Occupancy rates* increased slightly from 78.2% to 79% (target 80%).
	Four of our nine hospices were ranked in the top 10 in England following a PLACE** audit of facilities. All nine of our hospices were rated in the top half of the hospice league table. The Care Quality Commission (CQC) awarded a rating of “outstanding” to the Marie Curie Hospice, West Midlands.
	The Marie Curie Hospice, Bradford won the British Medical Journal Palliative Care Team of the Year Award 2015 for its local specialist palliative care managed clinical network.
	99% of people we cared for said they were likely to recommend our services to friends and family.
	Our nursing and hospice services were rated as ‘very good’ – the highest possible rating – by 93% of patients.

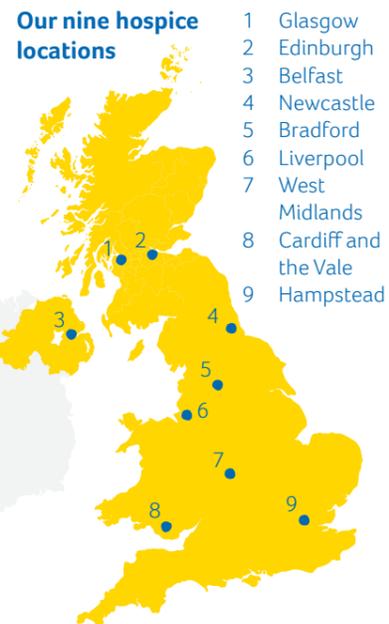
We work hard to make our hospices places where people living with a terminal illness can enjoy the best possible quality of life. That might be through helping to relieve people’s symptoms, supporting them and their loved ones or providing advice on practical issues.

Our hospices offer much more than just a place for people to stay and be looked after at the end of their lives – they’re at the heart of their communities. For people who want to be cared for at home, or are discharged from hospital, we have a range of community services in place to support them and their families, including daycare activities, outpatient services and specialist homecare visits.

Our outpatient clinics give people crucial access to one-to-one consultations with doctors and nurses. Patients can access a range of services and therapies to help improve their quality of life. These include: occupational therapy, physiotherapy, gym exercise and complementary therapies such as reflexology, massages and pet therapy.

Increasing investment in community services

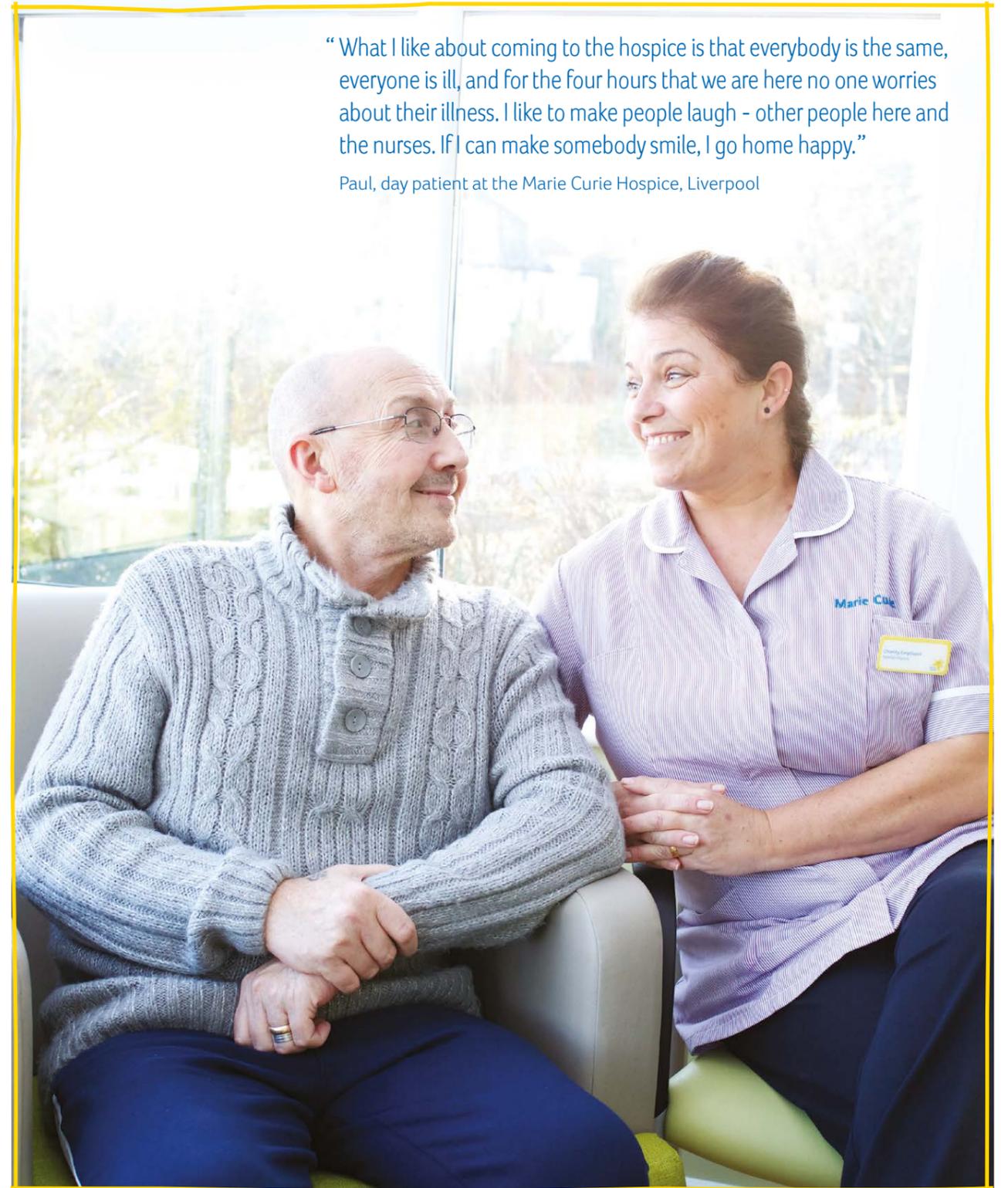
We are responding to the requirements of local communities. At our Edinburgh hospice, for example, we reconfigured our services in response to changing patterns of referral. By expanding our outpatient and homecare services, we increased the overall number of people supported by the hospice by 15.5%.



*Hospice beds occupied as a proportion of the available bed days.

**Patient-Led Assessment of the Care Environment – a total of 48 hospices participated in 2015.

Left-right: Kieran Doods, Simon Rawles, Simon Rawles/Marie Curie



“What I like about coming to the hospice is that everybody is the same, everyone is ill, and for the four hours that we are here no one worries about their illness. I like to make people laugh - other people here and the nurses. If I can make somebody smile, I go home happy.”

Paul, day patient at the Marie Curie Hospice, Liverpool

Katie Hyams/Marie Curie

How we provide information and support

Our services help everyone affected by a terminal illness get the information and support they need – from people living with a terminal illness to family and friends. Anyone who has questions or needs support can phone the free Marie Curie Support Line, visit the online Marie Curie Community or access extensive information resources on our website or in print.

Our target	Our achievements
Launch a free information service.	<p>We launched the Marie Curie information and support services in April 2015.</p> <p>Since the launch of our Support Line, we have received 9,936 calls. By March 2016 the service was receiving nearly 1,000 calls every month.</p> <p>98.3% of callers surveyed said they would recommend the Support Line. 96.6% said they were provided with the information they needed. It was rated as excellent by 83.4% of callers.</p> <p>This year our information and support webpages were viewed 654,875 times. Information about the service was sent to 6,000 GP surgeries and 120 hospital palliative care units each quarter. We distributed 1,361 printed information booklets.</p>
Increase the support available to bereaved people.	As well as launching our information and support services, we ran a pilot project in partnership with Cruse Bereavement Care to offer bereavement support services in Wales.

A key part of our strategic plan for 2014-19 was to launch a free information service. People living with a terminal illness and their families frequently told us they needed information and support on a range of issues, from how to access care and benefits to how to write a Will or plan a funeral – all available in one place.

Over the last year, thousands of people have got the high-quality information and support they needed from our new services. All the information we provide

has been accredited by the Information Standard since September 2015*.

We have also developed an online community where people can share their experiences with others. In 2015/16, our community webpages attracted 16,234 views. We also introduced a live web chat facility in mid-February, giving people the option to connect online with a trained Support Line adviser. By the end of March, 116 people had already used this service.

Our top three website topics

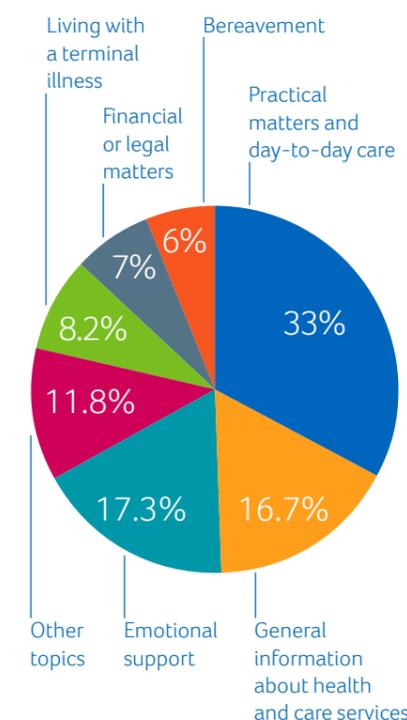
- What are palliative and end of life care?
- Knowing what to expect in the final moments of life
- Syringe drivers

*The Information Standard is a certification for health and care information established by the Department of Health. It demonstrates that the processes an organisation uses to produce and check information have been rigorously assessed.

0800 090 2309

The Marie Curie Support Line is open 8am-6pm Monday to Friday, 11am to 5pm Saturdays.

What are people calling about?*



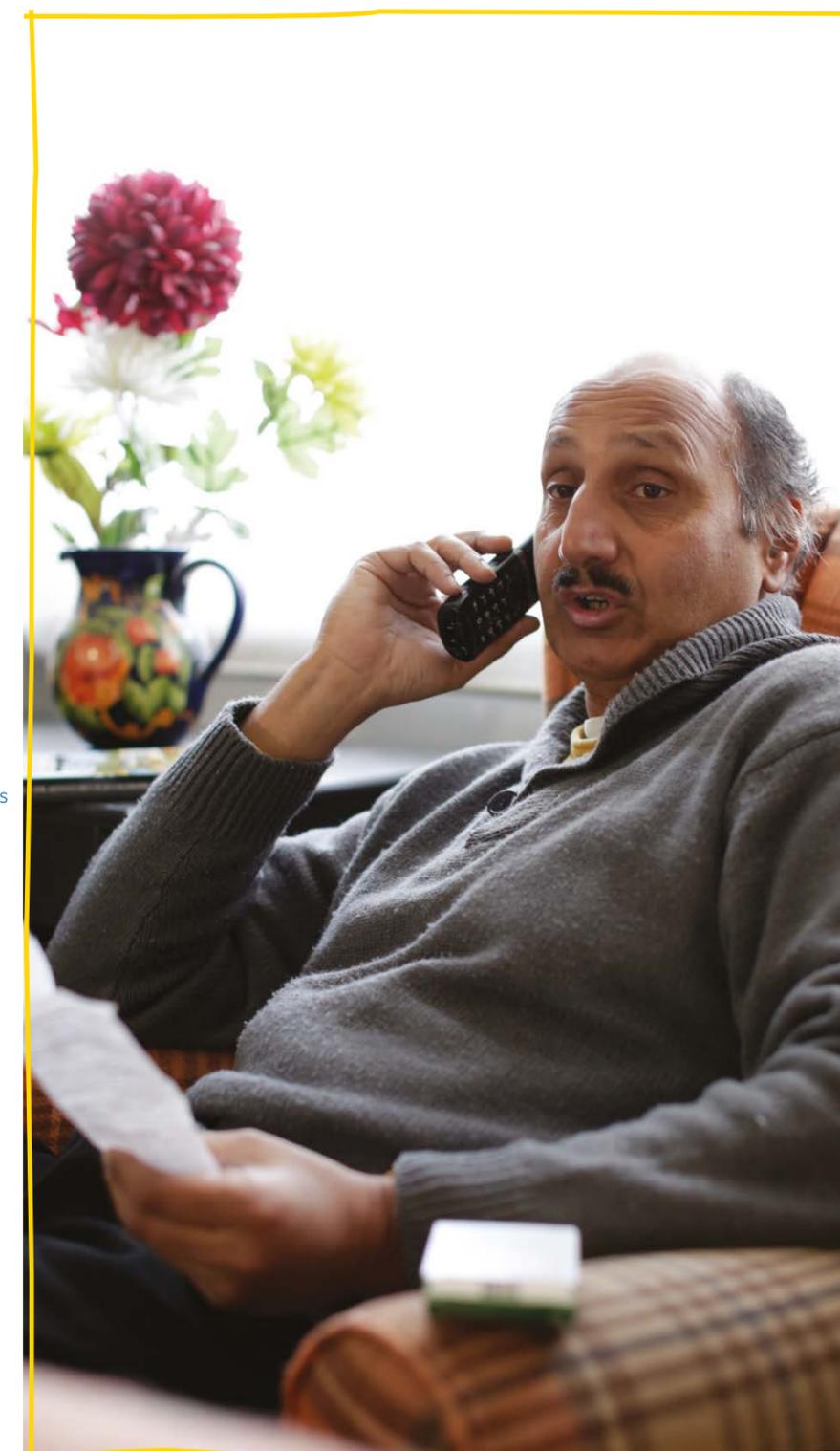
Who's using the Marie Curie Support Line?

83% of calls Relatives

12% of calls People living with a terminal illness

5% of calls Professional carers

* Based on calls made to our Support Line between August 2015 and March 2016.



Layton Thompson/Marie Curie

“It inspires me, seeing Carol. It’s really rewarding knowing you’ve brightened somebody’s day. We chat non-stop, but sometimes someone might want to off-load and not have you butting in. Every week is memorable with her!”

Emma, Marie Curie Helper volunteer

“Emma and I clicked right away - she’s just fantastic. She’s like a daughter to me, we get on so well. It’s nice to have someone to talk to. I think sometimes you can’t talk to your family because it upsets them. We’ll go out and have a coffee or cake, or we went for breakfast the other week. It’s the little things that mean more than the big things.”

Carol

Carol was told by doctors that she had six months to live in 2014. Soon after, she was introduced to Emma, a Marie Curie Helper volunteer.



Coventry Observer

Offering face-to-face companionship and support

Little things can make a big difference when you’re living with a terminal illness. That’s why we developed our Marie Curie Helper service. It helps ensure people have the right support in place, offering regular contact with a trained volunteer. It could be a chat over a cup of tea, help with getting to an appointment or simply someone to lend a friendly ear.

Our target	Our achievements
Expand the Marie Curie Helper service.	Our Helper services supported 979 households – an increase from 658 in 2014/15 (target: 987).
	We launched seven new services, including in Tyne and Wear, Grampian and West Yorkshire. This was made possible by £1 million of funding we received from ITV’s Text Santa appeal in December 2014.
	We now have 460 active Helper volunteers. They made around 8,800 visits to support people affected by terminal illness over the course of the year.

We’ve expanded our Helper service considerably over the past year so we can support more people across the UK. We now have a total of 17 Helper services, either already operating or in development.

More support

Expanding the service means we’re now supporting more people through our Helper services than ever before. Already, the number of people benefiting from the service has increased by 49% compared with the previous year.

We’re always exploring new ways in which our volunteers can provide emotional and practical support to people living with a terminal illness. One example is our partnership with Musgrove Park Hospital, where Marie Curie Companions – specially trained volunteers – provide comfort, practical support and companionship to people who are dying in hospital, and their families.

Ann, 77, was diagnosed with renal cancer four years ago

The Marie Curie Hospice, Edinburgh cared for her and supported her three daughters at the end of her life.



Ann, from Currie in Scotland, spent time in the Marie Curie Hospice, Edinburgh following surgery for a knee replacement. "I thought they were marvellous, the staff," said Ann. After going back home, she continued to enjoy a range of services offered by the hospice, including hand, feet and head massages.

She went back to the hospice to receive further care and support after scans

revealed her condition had deteriorated. "They come straight away and help when I need help. There's no wait compared to hospital," said Ann.

"The chef is just great too. When I didn't fancy certain food they made what I wanted, whether that was sometimes just beans on toast or an omelette."



"The fresh air and seeing birds - being outside at the hospice, it feels like being at home in my own garden."

Ann, an in-patient cared for at the Marie Curie Hospice, Edinburgh

"The Marie Curie staff were wonderful with Mum. They were very kind to us, offering up accommodation so we could stay and support her at the end."

Paula, Ann's daughter



Trevor Smeaton/Marie Curie



Laydon Thompson/Marie Curie

We're committed to high-quality research

We're the leader in research into better ways of caring for people living with a terminal illness. The research we carry out helps to improve care and support across our services and those provided by others.

Our target	Our achievements
Double research investment between 2014 and 2019.	We increased our annual research spending from £3.1 million in 2014/15 to £3.3 million this year.
	We shared our expertise and research findings nationally and globally through 75 articles published by our researchers in peer-reviewed academic journals – the most ever in a year. This year, 4,285 people took part in our research studies.
	We invested £1.6 million of funding in our three research centres at the University of Liverpool, Cardiff University and UCL. This includes additional funding for an Academic Palliative Care Unit at the University of Liverpool, which opened in 2015/16.
Be innovative in how we design services and in the partnerships we form.	Working with Cambridge University, we began planning an ambitious project to develop a brand new approach to end of life care.

Where we're conducting our research activities

- UCL
- University of Liverpool
- Cardiff University
- Five research leads embedded in Marie Curie Hospices

Investing in high-quality palliative care research gives us the vital evidence we need to develop better care and services for people living with a terminal illness – now and in the future.

We're the leading charitable funder of this kind of research in the UK. We're committed to funding the best research through our three research centres. That's why we give £1 million of grants to individual research groups across the country each year.

Research funded by Marie Curie has influenced policy and practice in nine instances this year.* For example:

- We developed a training programme with the University of Nottingham for volunteers and professionals who interact with carers. Since its launch in September 2015, 412 people have signed up to access the programme.
- Research carried out by the University of Edinburgh drew attention to the barriers to benefits and support for family and unpaid carers.

* Based on analysis by researchfish®, an online database that assesses research impact.

** Marie Curie Fife Service Evaluation Final Report, November 2015.

Development projects

We work closely with the NHS at a local level to design and develop effective palliative care services for the local community. By sharing our expertise in end of life care, we can help the NHS improve the services available to people in their area.

We've undertaken four major service development projects over the past year – in Fife, Lothian, Argyll & Bute and Northern Ireland. This work has had an overwhelmingly positive impact on patients in these areas. For example, the Fife project was found to increase the number of patients able to die at home (74% compared with only 29% in a matched pilot control). Not only has this helped improve patient choice and quality of life, it has also reduced hospital costs of end of life care by £182,000, by reducing avoidable hospital admissions.**

Policy, information and awareness

One in four people aren't getting the care and support they need at the end of their lives. That's why we're working hard to influence decision-makers and keep issues surrounding terminal illness on the agenda. We're also transforming our brand, to better communicate exactly what we do, so more people know where to get the care and support they need and how they can get involved in supporting us.

Our target	Our achievements
Increase our role in influencing the policy environment across the UK.	<p>We commissioned the landmark report <i>Equity in the Provision of Palliative Care in the UK: Review of the Evidence</i> from the London School of Economics and Political Science. It shows that one in four people affected by terminal illness are missing out on the end of life care they need, and that there are significant shortfalls in care for particular groups.</p> <p>We made greater use of digital tools to make it easier for people to take part in campaign action and contact their elected representatives. People sent 2,640 letters to their elected representatives, facilitated by Marie Curie.</p> <p>We published 14 influential reports, focusing particularly on inadequate access to high-quality care.</p>
Transform our brand.	<p>In April 2015, we launched our new brand identity featuring our new name – Marie Curie (we were previously called Marie Curie Cancer Care) – strapline and visual identity. This has increased recognition and improved understanding of our work.</p> <p>Our major national media campaign, 'Bringing light in the darkest hours', launched in October 2015. The adverts raised awareness of our overnight nursing services.</p>

How we're campaigning for better end of life care

Our policy work focuses on influencing the government and other key influencers and decision-makers, so they take action and improve access to palliative care across the UK.

This year, we concentrated on highlighting inadequate access to high-quality care and support for groups such as those with a non-cancer diagnosis, older people, those with rare cancers, and 'informal' carers such as family, friends or neighbours.

To influence debates, we continued to meet with politicians and government ministers across the UK. Our Chief Executive, Dr Jane Collins, gave evidence at the Public Administration and Constitutional Affairs Committee on the findings of the Parliamentary and Health Service Ombudsman report, *Dying without dignity*. We also:

- produced briefings and responded to consultations on public policy and legislation
- submitted evidence to reviews and inquiries

- secured debates on palliative and end of life care in the parliaments and assemblies of the four UK home countries
- held events around the UK for policymakers, health and social care professionals, commissioners and academics.

How our policy work is having an impact

260 pieces of policy-led media coverage generated

3 changes to government policy or legislation – including to the Carers (Scotland) Bill so that it includes plans for fast-track support for carers

100 meetings with politicians across the nations to discuss our work

27 visits by politicians to our hospices, nursing services and shops

Increasing awareness and understanding of our charity

We launched our new brand identity featuring our new name (we were previously known as Marie Curie Cancer Care), logo, visual identity and strapline: 'Care and support through terminal illness'. This makes clear the scope of our work: that we support people living with all terminal illnesses, not just cancer.

This work was based on a significant piece of research taking in the perspectives of current and potential service users, current and potential supporters, nurses and other healthcare professionals.

Following the brand campaign, research showed that more people were aware of us and understood what we do.

- 38% of people in our key target audience (women aged 45+) named Marie Curie as a health charity in January 2016 (vs 23% in September 2015).
- 48%* understood that Marie Curie cares for people at the end of their life (vs 38% in September 2015).
- 40% understood that we provide care through the night (vs 29% in September 2015).

* Of those aware of Marie Curie.

** Source: UM. UK surveys of 900 women over 45 (September 2015 and January 2016).



Keiran Dodds/Marie Curie

“Volunteering after I was sick gave me a purpose”

Inspired by the way the Marie Curie Hospice, Belfast cared for a family friend, Aidan has been volunteering for us since 2000. He was diagnosed with a brain tumour in 2007, and had major surgery that had serious effects on his life.

Despite his illness, Aidan returned to volunteering, working as a community ambassador and publishing local history books to help us raise money. He's written 12 books and raised £110,000 for the charity.



“I was really impressed with Marie Curie all those years ago. It's a different ethos. This was about caring for people at the end of their lives - not just making money or profit like I was used to as a business consultant.

I started off as a ward volunteer. I did everything: from office work

and cutting the grass to going to hospital to pick up blood samples and answering the phone.

When I was first interviewed by the hospice to volunteer, they asked me what I could do. I was stumped, so I thought about something I had heard that Mahatma Gandhi said when he was asked the same

question. He said: 'I am here to do anything that is not beyond my capacity'. It's something I've always carried with me.”

Aidan, long-standing volunteer and community ambassador

We couldn't do it without our volunteers

The care and support we provide wouldn't be possible without the heroic efforts of our volunteers. People generously give up their time and skills to support us in many different ways – from helping out in Marie Curie Shops to working with people with a terminal illness and their families in hospices.

An amazing 12,709 people gave up their time, skills and energy to volunteer for Marie Curie this year (11% more than the previous year). Their efforts are an inspiration. Quite simply, we couldn't do it without them.

For example, our 4,797 shop volunteers helped our shops to raise £1.7 million in funds. Volunteers made an invaluable contribution to the running of our hospice services too; 1,210 people gave up their time and skills in a host of support roles, from gym assistants to complementary therapists. And the magnificent work of our 460 Helper volunteers (see page 18) provided much-needed companionship and face-to-face support to 979 people affected by terminal illness.

Other key groups of volunteers include:

Fundraising groups

Our 500 fantastic fundraising groups pulled out all the stops in their local communities across the UK to raise funds for Marie Curie. This year they collectively raised an incredible £4.5 million.

Special events

Members of our Special Events Committees helped raise £1.6 million through a series of spectacular events. These included everything from a private view and auction at the Royal Academy to our annual Southwark Cathedral Carol Concert and a series of 'Brain Game' corporate quiz auctions.

Patrons

Our network of Patrons continued to raise awareness and funds for us. For example, Melinda Raker, Patron for Norfolk, raised £100,000 from sales of *Norfolk's Own Cookbook: Everything Stops for Tea*, written by Melinda, hotelier Vanessa Scott and cookery writer Mary Kemp.

Expert Voices

Our Expert Voices group is made up of people who have had experiences of end of life care as carers, family or friends of people living with a terminal illness. The group, which currently has 47 members, represents the voices of people living with a terminal illness and carers by advising on the development of our services and feeding into key strategic discussions.

Development Boards

We have nine Development Boards across the country, raising money for specific hospices or for our work in a particular area of the country. Between them, they raised over £1 million last year.

Celebrating our 500th fundraising group



The launch of our Arnold and Mapperley Fundraising Group was a landmark event in the growth of our network. The group raised nearly £9,000 in its first six months.

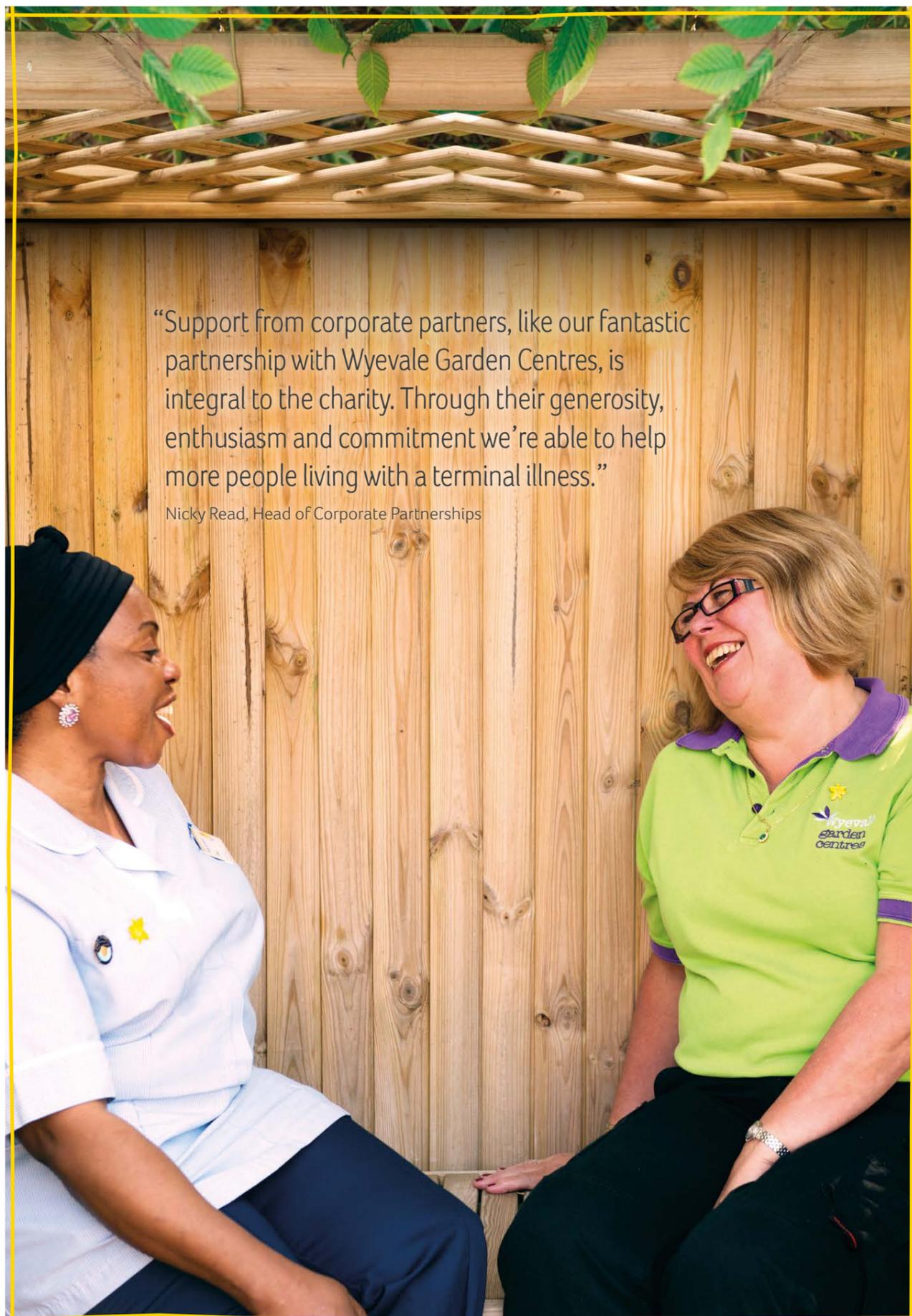
“When I heard about Marie Curie after my dad died I realised how important their work is. There are about seven of us in the new group and we're looking forward to getting started. We're already thinking about ways to raise money!”

Zoe Noon, Chair of the newly-established Arnold and Mapperley Fundraising Group

12,709
people volunteered
for Marie Curie
in 2015/16

6,011
people volunteered through
community fundraising groups
£4.5 million
raised by our fundraising groups

4,797
shop volunteers
£1.7 million
raised in total by our shops



“Support from corporate partners, like our fantastic partnership with Wyevale Garden Centres, is integral to the charity. Through their generosity, enthusiasm and commitment we’re able to help more people living with a terminal illness.”

Nicky Read, Head of Corporate Partnerships

How we’re raising our funds

Around two-thirds of the money we spend each year on supporting people living with a terminal illness comes from the people, companies and trusts who support us. They all play an invaluable role in helping us to do more than ever to make sure people get high-quality care and support when they need it most.

Our target	Our achievements
Invest in fundraising so our resources match our ambitions.	Overall our voluntary income increased by £1.7 million to £94.4 million – a rise of 1.8%. The costs of generating voluntary income decreased by 9.8%.
	We received £28.7 million from people leaving gifts in their Wills. It’s the largest amount we have ever raised from legacy giving in a single year.
	The net contribution of fundraising to our finances increased by 11% (£5.6 million) from the previous year.
	Shop profits were £1.7 million – this was a 40% decrease on the previous year. This is the result of a highly competitive retail environment, combined with lower textile prices. We responded to this by scaling back plans to open more shops in 2015/16.

£500,000

donated by the National Gardens Scheme

1,760

volunteering hours donated by Yorkshire Building Society employees

£200,000

raised by Procter & Gamble in Superdrug stores during our #FeelSuper campaign

£154,000

raised by Ulster Bank’s One Week in June campaign

A big thank you to our corporate partners

We couldn’t do what we do without the incredible support of our corporate partners. Locally and nationally, companies across the UK have worked hard to raise funds for Marie Curie. Together, we’re engaging staff, promoting fundraising activities and ultimately helping our nurses care for more people living with a terminal illness.

In 2015/16, we raised £2.9 million with partners including:

- National Gardens Scheme
- Poundworld
- Superdrug
- Wyevale Garden Centres
- Yorkshire Building Society

Major gift transforms our Cardiff hospice

Inspired by the work carried out by the Marie Curie Hospice, Cardiff and the Vale, The Jane Hodge Foundation gave a gift of £100,000 to refurbish the hospice’s day therapy unit. The updated unit provides a fantastic environment in which to hold activities that help people affected by terminal illness have the best possible quality of life. The foundation has pledged a further £200,000 to support the hospice over the next two years.

For more information on our income, see page 36

Our fundraising highlights

Our fundraising activities wouldn't be possible without the hard work, passion and determination of our volunteers, community fundraisers and supporters. Here are just some of our highlights from 2015/16. Thank you for making it all possible.

The Great Daffodil Appeal

We turned the UK yellow again with our flagship fundraising campaign in March. Millions of people got behind the daffodil, including 22,831 people who signed up for public collections and helped us to raise over £7 million – funding an incredible 350,000 hours of nursing care.

To thank our supporters and celebrate 30 years of the appeal, HRH The Prince of

Wales hosted a garden party at Clarence House.

Blooming Great Tea Party

In June, blooming great bakers around the UK put their cake mixers to work and helped us raise vital funds for people living with a terminal illness. A total of 4,632 people signed up to host their own tea party and helped raise £574,240.



Paul White/Marie Curie



Left-right: Luke Robertson, Adrian Green, Liz Scarff/Marie Curie

“Marie Curie are an incredible charity, very close to my heart. I feel so proud to have represented them on this expedition. I hope this shows that you really can overcome challenges to achieve your dreams, whatever they may be.”

Luke Robertson, on completing his Due South challenge

Luke's record-breaking South Pole trek

In December, Luke Robertson became the youngest Brit and first Scot to complete a solo, unassisted, unsupported expedition to the South Pole, all in aid of Marie Curie. His 39-day ski across 730 miles of ice and snow in Antarctica has raised over £68,000 so far.

Dinner Down Memory Lane

This was the first year of our retro dinner

revival, and supporters got into the spirit by donning vintage clothes and cooking up classics from the past to raise £75,000. Plans are in place to make it even bigger and better in 2016.

Marathon Des Sables

Sir Ranulph Fiennes completed the 156-mile Marathon Des Sables in April in just six days, through the Sahara Desert in 50°C heat. His amazing efforts in aid of Marie Curie helped raise an incredible £2,041,502.

30 years of the Great Daffodil Appeal

2016 marked the historic 30th anniversary of the Great Daffodil Appeal. Two of our supporters in Scotland, Annie and Sybil, (pictured right) have supported the appeal for an astonishing 22 years.

Annie and Sybil first began collecting for the Great Daffodil Appeal in 1993 after Annie lost her husband Marcos to cancer. Now in their 80s, they spend a little less time collecting for the Great Daffodil Appeal, but still play a massive part in our fundraising efforts.

“I will always support the Great Daffodil Appeal because I appreciate all that time the Marie Curie Nurses spent with me.”

Annie



Kieran Dodds/Marie Curie

Supporting our staff and volunteers

We're committed to making sure our staff and volunteers have everything they need to perform their roles effectively. We're doing more to understand and respond to their needs, and investing in improving communication throughout the charity.

Our target	Our achievements
Value our people and support them in doing their jobs well.	<p>We conducted a major survey of staff and volunteers. We have developed action plans to respond to its findings at both a national and local level.</p> <p>New strategies for people, learning and development and clinical workforce were developed to support our people, so they can effectively help us achieve our strategic targets.</p> <p>We have developed a new, streamlined recruitment system, established new change management processes and developed a programme for consulting and engaging with staff and volunteers.</p> <p>We provided additional training and development for our volunteers. We are also helping staff to better engage with, and manage, our volunteers. And we've improved the support structures we have in place.</p>
Establish a Marie Curie training academy.	We have placed the development of our training academy on hold. Instead, we're focusing on delivering training programmes to develop our own care staff.
Invest in expertise and equipment so we are communicating effectively with everyone involved with the charity.	<p>We piloted the use of handheld devices to make it easier and more efficient to share information with Marie Curie Nurses.</p> <p>In our hospices, we developed a new patient administration system to enable electronic access to patient records for our clinicians.</p> <p>We have made our systems more resilient and improved wi-fi across our facilities to give staff and patients better online access.</p>



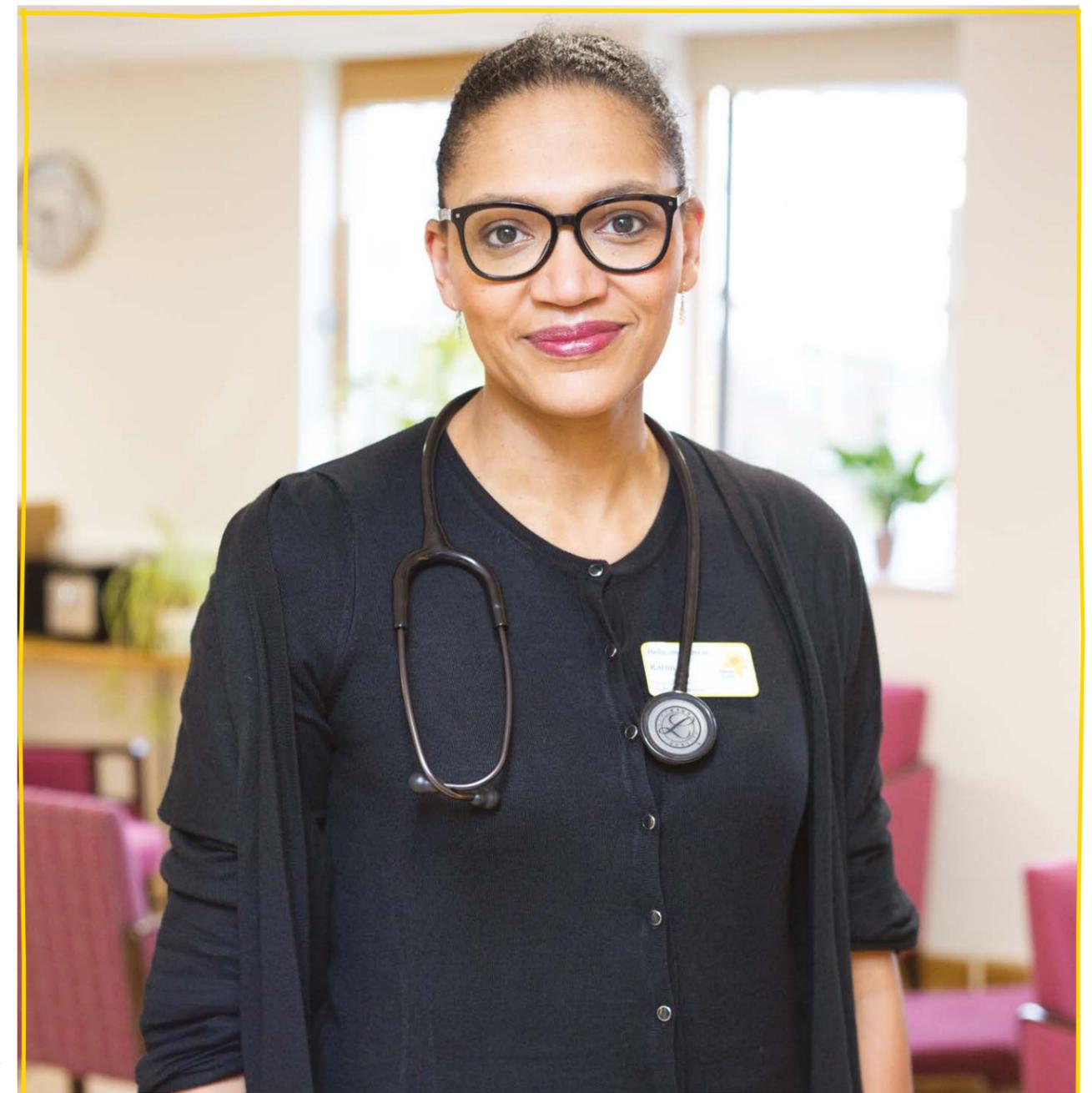
Left-right: Kieran Dodds, Brian Morrison, Katie Hyams / Marie Curie

Our targets for 2016/17

We will strive to make further progress in achieving each of the targets laid out in this report as part of our five-year (2014-2019) strategic plan.

Our targets for 2016/17 continue on from 2015/16 with the following changes:

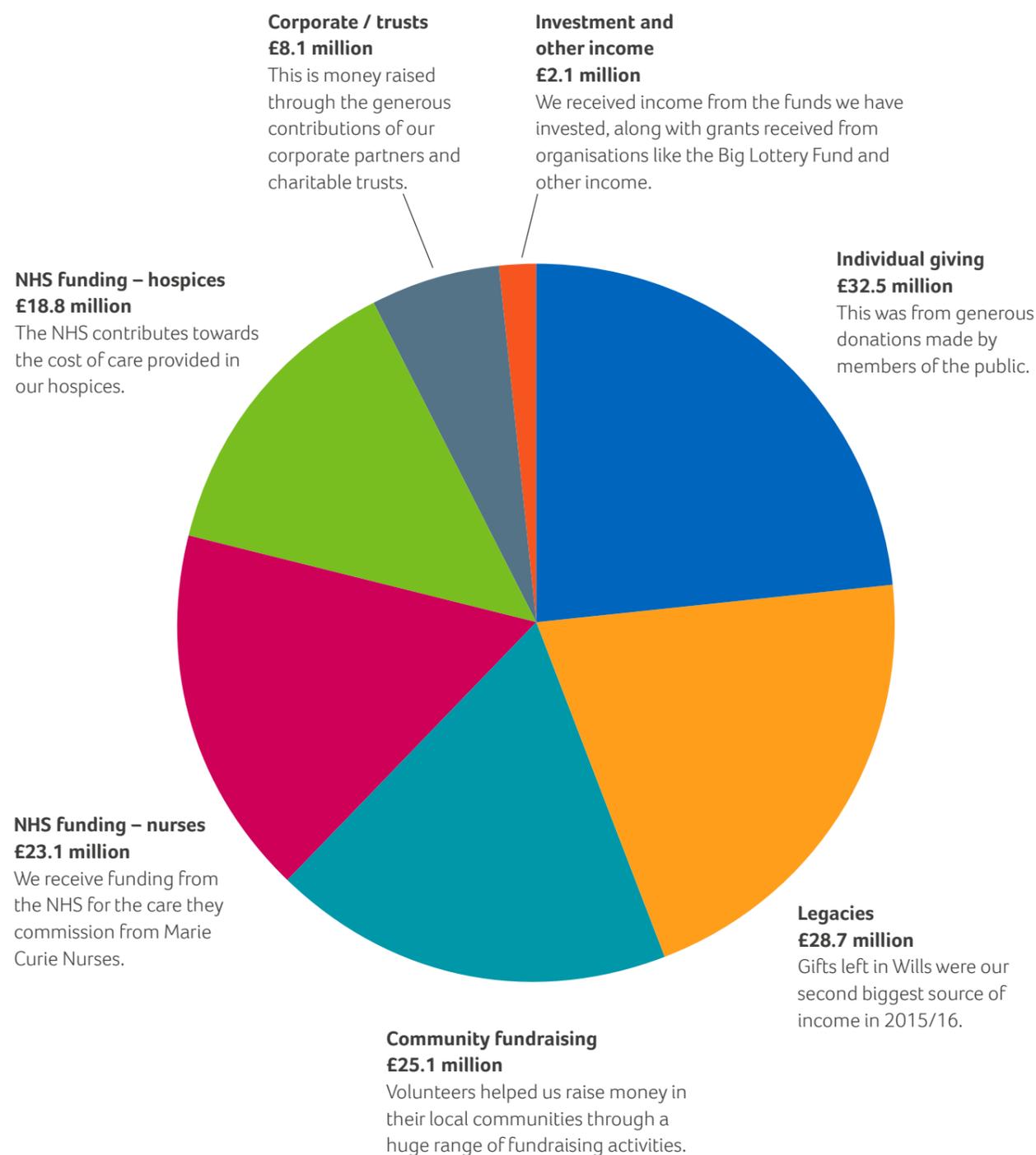
- Having launched the Marie Curie Support Line, we will focus on increasing service use.
- We will continue focusing on the development of our own staff. We have placed development of our Marie Curie training academy on hold, but are planning to create an information hub for healthcare professionals covering key aspects of end of life care.



Katie Hyams/Marie Curie

Where we get our income

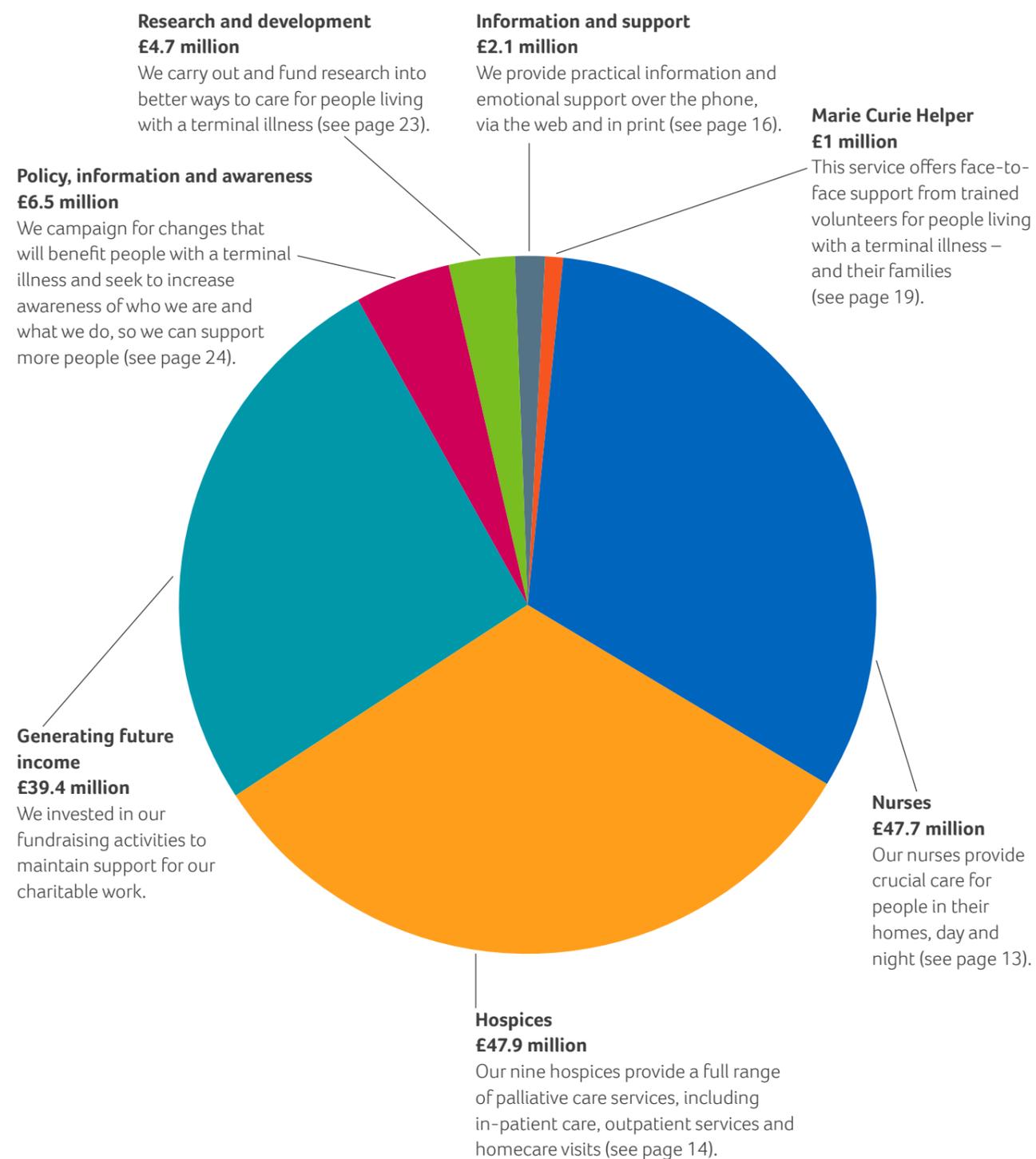
This year, the combined efforts of our supporters, along with income from the NHS, helped us raise £138.4 million*.



*Total excludes retail activities

Where we spend our income

We spent £149.3 million* on our core activities: crucial caring services, vital research into terminal illness, campaigning to improve end of life care and improving awareness of our activities and generating future income.



*Total excludes retail activities

Fundraising activities

We believe in being completely open about how our charity raises its funds. This openness is vital for maintaining and building the trust of our supporters and stakeholders. We've included this section to make clear how we fundraise and where our money goes.

Marie Curie is active in nearly every form of mainstream fundraising and offers existing and potential supporters a broad range of ways to support the charity. Supporters raise money for us through many different activities, including public collections and events like our famous Blooming Great Tea Party.

Our internal fundraising teams offer opportunities for supporters to sign up for regular giving through a variety of methods. These include face-to-face fundraising in a public place – for example, on a high street or at a private site such as a shopping centre.

Our internal teams also develop opportunities for people to raise money for us by participating in challenge events, overseas treks, raffle programmes and more. We also conduct a bespoke direct mail programme.

Some of our other fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies. We do not use agencies for street fundraising. We do use an agency to carry out door-to-door fundraising as this is a more efficient and cost-effective way for us to manage the activity we undertake each year.

This offers supporters the opportunity to sign up to make a regular donation on their doorstep, in the workplace or over the phone (existing supporters only). We work very closely with the agency to ensure they represent our work and our organisation to the highest standards. None of our fundraisers, whether employed by us or one of our agencies, are paid on a commission basis.

Marie Curie engages with corporate partners. As part of these partnerships, companies encourage their employees

to fundraise for us; they also raise valuable funds for us from cause-related marketing and other promotional activities.

For every £1 we spend:

- 74p goes on delivering and improving care and support for people with terminal illnesses
- 26p goes on generating future income

Money we spend on generating future income is an investment to make sure we can carry on providing care and support in future.

Without investment in fundraising, we'd have a lot less overall to spend on helping people with a terminal illness and their families each year and we wouldn't be able to keep providing the same levels of care and support in the future.

Regulation

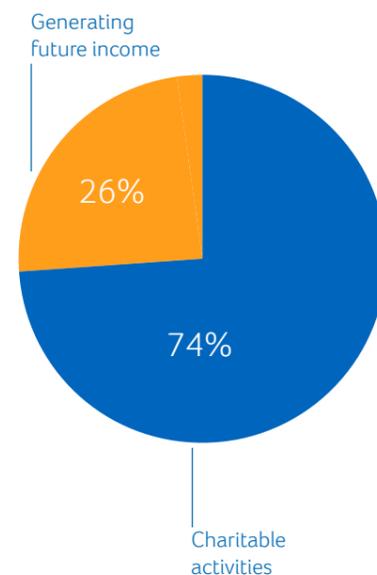
Marie Curie adheres to the Institute of Fundraising's Code of Practice, the Public Fundraising Association (PFRA) standards and the requirements of the Fundraising Standard Board (FRSB). We are committed to joining the new Fundraising Regulator and complying with new regulatory standards.

We have had no FRSB adjudications and have had no significant failures to comply with these standards. We review compliance through audit, mystery shopping and monitoring feedback, and take corrective action when required.

Standards and monitoring

Marie Curie is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the

How we spend a £1 donation



minimum requirements for the sector. We regularly monitor our performance and our agencies through a range of methods (e.g. seed lists, regular internal audits, mystery shopping and call listening) to ensure that all Marie Curie fundraisers, and those who work on our behalf, are aware of, and are adhering to, our high standards.

Complaints

We report our complaints on a calendar year basis to align with the FRSB requirements. The number of complaints received for the 12 months to 31 December 2015 regarding fundraising was 1,465. This compares to 1,090 for the previous year. The increase reflects a rise in complaints generally across the charity fundraising sector in 2015.

The level of our complaints was lower than the benchmark rate for 14 out of the 25 areas most recently reported on by the FRSB in 2015. Ten of the 11 remaining areas were less than 0.5% over the benchmark reported, with the other reporting at less than 1.5% over.

Managing communications

Most people who donate money to us want to know how their money will make a difference. So we ask whether they would like us to keep in touch with them so we can update them on our work and how they've helped us.

From time to time, we ask whether they would like to support us further – for example, by increasing their donations or by taking part in a particular event.

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

We do not sell or exchange lists of data with any other charities or companies for marketing or fundraising purposes.

Protecting the public

All Marie Curie fundraisers, including agency staff acting on our behalf, receive detailed training in how to identify and protect people in vulnerable circumstances. If we encounter someone showing signs of distress, confusion or vulnerability, our fundraisers are trained to politely end the conversation and refuse any donation offered in such circumstances. In the unlikely event of a donation being taken in such circumstances, we refund the donation.

Our fundraising promise

As a charity, we believe people need to feel that we're using our resources effectively. That's why we make these fundraising promises:

We promise to provide information about our work and our finances so everyone can see how their money is being spent and the difference they're making to people living with a terminal illness.

We promise to communicate with supporters in a way that suits them. If they tell us they'd prefer less contact or don't want us to hear from us at all, we'll respect their wishes.

We promise to check at the start of every conversation, on the phone or in person, that the person is happy to speak to us.

We promise never to sell an individual's data to any third party. We will not share their details with other charities.

We promise to adhere to all industry guidelines and regulations and require others acting on our behalf to do the same. We'll take appropriate action promptly if we find any failure to meet our standards. We will regularly monitor the activities and compliance of our suppliers, including for the protection of vulnerable people.

We promise to make it easy for individuals to tell us their contact preferences and we're here to talk about our work or answer any questions.

Any questions?

If you want to discuss any issue about how we raise and spend funds further, please do call us on **0800 716 416** or email us at supporter.relations@mariecurie.org.uk We want to hear from you.

Financial review

This year saw the charity's income fall by £0.3 million (0.2%) to £156.2 million.

Fundraising income was lifted by an increase of £2.0 million from legacies. Retail income was 3.0% lower due to high levels of competition and lower textile prices.

The decrease in other statutory income is because both 2014/15 and 2013/14 included significant project funding. In 2014/15 the charity received £1.0 million of funding from the NHS England Nursing Technology Fund and in 2013/14 the charity received £1.0 million from the Department of Health towards the cost of refurbishing three hospices.

Total expenditure increased by 0.2% compared with the prior year. The charity was able to lower the cost of generating income and increase the expenditure on charitable activities.

Net expenditure before gains and losses for the year on unrestricted funds was £7.1 million (2014/15 – deficit £9.0 million), which was lower than budgeted. The deficit reflects deliberate planning by our trustees to support the expansion of our services and investment in brand and infrastructure development.

Charitable activities

Income from the NHS towards the cost of Marie Curie Nursing Services increased by 2.0%, as more care was commissioned from Marie Curie Nurses compared with the previous year and patient numbers rose by 0.4%. The main areas of expansion were the south-west and Northern Ireland regions. Expenditure on our nursing services was slightly lower due to efficiency savings.

Income from the NHS for hospices fell 2.0% mainly due to lower funding for the Marie Curie Hospice, West Midlands and slightly lower funding in Edinburgh due to the reconfiguration of the services in that hospice. Expenditure on hospices was 0.3% lower due to the change in legislation to permit recovery of VAT on palliative care activities.

Income	2015/16 £m	2014/15 £m	2013/14 £m
Fundraising	94.4	92.7	91.1
NHS	41.9	41.8	41.7
Other statutory income	0.7	1.9	2.0
Retail	17.8	18.3	17.7
Other	1.4	1.8	2.3
Total	156.2	156.5	154.8

Expenditure on charitable activities	2015/16 £m	2014/15 £m	2013/14 £m
Hospices	47.9	48.0	48.2
Nurses	47.7	48.1	48.0
Helper	1.0	0.9	0.7
Information & support	2.1	1.4	-
Research & development	4.7	3.8	5.8
Policy, information and awareness	6.5	3.8	2.9
Total	109.9	106.0	105.6

Expenditure on Marie Curie Helper increased by 8% with seven new services launched over the course of the year. The Marie Curie Support Line launched in 2014/15 and expenditure rose to £2.1 million in 2015/16.

Expenditure on policy, information and awareness increased by £2.7 million as a result of the campaign to highlight the work of Marie Curie Nurses in the community and promote the need for palliative care.

Expenditure on research and development was £4.7 million. This included new funding commitments of £3.0 million to UCL to fund staff for the next five years and to fund a specific programme of work for the next three years. This was committed in 2015/16 although activities did not start until early in 2016/17.

Expenditure on research and development in 2014/15 included a new three-year funding commitment for the University of Liverpool, which totalled £0.8 million. Both years include expenditure on research leads based in the charity's hospices.

Fundraising and retail

Overall, voluntary income increased by £1.7 million to £94.4 million – a rise of 1.8%. Legacy income was £2.0 million higher at £28.7 million (including accrued income of £2.9 million that will be received in 2016/17). Marie Curie benefits from the Swimathon event in alternate years, receiving £1.6 million in 2015/16 and no income in 2014/15. The ITV Text Santa event contributed £1.0 million during 2014/15.

Costs of generating voluntary income decreased by 8.2% following a restructuring of fundraising support costs.

Sales of donated goods by the charity's chain of shops were 3.0% lower than in the previous year. Reductions in the price of rag recycling and high levels of competition reduced retail income. Based on the charity's experiences of opening new shops in recent years, the number of new shops opened was scaled back. Net profit from retail activities fell by £1.1 million from the previous year.

Investments and pensions

Marie Curie's investment portfolio fell in value by £1.5 million compared with an increase of £5.2 million in the previous year. The return on the charity's investment portfolio was minus 1.3%, which was below the benchmark set by the Investment Committee of 1.2%.

The Marie Curie Cancer Care Defined Benefit Pension Scheme had a surplus of £0.9 million at March 2016 compared with a deficit of £0.9 million at March 2015. This was a result of special contributions to reduce the deficit of £0.7 million and an actuarial gain of £1.0 million on liabilities.

Result

The net deficit before investment gains and losses was £9.1 million – compared with £8.6 million in 2014/15.

With hospices in nine major locations and nursing services that cover virtually the whole population of the UK, Marie Curie's activities are a key part of the health infrastructure of the UK. The charity has also continued to extend the Marie Curie Helper service and information and support services.

In order to meet the growing needs of people living with a terminal illness, the Board of Trustees decided to invest some of the charity's reserves and accept a deficit position for a period, as part of the strategic plan to grow services.

Voluntary fundraising income is increasing well, although the shops trading environment is more difficult than envisaged a year ago. The charity has also started a review of its processes and cost base. This delivered some savings in 2015/16 and is projected to deliver more in 2016/17. Consequently it is projected that the charity will return to a surplus position, although the environment remains uncertain.

The trustees have approved the use of the General Fund to fund the deficit until this time. The trustees are carefully monitoring the charity's expenditure and progress in developing 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.

Financial review

Reserves

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

Marie Curie provides a range of critical health services upon which communities across the UK are dependent. To fund these services it is reliant on a number of fluctuating income streams from 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 trustees calculate the amount that is required to be held based on the assessment of the risks affecting the income and expenditure of the charity. In assessing the amount of reserves required to be held, the risk of a shortfall in income or an increase in cost is estimated and a sum is held to cover the potential shortfall for each element of the charity's income and expenditure. The risk weightings range from 2% to 25% depending on the nature of the activities.

Based on these calculations, the trustees estimate that a total of £43 million of free reserves is required. This represents approximately three months of the charity's operating expenditure for 2016/17. The level of the General Fund at 31 March 2016 was £34.7 million, which is below the target level. Marie Curie is budgeting to make a smaller deficit in 2016/17 due to increased income and cost savings. This deficit will need to be funded by the reserves in the short term until the deficit is eliminated and reserves start to recover as explained above.

In addition, the trustees have 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 £10.9 million is expected to be used to refurbish and maintain the charity's hospice network. At May 2011 the estimated rebuilding cost of the hospices was £122 million.
- The Palliative Care Development Fund will be used to support the charity's commitments to developments in palliative care.

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

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 trustees. 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 cash investments. The restricted funds of the charity are also invested in cash investments.

The trustees assess the working capital requirements of the charity and, with advice from 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 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 by £4 million during 2015/16 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 2016 was minus 1.3%, which was below the blended benchmark of 1.2%. However, the return over the three years ended 31 March 2016 was 5.9%, which was above the blended benchmark of 5.4%. Marie Curie is closely monitoring the performance of its investment managers.

Fixed assets

The majority of Marie Curie's fixed assets comprise the land, buildings, furniture and equipment at the nine hospices. Other assets include the interior fittings and equipment at the charity's shops, IT systems and office equipment. Capital expenditure for the year was £4.0 million (2014/15 – £4.1 million). 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 and improve effectiveness of palliative care. Applications are subject to peer review by experts in the field. Grant recipients are required to submit annual progress reports.

Asset allocation at 31 March 2016

	Actual £'million	Actual %	Target %
UK equities	8.4	21.7	17.5%–27.5%
International equities	13.0	33.9	23%–40%
Fixed income	2.0	5.2	4%–10%
Global bonds	4.8	12.5	7.5%–17.5%
Property	3.0	7.7	5%–8%
Hedge funds	6.7	17.4	13.5%–18.5%
Cash	0.6	1.6	0%–10%
Total investment portfolio	38.5	100.0	

Principal risks and uncertainties

The Board of Trustees 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 major risks, including fraud and other irregularities.

All such frameworks are designed to mitigate (not eliminate) risks and to provide reasonable (not absolute) assurance against material errors or loss.

The charity operates a comprehensive annual planning and budgeting process. This process and the annual budget is approved by the Board of Trustees. Performance is monitored through the use of activity and financial targets and reported to the Board of Trustees.

The charity has risk management policies and procedures through which risks arising from the existing operations and strategic developments are identified and managed. Risks are assessed by the Executive Committee (top down) and by senior managers (bottom up) to identify and analyse risk-relevant activities. Risks are assessed according to the potential

impact on the charity and their likelihood of occurrence. Controls are in place, or are being developed or enhanced, to manage the risks. Key strategic and operational risks are reviewed and monitored by the Executive Committee which is chaired by the Chief Executive. The Audit and Risk Committee reviews a number of key risks at each meeting and regular updates are reported to the Board of Trustees by the Chief Executive. Systems to mitigate key risks are continually being developed or enhanced.

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 Audit and Risk Committee reviews and approves the internal audit plan, which reflects major risks. Regular reports from the internal audit department are reviewed by the Audit and Risk Committee and Executive Committee on the effectiveness of controls, progress against the audit plan and recommendations from audits.

Major risks

Risk	Management
Clinical quality: Patients suffer harm or ineffective treatment.	<ul style="list-style-type: none"> • Robust clinical governance processes and oversight • High-quality training for staff • Audit and compliance visits • Reviewing and acting upon patient and carer feedback, incidents and complaints and trends
Services: Marie Curie care services may be impacted by changes in NHS commissioning, health policy and competitive pressures.	<ul style="list-style-type: none"> • Engagement with the NHS • Review of policy of each of the national governments • Review of service and cost effectiveness • Piloting and development of new services • Diverse and geographical spread of services
People: Failure to recruit and retain the required skills and talent to deliver our services and strategy.	<ul style="list-style-type: none"> • People strategy and planning • Development programmes • Regular staff and volunteer surveys and responses • Benchmarking of salaries and benefits
Financial: The charity is reliant on voluntary income to support critical healthcare services, which is subject to increased competition and changes in market conditions and behaviours.	<ul style="list-style-type: none"> • Campaigns to maintain awareness of palliative care and investment in fundraising activities • Diversified income streams • Monitoring of market trends, income and expenditure, and regular financial planning and review • Financial reserves enable services to be maintained even if fundraising income fluctuates
Reputation: Incidents or events may damage or negatively impact the charity's reputation or operations (e.g. fraud, non-compliance, security, major incidents).	<ul style="list-style-type: none"> • Preventative policies and procedures • Mechanisms to detect, investigate, report, respond • Monitoring of feedback, complaints, incidents, trends • Support from specialist resource
Data and information security: Loss of personal data or confidential information (including patient data) may have an impact on patients, supporters and the charity.	<ul style="list-style-type: none"> • Oversight of strategy, policies, and trends • Robust information governance processes • Mandatory training of staff • Information security reviews

Employees and volunteers

Information is disseminated to all staff and many volunteers at all locations through briefings, meetings, newsletters and the charity's intranet. The charity consults staff and volunteers on key issues, including by undertaking an annual survey and through an employee forum.

Marie Curie is committed to being a diverse and inclusive charity and providing equal opportunities for employees and volunteers. We aim to demonstrate support for all 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.

Appropriate arrangements have been made for the recruitment of people with disabilities as well as the continued employment and training, career development and promotion of people with disabilities currently employed by the charity. Should any staff become disabled, every effort is made to continue their employment and, where necessary, to provide reasonable adjustments and support.

Pension schemes are 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, offices and research units, and through our Helper service. Volunteers also play a crucial part in our diverse fundraising events and initiatives, particularly the Great Daffodil Appeal held in March each year. Volunteers make possible what we do and we are very grateful to each and every volunteer for the time and skills contributed to the charity and its work.

Remuneration policy

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

Marie Curie is a large and complex organisation with more than 4,400 staff and 11,000 volunteers helping to provide this care and support.

It is, therefore, essential that we are able to attract and retain people with the right skills, talents and insight, so we can run the charity as efficiently and effectively as possible. To do so, we review our salaries annually and seek to offer suitably competitive levels of reward and appropriate recognition for all our staff, in line with the guiding principles outlined below:

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

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

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

Governance

Legal structure and purpose

Marie Curie is a company limited by guarantee (incorporated on 3 May 1952, registered number 00507597) and a registered charity in England and Wales (charity number 207994) and Scotland (charity number SC038731).

The charity purpose is set out in its Articles of Association (updated in October 2014):

The charity is established as a memorial to the late Marie Curie in lasting tribute to her life's work, and in particular to her discovery of radium and its contribution in fighting the disease of cancer. The charity exists to serve all those with a terminal diagnosis, from cancer or other causes, their families and carers. The objects for which the charity is established for the public benefit are:

- To provide and develop caring services, offering support, care and compassion through palliative care, advice and assistance for the benefit of people suffering from terminal cancer and other terminal illnesses and their families and carers.
- To undertake and fund research into any aspect of the care and support of people suffering from terminal cancer and other terminal illnesses and their families and carers.
- To provide information, education and support to patients, their families, carers, those working in medical and other caring fields and the public regarding the care of people suffering from terminal cancer and other terminal illnesses.

Subsidiary undertakings

The charity's principal subsidiary undertakings as at 31 March 2016 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.

Board of Trustees

The Board of Trustees is legally responsible for directing the affairs of the charity.

Trustees are the directors of the company and serve for renewable terms of three years. The Board comprised 15 trustees as at 30 May 2016. Trustees have a wide range of skills and experience including clinical and professional expertise.

The Board meets at least six times each year to regularly review and direct Marie Curie's strategy, budget and performance.

Day-to-day management of the charity is delegated by the Chief Executive to the Executive Team and other members of senior management. Specific responsibilities are also delegated to a number of committees. Certain matters are reserved for Board approval, including changes to strategy and budget.

New and retired trustees

We would like to thank Carolyn Fairbairn who retired this year after four years of service as a trustee.

Appointments and training

Advised by the Nominations Committee, the Board of Trustees appoints all new trustees and committee members. Trustees are recruited through a process of advertisement, application and interviews based on selection criteria, which ensures a broad range of relevant skills and experience. An induction programme is offered to all new trustees and further updates and training are provided as required. This includes a visit to a Marie Curie Hospice and meetings with the Chief Executive, members of the Executive Team and other senior management as appropriate.

Governance

Public benefit

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

Committees

The **Audit and Risk Committee** meets at least three times a year to review the charity's annual financial statements, internal financial control and risk management systems, and external and internal audit matters.

The **Clinical Governance Trustees Committee** meets four times a year to review strategy for clinical services and research and oversee clinical governance, clinical risk management, quality and safety, including being assured that services meet the needs of patients, applicable quality standards and regulatory compliance requirements.

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

The **Nominations Committee** meets at least once a year and on an ad hoc basis to review the composition of the Board and committees, diversity and succession planning, and nominations for new appointments.

The **Retail Committee** meets four times a year and advises on the charity's shops and other trading activities.

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

Ad hoc Select Committees consider other matters nominated by the Board of Trustees.

Please see pages 70-71 for a full list of trustees and independent members of committees.

Executive Team

The Executive Team is responsible for the day-to-day management of the charity and meets formally as the Executive Committee monthly. Please see page 71 for further information about the Executive Team.

Auditors

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.

Statement of Trustees' responsibilities in respect of the Trustees' Annual Report and the financial statements

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

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

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

- select suitable accounting policies and then apply them consistently
- make judgements and estimates that are reasonable and prudent

- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue its activities.

The trustees are responsible for keeping adequate and proper accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended). They have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the charitable company and to prevent and detect fraud and other irregularities.

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

In so far as the trustees are aware there is no relevant audit information of which the charity's auditor is unaware and they have taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

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

The Report of the Board of Trustees and the Strategic Report are approved on behalf of the Board of Trustees.



Chairman
12 July 2016

Independent auditor's report to the trustees and members of Marie Curie

We have audited the financial statements of Marie Curie for the year ended 31 March 2016 set out on pages 51 to 69. The financial reporting framework that has been applied in their preparation is applicable law and UK Accounting Standards (UK Generally Accepted Accounting Practice), including FRS 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland.

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

Respective responsibilities of trustees and auditor

As explained more fully in the Statement of Trustees' Responsibilities set out on page 48, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44 (1)(c) of the Charities

and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts. Our responsibility is to audit 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 charitable company's affairs as at 31 March 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information in the Trustees' Annual Report, which constitutes the Strategic Report and the Directors' Report, for the financial year

for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception

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

- the charitable company has not kept adequate and proper accounting records or returns adequate for our audit have not been received from branches not visited by us; or
- the 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.



18 July 2016
Lynton Richmond
(Senior Statutory Auditor)

For and on behalf of KPMG LLP,
Statutory Auditor

Chartered Accountants
15 Canada Square
London
E14 5GL
United Kingdom

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2016

Note	2016			2015			
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2016 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2015 £'000	
Income from:							
Generated funds							
Donations and legacies	2	77,322	17,103	94,425	73,350	19,377	92,727
Retail sales of donated and purchased goods		11,618	6,149	17,767	11,642	6,672	18,314
Investments	3	1,053	-	1,053	1,304	-	1,304
		89,993	23,252	113,245	86,296	26,049	112,345
Charitable activities	4	42,044	567	42,611	42,129	1,564	43,693
Other income							
Net gain on disposal of fixed assets	7	-	-	-	16	-	16
Other income		366	-	366	409	-	409
Total income		132,403	23,819	156,222	128,850	27,613	156,463
Expenditure on:							
Raising funds							
Cost of generating voluntary income		35,167	1,210	36,377	38,581	1,043	39,624
Publicity		2,922	-	2,922	3,489	-	3,489
Fundraising trading: cost of goods sold		11,469	4,615	16,084	10,494	4,983	15,477
Investment management costs		89	-	89	415	-	415
		49,647	5,825	55,472	52,979	6,026	59,005
Net incoming resources available for charitable application		82,756	17,994	100,750	75,871	21,587	97,458
Expenditure on charitable activities							
Hospices		34,487	13,368	47,855	31,909	16,091	48,000
Nurses		42,134	5,563	47,697	44,394	3,713	48,107
Helper		734	277	1,011	699	239	938
Information and support		2,141	-	2,141	1,398	-	1,398
Research and development	5D	3,908	783	4,691	2,656	1,099	3,755
Policy, information and awareness		6,468	-	6,468	3,849	-	3,849
Total charitable expenditure		89,872	19,991	109,863	84,905	21,142	106,047
Total expenditure	5	139,519	25,816	165,335	137,884	27,168	165,052
Net (expenditure)/income for the year before investment gains		(7,116)	(1,997)	(9,113)	(9,034)	445	(8,589)
(Losses)/gains on investments	8	(1,485)	-	(1,485)	5,162	-	5,162
Net (expenditure)/income for the year		(8,601)	(1,997)	(10,598)	(3,872)	445	(3,427)
Other recognised gains							
Actuarial gains on defined benefit pension scheme	18	1,169	-	1,169	210	-	210
Net movement in funds		(7,432)	(1,997)	(9,429)	(3,662)	445	(3,217)
Reconciliation of funds							
Total funds at 1 April	15	84,834	25,915	110,749	88,496	25,470	113,966
Total funds at 31 March		77,402	23,918	101,320	84,834	25,915	110,749

All of the charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 54 to 69 form part of these financial statements.

Balance sheets

for the year ended 31 March 2016

	Note	Group		Charity	
		2016 £'000	2015 £'000	2016 £'000	2015 £'000
Fixed assets					
Tangible assets	7	52,766	54,103	52,766	54,103
Investments	8	50,607	60,032	51,073	60,573
		103,373	114,135	103,839	114,676
Current assets					
Stocks	9	265	261	154	210
Debtors	10	10,449	9,074	10,449	9,856
Investments	11	9,377	14,559	9,377	14,559
Cash at bank and in hand		5,750	2,672	5,505	2,436
		25,841	26,566	25,485	27,061
Creditors:					
Amounts falling due within one year	12a	(20,588)	(21,484)	(21,439)	(22,476)
Net current assets		5,253	5,082	4,046	4,585
Total assets less current liabilities		108,626	119,217	107,885	119,261
Creditors:					
Amounts falling due after more than one year	12b	(7,821)	(6,955)	(7,821)	(6,955)
Provision for liabilities and charges	14	(432)	(586)	(432)	(586)
Net assets (excluding pension liability)		100,373	111,676	99,632	111,720
Defined benefit pension asset/(liability)	18	947	(927)	947	(927)
Net assets (including pension asset/liability)	15	101,320	110,749	100,579	110,793
Funds					
Restricted funds	15	23,918	25,915	23,918	25,915
Designated funds	15	41,767	46,047	41,767	46,047
		65,685	71,962	65,685	71,962
Free reserves					
Pension reserve	15	947	(927)	947	(927)
General funds	15	34,688	39,714	33,947	39,759
		101,320	110,749	100,579	110,794

Approved by the Council on 12 July 2016



T Breedon
Honorary Treasurer

The notes on pages 54 to 69 form part of these financial statements.
Company number: 00507597

Consolidated cash flow statement

for the year ended 31 March 2016

	Note	2016 £'000	2015 £'000
Cash flows from operating activities:			
Net cash used in operating activities	A	(6,935)	(4,804)
Cash flows from investing activities:			
Dividends received		651	780
Interest received		193	260
Capital expenditure		(3,953)	(4,075)
Sales of tangible fixed assets		-	16
Investment purchases		(7,520)	(5,953)
Investment sale proceeds		11,590	17,454
Decrease in invested cash		3,870	3,167
Net cash provided by investing activities		4,831	11,649
Change in cash and cash equivalents in the reporting period		(2,104)	6,845
Cash and cash equivalents at 1 April		17,231	10,386
Cash and cash equivalents at 31 March		15,127	17,231
Analysis of cash and cash equivalents			
		2016 £'000	2015 £'000
Cash at bank and in hand		5,750	2,672
Money market and other deposits		9,377	14,559
		15,127	17,231
Note A:			
Reconciliation of net expenditure to net cash flow from operating activities			
Net/(expenditure) for the year		(10,598)	(3,427)
Adjustments for:			
Depreciation		5,290	5,053
Gain on disposal of fixed assets		-	(16)
Losses/(Gains) on investments		1,485	(5,162)
Pension funding adjustment		(705)	(895)
Dividends receivable		(648)	(768)
Interest receivable		(154)	(187)
(Increase) in stocks		(4)	(14)
(Increase)/Decrease in debtors		(1,418)	1,897
(Decrease) in creditors and provisions		(183)	(1,285)
Net cash (outflow) from operating activities		(6,935)	(4,804)

Notes to the financial statements

for the year ended 31 March 2016

1. Accounting policies

The principal accounting policies are summarised below.

(a) Basis of preparation

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

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

The financial statements have been prepared to give a true and fair view and have departed from the Charities (Accounts and Reports) Regulations 2008 only to the extent required to provide a true and fair view. This departure has involved following the Charities SORP (FRS 102) rather than Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005) which has been withdrawn.

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

The preparation of the financial statements in accordance with Charities SORP (FRS 102) requires the trustees to make judgements, estimates and assumptions that affect the application of policies and reported amounts in the financial statements. Judgements made that could have a significant effect on the financial statements and estimates are disclosed in note 1 (m).

(b) Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the application of the accounting policies required by FRS 102 and by the Charities SORP (FRS 102) has resulted in the restatement of comparative items. The opening fund balances at the date of transition have been restated. The transition date was 1 April 2014.

At the date of transition differences arise between total funds as previously stated and funds as restated to comply with Charities SORP (FRS 102), which are due to the following:

1. A liability has been recognised for short-term compensated absence arising from employees' entitlement to paid annual leave comprising the holiday entitlement carried forward from the previous year and the entitlement arising in the year which was due but not taken. The liability as at the transition date was £2,089,000.
2. Legacy income has been recognised when it is probable that it will be received. This has resulted in earlier recognition of some legacy income. The total accrual as at the transition date was £2,090,000 compared with the amount recognised under previous GAAP of £1,032,000.

In accordance with the requirements of FRS 102, total funds are reconciled below:

£'000	1 April 2014	31 March 2015
Total funds as previously stated	114,997	111,226
Liability for annual leave entitlement	2,089	2,118
Recognition of legacy income	1,058	1,641
Total funds as restated	113,966	110,749

The net movement in funds for the year to 31 March 2015 has been restated as follows:

	£'000
Net movement in total funds as previously stated	(3,771)
Liability for annual leave entitlement	(29)
Recognition of legacy income	583
Net movement in funds as restated	3,217

Notes to the financial statements

for the year ended 31 March 2016

(c) 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.

(d) 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.

(e) Stocks

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

(f) Depreciation

Tangible fixed assets costing more than £2,500 (£1,000 in the charity's shops) are capitalised and included at cost. Freehold land is not depreciated. Depreciation is not provided on assets in the course of construction or on investment properties. Depreciation is provided on all other tangible fixed assets using a straight line basis as follows:

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

(g) Incoming resources

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

Legacy income

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

Events

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

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 when sold. No amounts are included for services donated by volunteers.

(h) 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.

Notes to the financial statements

for the year ended 31 March 2016

Support costs

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

Governance costs

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

(i) Pensions

For defined benefit pension schemes the amounts charged in expenditure are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the 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 credit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities. The actuarial valuations are obtained every three years and are updated at each balance sheet date. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the balance sheet.

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.

(j) 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.

(k) 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.

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

(l) Provisions

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

(m) Accounting estimates and judgements

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

Legacy income

Legacy income requires judgement about the probability of receipt which affects the timing of income recognition. As at March 2016, the amount accrued for legacy income was £2,912,673 and there is a risk that this amount will not be received in full.

Notes to the financial statements

for the year ended 31 March 2016

Cost allocation

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

Actuarial assumptions

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

	2016			2015		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2016 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2015 £'000
2. Donations and legacies						
Donations, events and other voluntary income	55,744	9,946	65,690	54,068	11,909	65,977
Legacies	21,578	7,157	28,735	19,282	7,468	26,750
	77,322	17,103	94,425	73,350	19,377	92,727

3. Investment income

	2016			2015		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2016 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2015 £'000
Listed investments	648	-	648	768	-	768
Cash investments	154	-	154	187	-	187
Hedge funds	-	-	-	-	-	-
Property fund	176	-	176	224	-	224
Other investments	75	-	75	125	-	125
	1,053	-	1,053	1,304	-	1,304

4. Incoming resources from charitable activities

	2016			2015		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2016 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2015 £'000
NHS funding for nurses	23,147	-	23,147	22,761	-	22,761
NHS funding for hospices	18,757	-	18,757	19,047	-	19,047
NHS grants						
- NHS England capital grants	-	11	11	-	-	-
- Transforming Your Care (N Ireland)	-	47	47	-	120	120
NHS England – Nurse Technology Fund	-	-	-	-	1,000	1,000
Other NHS funding	-	-	-	258	-	258
Scottish Executive	-	-	-	-	111	111
Voluntary Action Fund	-	10	10	-	19	19
Big Lottery Fund	-	272	272	-	314	314
Other income	140	227	367	63	-	63
	42,044	567	42,611	42,129	1,564	43,693

Funding from the Big Lottery includes £106,076 for the Marie Curie Helper project in Northern Ireland, £38,867 for a BAME community development worker at the Cardiff and the Vale hospice, £110,339 for a carer's project in Wales and £16,620 for a reducing barriers project in Wales.

The funding from NHS England – Nurse Technology Fund is to improve the way our community nurses can receive and update information about their patients.

The Scottish Government Section 10 funding comprises £111,491 for nursing services in Scotland.

Notes to the financial statements

for the year ended 31 March 2016

5. Expenditure

	Direct costs £'000	Support costs £'000	Total 2016 £'000	Total 2015 £'000
Cost of generating funds				
Fundraising	32,658	3,719	36,377	39,624
Publicity	2,388	534	2,922	3,489
Retail activities	15,077	1,007	16,084	15,477
Investment management costs (Note C)	60	29	89	415
	50,183	5,289	55,472	59,005
Charitable activities				
Hospices	44,512	3,343	47,855	48,000
Nurses	43,031	4,666	47,697	48,107
Helper	859	152	1,011	938
Information and support	1,858	283	2,141	1,398
Research and development (Note D)	4,076	615	4,691	3,755
Policy, information and awareness	6,192	276	6,468	3,849
	100,528	9,335	109,863	106,047
Total	150,711	14,624	165,335	165,052

Allocation of support costs

	Executive, Legal and Strategy £'000	Governance (Note A) £'000	Finance £'000	HR and Training £'000	IT £'000	Facilities and Property £'000	Total 2016 £'000	Total 2015 £'000
Hospices	175	76	314	1,167	1,312	299	3,343	3,083
Nursing	183	79	299	1,598	2,419	88	4,666	4,160
Helper	-	-	29	54	69	-	152	111
Information and support	7	3	29	36	208	-	283	207
Research and development	88	38	71	125	277	16	615	554
Policy, information and awareness	96	41	14	42	69	14	276	260
Total charitable activities	549	237	756	3,022	4,354	417	9,335	8,375
Fundraising	147	64	456	882	2,006	164	3,719	3,428
Publicity	29	13	29	102	346	15	534	478
Retail activities	7	3	156	215	208	418	1,007	1,044
Investment management costs	-	-	29	-	-	0	29	29
Total support costs allocated	732	317	1,426	4,221	6,914	1,014	14,624	13,354

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

Governance costs

	2016 £'000	2015 £'000
Internal audit	204	218
External audit fees (Note B)	93	69
Trustees' travel and meeting expenses (Note 16)	7	3
Trustees' indemnity insurance	7	4
Legal costs	6	19
	317	313

Notes to the financial statements

for the year ended 31 March 2016

Note B

	2016 £'000	2015 £'000
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Net incoming resources for the year is stated after charging:

Fees payable to the charity's auditor for:

- the audit of these financial statements - charity	62	54
- the audit of financial statements of subsidiaries pursuant to legislation	11	15
- other audit services	20	-
	93	69

Amounts paid under operating leases

- land and buildings	4,900	4,782
- plant and machinery	937	917
	5,837	5,699

Depreciation of owned assets

	5,290	5,053
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Note C

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

Note D

Research and development

	2016 £'000	2015 £'000
Palliative care research costs	3,614	2,508
Development costs	1,077	1,247
	4,691	3,755

Grant funding of activities:

Marie Curie Palliative Care Research Institute at the University of Liverpool	(2)	721
Marie Curie Palliative Care Research Unit at UCL	2,723	772
Marie Curie Palliative Care Research Centre at Cardiff University	(49)	-
NHS Southampton	-	424
Other recipients	(66)	43
Activities undertaken directly	1,470	1,241
Support costs	615	554
	4,691	3,755

Palliative care research costs include the cost of new research grants awarded in 2016 to the Marie Curie Palliative Care Research Unit (MCPCRU) at UCL (£3.0 million) and an extension to the funding for the Marie Curie National Grant Programme (£0.4 million). The expenditure shown includes underspends against previously committed amounts which have now been released. Both years also include expenditure on the charity's own research facilitators who are based in the charity's hospices.

Development costs include work in partnership with the NHS in Northern Ireland, Fife and Lothian. In 2015 development costs also included work funded by the Social Enterprise Investment Fund investigating whether social finance has an application in end of life care and new funding of £0.5 million provided to NHS Southampton to support new developments in the palliative care service in that area.

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 £2,220,154 (2015: £4,324,144).

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

Notes to the financial statements

for the year ended 31 March 2016

7. Group tangible fixed assets

	Freehold land and buildings	Leasehold land and buildings	Leasehold land and buildings	Furniture equipment and motor vehicles	Total
	£'000	Long £'000	Short £'000	£'000	£'000
Cost					
At 1 April 2015	72,189	3,527	7,561	20,314	103,591
Additions at cost	748	-	187	3,018	3,953
Disposals	-	-	(272)	(115)	(387)
At 31 March 2016	72,937	3,527	7,476	23,217	107,157
Depreciation					
At 1 April 2015	25,760	1,747	6,259	15,722	49,488
Provided in the year	2,612	129	408	2,141	5,290
Disposals	-	-	(272)	(115)	(387)
At 31 March 2016	28,372	1,876	6,395	17,748	54,391
Net book value					
At 31 March 2016	44,565	1,651	1,081	5,469	52,766
At 31 March 2015	46,429	1,780	1,302	4,592	54,103

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 (2015: £1,588,242).

Freehold land and buildings for the group and the charity include assets in the course of construction at a cost of ENIL (2015: ENIL). The cost of additions for the group and the charity to assets in the course of construction during the year amounted to ENIL (2015: NIL).

Capital commitments

	2016 £'000	2015 £'000
Capital expenditure authorised and contracted for	236	137
Capital expenditure authorised but not contracted for	5,963	5,060

Notes to the financial statements

for the year ended 31 March 2016

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 2015	44,056	76	15,900	60,032	541	60,573
Movements in deposits	-	-	(3,870)	(3,870)	-	(3,870)
Additions at cost	7,520	-	-	7,520	-	7,520
Disposals at book value	(11,113)	-	-	(11,113)	(75)	(11,188)
Unrealised losses	(1,951)	-	(11)	(1,962)	-	(1,962)
Market value at 31 March 2016	38,512	76	12,019	50,607	466	51,073
Historic cost at 31 March 2016	29,615	76	12,019	41,710	466	42,176
Historic cost at 31 March 2015	33,329	76	15,900	49,305	541	49,846
Gain/(loss) on investments					2016 £'000	2015 £'000
Realised gains					477	3,162
Unrealised (losses)/gains included in market value					(1,962)	2,000
					(1,485)	5,162
Listed investments					2016 £'000	2015 £'000
UK					14,465	14,924
Non UK					24,047	29,132
					38,512	44,056

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 company, together with the charity's share of a leasehold property.

9. Stocks

	Group		Charity	
	2016 £'000	2015 £'000	2016 £'000	2015 £'000
Inventory for resale	111	51	-	-
Daffodils	154	210	154	210
	265	261	154	210

10. Debtors

	Group		Charity	
	2016 £'000	2015 £'000	2016 £'000	2015 £'000
Trade debtors	1,862	1,662	1,862	1,662
Taxation recoverable	2,257	195	2,255	152
Prepayments	2,508	3,042	2,518	3,051
Legacy debtors	2,913	1,766	2,913	1,766
Amounts due from subsidiary undertakings	-	-	-	818
Other debtors	909	2,409	901	2,407
	10,449	9,074	10,449	9,856

The charity has been notified of legacies with an estimated value of £21.2 million (2015: £17.2 million) which have not been recognised as income at 31 March 2016 because no notification of impending distribution or approval of estate accounts has been received and the values are uncertain. This amount has been treated as a contingent asset. It includes an individual legacy of £5 million but the timing of receipt and the amount are uncertain.

Notes to the financial statements

for the year ended 31 March 2016

11. Current asset investments

	Group		Charity	
	2016 £'000	2015 £'000	2016 £'000	2015 £'000
Bank deposits and liquidity funds	9,377	14,559	9,377	14,559

12. Creditors

	Group		Charity	
	2016 £'000	2015 £'000	2016 £'000	2015 £'000
(a) Amounts falling due within one year				
Interest-free loans	130	130	130	130
Trade creditors	4,728	5,344	4,692	5,341
NHS contract obligations	1,650	1,835	1,650	1,835
Palliative care research grants	2,924	3,837	2,924	3,837
Grants awarded for scientific research	73	73	73	73
Tax and social security creditors	1,681	1,414	1,681	1,414
Accruals	6,641	5,724	6,654	5,674
Deferred income (Note 13)	2,205	2,588	2,205	2,588
Pensions and other payroll	556	539	556	539
Amounts due to subsidiary undertakings	-	-	874	1,045
	20,588	21,484	21,439	22,476

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	
	2016 £'000	2015 £'000	2016 £'000	2015 £'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	5,890	4,794	5,890	4,794
Investment Manager's performance fee	81	311	81	311
	7,821	6,955	7,821	6,955

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	
	2016 £'000	2015 £'000	2016 £'000	2015 £'000
Caring services	721	781	721	781
Fundraising events	845	1,161	845	1,161
Other	639	646	639	646
	2,205	2,588	2,205	2,588

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 2016

14. Provision for charges and liabilities

Group and Charity

	At 1 April 2015 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2016 £'000
Dilapidations	168	28	(53)	(8)	135
Rent	264	24	(10)	(75)	203
Staff costs and other liabilities	154	-	(29)	(31)	94
	586	52	(92)	(114)	432

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

15. Funds

Group and Charity	Note	At 1 April 2015 £'000	Income £'000	Expenditure £'000	Gains and losses £'000	Transfers £'000	At 31 March 2016 £'000
Restricted Funds (Group and Charity)							
Hospices and other Capital Fund	i	23,297	-	(1,518)	-	430	22,209
Major capital appeals	ii	37	10	-	-	(26)	21
Hospices – revenue	iii	1,004	16,693	(17,253)	-	-	444
Nurses	iii	566	5,865	(5,979)	-	(404)	48
Helper	iii	1,011	217	(277)	-	-	951
Palliative care research		-	1,034	(789)	-	-	245
Total Restricted Funds		25,915	23,819	(25,816)	-	-	23,918
Designated Funds (Group and Charity)							
Tangible Fixed Asset Fund	iv	30,806	-	-	-	(250)	30,556
Capital Investment Fund	v	12,763	-	-	-	(1,874)	10,889
Palliative Care Development Fund	vi	2,478	-	(634)	-	(1,522)	322
Total Designated Funds		46,047	-	(634)	-	(3,646)	41,767
General Funds (Group)							
General Fund	vii	39,714	132,403	(138,885)	(1,485)	2,941	34,688
Pension scheme surplus/(deficit)	viii	(927)	-	-	1,169	705	947
Total General Funds		38,787	132,403	(138,885)	(316)	3,646	35,635
Consolidated funds							
		110,749	156,222	(165,335)	(316)	-	101,320
General Funds (Charity)		38,832	128,884	(134,784)	(316)	3,692	36,308

The above funds carried forward at 31 March 2016 represent:

- Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- The net proceeds from the capital appeals. 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.
- Funds restricted for Marie Curie Hospices, Marie Curie Nurses and Marie Curie Helper.
- The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- The amount that has been put aside to contribute towards major capital projects to be undertaken in the next five to 10 years to replace or upgrade facilities at the charity's hospices. The principal movement is the expenditure on hospice refurbishment and equipment in the year.
- The amount that has been put aside for future innovative projects in the research or development of palliative care.

Notes to the financial statements

for the year ended 31 March 2016

(vii) 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.

(viii) The actuarial valuation of the defined benefit pension scheme at 31 March 2016 for the purposes of FRS 102 showed a net asset of £0.9 million.

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

	2016	2015
	£'000	£'000
The charity	(10,229)	(4,034)
Intra-group profit	798	805
Intercompany charges for fixed assets written off	2	12
	(9,429)	(3,217)

The parent charity's gross income for the year was £152,703 and its expenditure was £161,431.

Analysis of net assets between funds

	Unrestricted funds	Restricted funds	Total 2016	Total 2015
	£'000	£'000	£'000	£'000
Tangible fixed assets	30,557	22,209	52,766	54,103
Investments	59,984	-	59,984	74,591
Stocks	265	-	265	261
Debtors	10,249	200	10,449	9,074
Creditors and cash	(24,600)	1,509	(23,091)	(26,353)
Defined benefit pension scheme liability	947	-	947	(927)
Total net assets	77,402	23,918	101,320	110,749

16. Staff

i) Remuneration

	2016	2015
	£'000	£'000
Wages and salaries	82,533	83,459
Social security costs	6,404	6,585
Other pension costs	4,747	4,881
Total Marie Curie staff	93,684	94,925
Contracted staff	11,183	11,274
Total remuneration	104,867	106,199

Contract staff includes costs for nurses, consultants, other medical staff and health professionals employed by the NHS for whom the charity reimburses the NHS for the time spent working at the charity. These people are not employed by the charity and so are not included in the analysis of staff employed. The total amount of termination payments in the year was £763,393 (2015: £520,750).

Notes to the financial statements

for the year ended 31 March 2016

ii) Average number of employees

	2016	2015
	number	number
Hospices	994	1,004
Nurses	2,176	2,185
Research	21	14
Information and support	1	-
Fundraising	335	406
Publicity	43	45
Shops	561	571
Support	183	184
	4,314	4,409
Comprising		
Full time	1,412	1,464
Part time	2,902	2,945
	4,314	4,409

iii) Remuneration of higher paid staff

	2016	2015
	number	number
£60,000 - £70,000	13	14
£70,000 - £80,000	7	10
£80,000 - £90,000	5	6
£90,000 - £100,000	5	2
£100,000 - £110,000	2	4
£110,000 - £120,000	-	-
£120,000 - £130,000	1	2
£130,000 - £140,000	2	-
£140,000 - £150,000	1	1
£150,000 - £160,000	-	-
£160,000 - £170,000	2	2
Included in the above are – medical practitioners	7	8

Contributions of £140,602 (2015: £157,751) were made to the NHS Pension Scheme and the Universities Superannuation Scheme, all defined benefit schemes, for 12 (2015: 14) higher paid employees. Contributions amounting to £168,962 (2015: £200,010) were made to defined contribution schemes, for 23 (2015: 24) higher paid employees.

The total remuneration of key management including any employer pension contributions was £1,273,600 (2015: £1,394,444).

The salary of the Chief Executive in 2015/16 was £168,317 (2014/15: £166,650). The Chief Executive does not receive any pension contributions from the charity.

iv) Council members' expenses

No trustees received any remuneration in the year. Six trustees were reimbursed £6,597 in total for travel/subsistence expenses (2015: £2,797). The charity maintains liability insurance covering members of the Council in their capacity as directors and other officers of the charity.

Notes to the financial statements

for the year ended 31 March 2016

17. Lease commitments

The charity had annual operating lease commitments as follows:

	2016 £'000	2015 £'000
Land and buildings		
Within one year	660	579
Between two and five years	1,822	1,188
Over five years	1,643	2,567
	4,125	4,334
Other		
Within one year	106	57
Between two and five years	325	388
	431	445

18. Pensions

Schemes available to employees

The current scheme available to the employees is a stakeholder pension scheme which was started in January 2004. The charity has paid contributions totalling £2,690,395 (2015: £2,971,263) into this scheme. Contributions to other defined contribution schemes amounted to ENIL (2015: NIL).

At 31 March 2016 six employees participated in the Universities Superannuation Scheme (USS) which is a multi-employer defined benefit pension scheme. At the last actuarial valuation as at 31 March 2014 the assets were sufficient to cover 89% of the benefits that had accrued to members. Marie Curie meets the employer costs required by the scheme which amounted to £41,959 (2015: £56,841). Marie Curie is unable to identify its share of the underlying assets and liabilities of the scheme on a consistent and reasonable basis and therefore accounts for the scheme as if it were a defined contribution scheme. The employer contribution rate is currently 16% but increases to 18% from 1 April. From that date the defined benefit scheme closes to new service and members participate in a defined contribution or career revalued benefit scheme.

At 31 March 2016 497 employees participated in the NHS Pension Schemes which are statutory unfunded defined benefit schemes. The pension cost charge for these schemes amounted to £1,978,911 (2015: £1,810,620).

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.

FRS 102 disclosures

A full actuarial valuation of the defined benefit pension scheme was carried out at 31 March 2014 and resulted in an actuarial deficit of £5.7 million. On the basis of this valuation the trustees of the scheme and the charity agreed the employer contribution rate of 28.7% from 1 July 2015 and past service deficit recovery payments of £720,000 per annum until April 2024.

The valuation has been updated to 31 March 2016 by a qualified independent actuary to take account of the requirements of FRS 102 in order to assess the liabilities of the scheme at that date. Scheme assets are stated at their market values at the respective balance sheet dates. At 31 March 2016 there was a net asset which has been recognised on the basis that it is recoverable against the future deficit recovery payments.

	2016 £'000	2015 £'000
Present value of funded defined benefit obligation	(22,868)	(24,134)
Fair value of scheme assets	23,815	23,207
Net asset/(liability)	947	(927)

Notes to the financial statements

for the year ended 31 March 2016

18. Pensions (continued)

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

	2016 £'000	2015 £'000
Liability at 1 April	(927)	(2,032)
Net finance charge	(18)	(75)
Current service cost	(34)	(48)
Employer's contributions	757	762
	(222)	(1,393)
Remeasurement gains	1,169	466
Asset/(liability) at 31 March	947	(927)

Movements in present value of defined benefit obligation

	2016 £'000	2015 £'000
At 1 April	24,134	21,903
Current service cost	34	48
Interest cost	733	919
Remeasurement (gains) and losses	(1,041)	2,524
Contributions by members	5	8
Benefits paid	(997)	(1,268)
At 31 March	22,868	24,134

Movements in fair value of scheme assets

	2016 £'000	2015 £'000
At 1 April	23,207	19,871
Interest credit on scheme assets	715	844
Remeasurement gains	128	2,990
Contributions by employer	757	762
Contributions by members	5	8
Benefits paid	(997)	(1,268)
At 31 March	23,815	23,207

Expense recognised in the Statement of Financial Activities

	2016 £'000	2015 £'000
Interest on defined benefit pension plan obligation	(733)	(919)
Interest credit on scheme assets	715	844
Net finance charge	(18)	(75)
Current service cost	(34)	(48)
Total	(52)	(123)

Notes to the financial statements

for the year ended 31 March 2016

18. Pensions (continued)

	2016	2015
	£'000	£'000
Remeasurement gains/(losses) charged to the Statement of Financial Activities		
Remeasurement gains/(losses) – return on scheme assets	128	2,990
Remeasurement gains/(losses) – actuarial gains/(losses)	1,041	(2,524)
Total	1,169	466

The fair value of the scheme assets was as follows:	2016	%	2015	%
	£m		£m	
Equities	7.0	29.5%	9.3	39.9%
Corporate bonds	4.1	17.1%	4.0	17.3%
Gilts	12.8	54.0%	10.0	43.3%
Cash	(0.1)	-0.6%	(0.1)	-0.5%
Total net assets	23.8	100.0%	23.2	100.0%

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

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

	2016	2015
Discount rate	3.3%	3.1%
Inflation	3.1%	3.2%
Future salary increases	3.6%	3.7%
Rate of increases in pensions in payment (LPI)		
maximum 5%	3.0%	3.1%
minimum 4% maximum 5%	4.2%	4.2%
maximum 2.5%	2.1%	2.2%

Life expectancies used to determine benefit obligations are as follows:

	2016	2015
Future life expectancy of male aged 65 at balance sheet date	20.4	20.7
Future life expectancy of male aged 65 20 years after the balance sheet date	22.1	22.4
Future life expectancy of female aged 65 at balance sheet date	22.7	22.9
Future life expectancy of female aged 65 20 years after the balance sheet date	24.6	24.8

The charity expects to contribute approximately £755,000 to the scheme for the 2016/17 financial year (2015/16: £757,000).

Notes to the financial statements

for the year ended 31 March 2016

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 £799,761 for the year ended 31 March 2016 (2015: £816,273) which will be paid to the charity by means of a payment under Gift Aid.

Marie Curie Developments Limited – The company undertakes construction projects for the charity. The company made a profit of £139 for the period ended 31 March 2016 (2015: £1,284) which will be 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 2016. The net assets at 31 March 2016 were £20,000.

Marie Curie Ventures Limited – The company was dormant throughout the period ended 31 March 2016.

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

Marie Curie Trading Limited	2016	2015
	£'000	£'000
Turnover	3,502	4,199
Cost of sales	(1,859)	(2,280)
Gross profit	1,643	1,919
Other expenses	(827)	(1,084)
Interest payable	(16)	(19)
Payment to the charity under Gift Aid	-	(816)
Retained profit for the year	800	-
Net current assets	1,200	475
Liabilities – Debenture held by the charity	(400)	(475)
Net assets	800	-

At 31 March 2016 the amount due from the charity to Marie Curie Trading Limited was £836,949 (2015: £273,448).

The debenture loan is secured by a first floating charge and is subject to interest calculated at 3% above the base rate.

Marie Curie Developments Limited	2016	2015
	£'000	£'000
Turnover	49	256
Cost of sales	(47)	(244)
Gross profit	2	12
Other expenses	(2)	(11)
Payment to the charity under Gift Aid	(0)	(1)
Retained profit for the year	-	-
Net current assets	10	10
Net assets	10	10

At 31 March 2016 the amount due from the charity to Marie Curie Developments Limited was £42,686 (2015: £70,379 due to the charity).

The charity charges its subsidiaries a proportion of event overheads and staff costs incurred by the charity amounting to £550,311 (2015: £700,251).

20. Related parties

There were no transactions with related parties during the year (2015: none).

Who's who

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His Royal Highness The Prince of Wales

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Sir Peter Davis LLD, FRSA
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Sir Nicholas Fenn GCMG MA
Sir Thomas Hughes-Hallett

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The Baroness Ilora Finlay
Christine Hamilton-Stewart MBE
Dame Deirdre Hine DBE FRCP
Martyn Lewis CBE
Bill Midgley FCIB MIMgt
Mrs Pauline Clarke

Bankers

The Royal Bank of Scotland
280 Bishopsgate
London EC2M 4RB

Solicitors

Bates Wells and Braithwaite
Charles Russell Speechlys
DWF LLP
Doyle Clayton
Willans LLP
DLA Piper (pro bono)
Fieldfisher (pro bono)

Auditor

KPMG LLP
15 Canada Square
London
E14 5GL

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from 1 April 2015 to 12 July 2016

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FCGI
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Professor Peter Rigby FRS, F Med Sci
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Linda Urquhart OBE
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from 1 April 2015 to 12 July 2016

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Tim Breedon CBE
Robert Milburn MA (Oxon), FCA
(from 15 March 2016)

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FRCPATH FCGI
Hilary Bird (from January 2016)
Peter Buckle (from January 2016)
Ruth Holt RGN BSc DNCert MBA MSc
Dr L Caroline Stirling MB.BS, MRCGP,
MSc, PhD
John Cooke (until March 2015)
Professor Sarah Garner PhD BPharm
(from January 2016)
Dr Crystal Oldman EdD MSc, MA, PG Dip
Public Health, PGCE, RHV, RGN
(from January 2016)
Professor Annie Turner TDipCOT, MA, FCOT
Abdul-Munim Bashir MRPharmS
(until October 2015)

Who's who

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FMS, FRSA (from 14 May 2015)
Professor Peter Rigby FRS, F Med Sci
(from 14 May 2015)
Lisa Bryan
Mark Chaloner
Geoffrey Love

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Ian Jones
Maureen Ryan (until April 2016)

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Professor Bill Noble MBChB MD FRCP
FRCPCh
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Charles Hooper
Executive Director of Caring Services
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Peter Gabbitas
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Sam Ghilbaldan (from November 2015)
Russel Griggs (until April 2015)
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Elaine McLelland
Iain Meiklejohn (until April 2015)
Michelle Miller
John Neilson (until April 2015)
Sue Northrop (from November 2015)
Ros Scott (from November 2015)
Dr Hamish Wilson CBE

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Eugene Gallagher (until June 2015)
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It is with great sadness that we received the news of the death of Sir Adrian Cadbury in September 2015. Sir Adrian had been Patron of the Marie Curie Hospice, West Midlands for many years, and was closely involved in the appeal to rebuild the hospice. We would like to thank Sir Adrian and the Cadbury family for their tremendous support.

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

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

 MarieCurieUK

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To make a donation

Call: **0800 716 146** (free)
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or send a cheque to our registered offices.

Offices:

Registered office

89 Albert Embankment
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Scotland

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Wales

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Mamhilad Park Estate
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We're here for people living with any terminal illness, and their families. We offer expert care, guidance and support to help them get the most from the time they have left.

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Care and support
through terminal illness