



Just because I've got a terminal illness it doesn't mean my life stops. I'm still me. I'm still living my life.



Marie
Curie

Care and support
through terminal illness

2017/18 was the fourth year of our five-year strategic plan.

We're reporting our progress against three overall aims:

- Reach more people and their families who are living with a terminal illness and inspire more people to support our work.
- Improve the way terminally ill people are cared for across the UK.
- Be as efficient and effective as possible.

“With Marie Curie’s support I can still be me”

“There’s nothing more intimate than dying. It’s good to know I can rely on Marie Curie when that time comes. You need somebody who’s almost like a family member.

“My GP and I discussed it and I’ve decided I want to go to the Marie Curie Hospice in Edinburgh at the end. My family will be able to come and go at any time. That’s just what I want for my own death.

“But for now, I’m not wasting one minute on self-pity. All my energies are going on making memories with my children and grandchildren.”

Linda, living with terminal cancer





Ben Gold/Marie Curie

Linda

For people like Linda, and their families, every day is precious.

Marie Curie is the leading charity for people living with any terminal illness and their families. Everything we do, from expert care and ground-breaking research, to emotional support and practical guidance, helps them, and the people who love them, make the most of the time they have together.

Thanks to people like you, who fund our work and make what we do possible, we're able to be there for thousands of families every year while pushing for the improvements needed to make end of life care work for everyone.

It all takes us a step closer to realising our vision of a better life for people and their families living with a terminal illness.

Yet someone dies every five minutes in the UK without getting the care and support they need at the end of their life. We have to change that. And with the UK's ageing population meaning more and more people will be relying on health and social care services in their final years, there's no time to lose.

In this report you'll see how, together with you, our supporters, and the people we help, we're doing all we can to ensure everyone gets the care and support they deserve when they're dying.



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Marie Curie

Our year at a glance

Thanks to you, we achieved an enormous amount for people living with a terminal illness, and their families, in 2017/18. Here's how we helped across our core services.

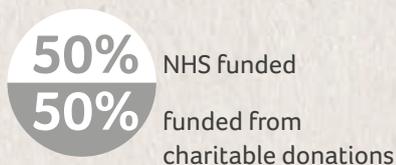
Marie Curie Nurses



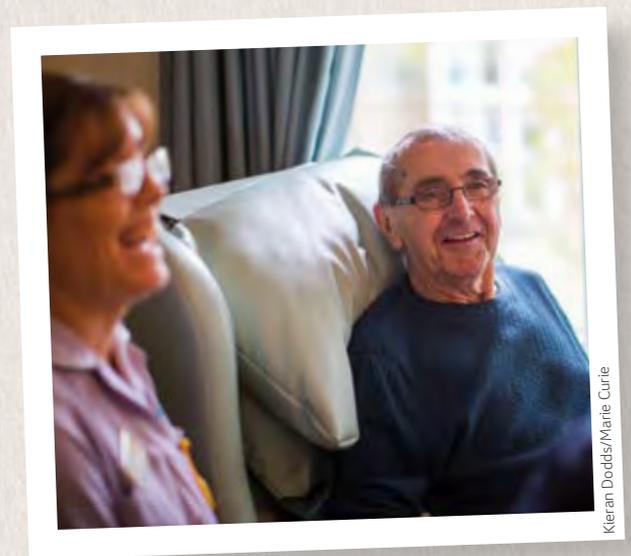
32,692 people cared for

2,167 Nursing staff

1.2 million hours
of nursing care provided



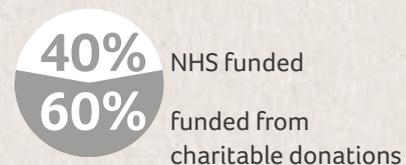
Marie Curie Hospices



8,210 people cared for

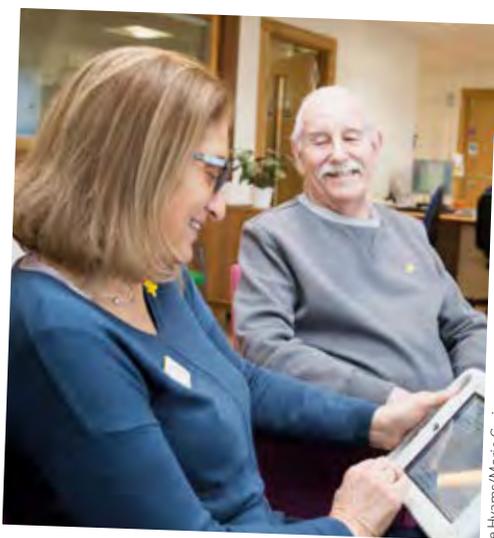
9 hospices

99% of patients
likely to recommend us to friends and family



Information and support

Marie Curie Helper volunteers



10,722 enquiries

1,625 households supported

1.4 million views
of online information

808 active volunteers
57% more than last year

90% of callers
rated the service 'excellent'

10,023
face-to-face support visits

100% funded from
charitable donations

100% funded from
charitable donations

**Last year, we helped more
than 50,000 people**

Report of the Chairman and Chief Executive

Welcome to Marie Curie's 2017/18 annual report and accounts, and thank you for taking the time to find out more about us.

Welcome to Marie Curie's 2017/18 annual report and accounts, and thank you for taking the time to find out more about us.

Marie Curie is the leading charity for people living with a terminal illness, and all those who love them. For 70 years we've been giving people the expert care and support they deserve, through our nurses, hospices and other services. And that's thanks to people like you, who are kind enough to support this vital work.

Last year, our supporters made it possible for us to help more than 50,000 people, as well as improve end of life care through research and policy work. Marie Curie is at the forefront of exploring new ways of reaching people that are effective and affordable in our changing world. And the need has never been more urgent.

Health and social care resources in the UK are stretched to breaking point. Over Christmas 2017, we saw hospital wards and A&E departments full far beyond recommended safe levels. Many of the people in those beds will have been in their last year of life.

In early 2018, we published new data highlighting the impact of emergency hospital admissions on people at the end of their lives and on our NHS. Being rushed to hospital, and potentially dying there, is stressful and upsetting for the person and their families. And in most cases it simply isn't an efficient use of funds, compared to investing in community-based care services.

As many of you will know, I will be stepping down during 2018/19, after six years as Chief Executive. It's been a great honour to have led an organisation that makes so much difference to people at one of the most difficult times of their life. We're incredibly lucky that so many people support our work and understand its importance.



We've achieved a huge amount in the last six years, including significant improvements to our services so we can deliver care more reliably and with more focus on those with the greatest need. We launched our information and support services in 2015, which have had an immediate impact for thousands of people. I'm looking forward to seeing how this important service develops in future.

I'm proud of the work we did to refresh the charity's brand three years ago, making it clearer that we're here for people living with any terminal illness, as well as terminal cancer. I'm also delighted to be leaving the charity in a stronger financial position.

Thank you to everyone involved in our work, and particularly to our supporters, for making everything we do possible.

Finally, I would like to welcome Vindi Banga (see right), who joined us as Chair in January 2018.

**Dr Jane Collins,
Chief Executive**

A handwritten signature in black ink that reads "JECollins". The signature is written in a cursive, flowing style.

“I feel very privileged to have the opportunity to chair the Board of Marie Curie at this very important time for the charity.”

Since joining I have been deeply impressed at the knowledge of our people of terminal illnesses and palliative care; but even more by their unswerving commitment to help and support our patients and their families through a most difficult period.

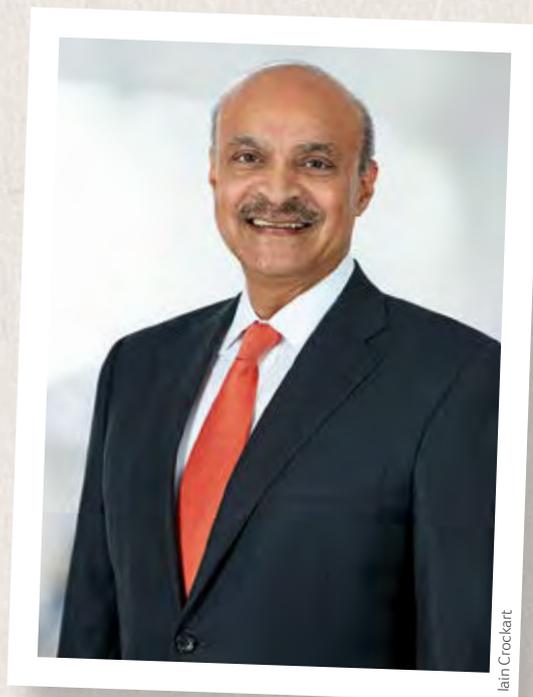
It is gratifying to see that the high quality of our nursing services and hospices was once again recognised last year both by the regulators and the families of those we cared for.

I am also pleased to see that the hard work in all parts of the organisation to bring the charity to a more balanced financial position is bearing fruit. However, we must make sure we avoid complacency in these uncertain times and continue to both raise and use funds as efficiently as we can.

Looking ahead, we recognise that the need for services like ours is growing very fast given the demographics of our nation. We have begun to explore new ways of reaching more people who need our support. Our information and support services are available by telephone; but also increasingly online. Our trained Support Line Officers provide assistance via webchat and social media as well as the phone. We are focussing on improving our Helper service to offer more effective and better support to more people as well.

Through this year and beyond, we will continue to explore innovative routes to increase our impact on the challenge of palliative care in the UK and find new ways to support even more people, in a better manner.

Vindi Banga,
Chair of the Board of Trustees



Iain Crockett

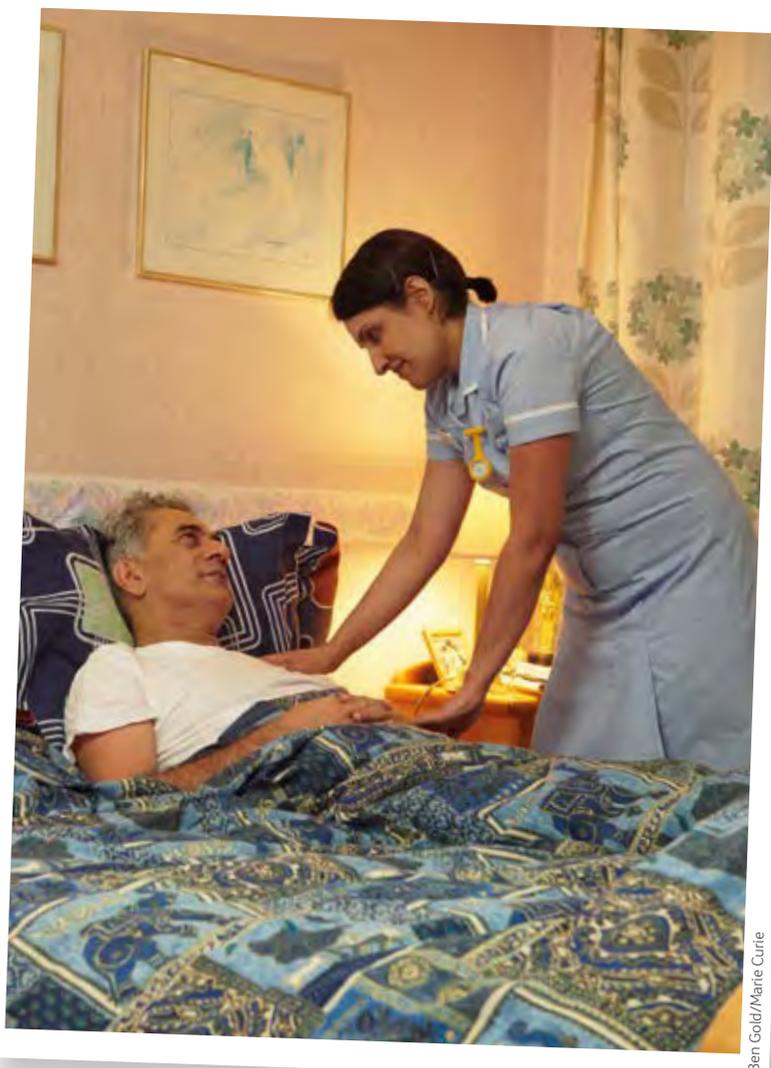
Nursing | Expert care that helps people remain at home

We believe everyone should be able to choose where they want to be cared for at the end of their life. For most of us, that choice is home – surrounded by the people and things that mean the most. Marie Curie Nurses provide the expertise needed to make this possible, day in, day out.

Last year, Marie Curie Nurses cared for 32,692 people at home

Our highly-trained nursing staff are experts in caring for people with any terminal illness at home – whether that person is living with terminal cancer, heart failure, dementia, lung disease or another condition.

Our nurses provide care during the day, for shorter periods, for a full nine hours through the night or at very short notice in an emergency.



Ben Gold/Marie Curie

Specialist support for people with dementia

Last year, research funded by Marie Curie highlighted a lack of specialist support for people with advanced dementia. Despite having complex needs, fewer than a third of people (28%) were seen by a palliative care team.

We know collaboration and adaptability, at every level, create the best end of life care. So in January 2018, working closely with the Norfolk Hospice and NHS Trust Norfolk Community Health and Care, we launched a specialist service for people living with advanced dementia in Norfolk.

Marie Curie Dementia Clinical Nurse Specialist Hazel Temperton provides care co-ordination, home visits and support for families. She also helps other professionals improve their knowledge and confidence in caring for people with advanced dementia and their families.

Hazel's role is funded from sales of 'Norfolk's Own Cookbook', created by Melinda Raker, Vanessa Scott and Mary Kemp, which raised £103,000 for Marie Curie.

32,692
people cared for at home

98.2%
of patients would recommend us

Angela

Hazel



Marie Curie Nurse Hazel (above right) provides dedicated care and support to families affected by dementia.

“With the right specialist care and support, people in the later stages of dementia and those caring for them can hugely benefit. It can often mean that the person can remain in their own home.”

Hazel supported Angela (above left) after her mum, Barbara (below), was diagnosed with Alzheimer’s, the most common form of dementia.

“Hazel helped me recognise the signs of agitation that meant Mum was uncomfortable, and would liaise with our GP to work out the best pain medications for her. She’d also be at the end of the phone if ever I felt that we needed to talk.

“Mum didn’t have to go into a care home or hospital – she was here at home and that was because of Hazel. I’ll always be grateful to Hazel for giving me the confidence to be able to provide that for my darling mum.”



Barbara

Targets and achievements for 2017/18

Targets

- Improve the operation of existing services, partner with others in new ways and develop closer integration between our home nursing services and our hospices.
- Prioritise the quality of our services, maintaining our excellent score for the number of people saying they are likely to recommend us to their friends and families, and ensuring we meet our rigorous standards of clinical quality.

Achievements

- Our nurses cared for 32,692 people last year (33,543 in 2016/17). Last year we decided not to renew a small number of contracts to deliver nursing care. The nature and relatively small size of these contracts meant we were unable to provide a high quality service that was reliable, effective and sustainable over the long term; in all of these places, other established local services exist. Our goal is to focus our resources where there are gaps in high quality palliative care provision and where we can have the greatest benefit for people in most need. We are also exploring different ways of delivering care, so we can maximise our ability to reach more people.
- 90.8% of patients and families rated our nursing services ‘very good’ – the highest possible rating.
- 98.2% of patients said they were likely to recommend us to friends and family.
- Our Central region nursing service received an Outstanding rating from the Care Quality Commission. The other two services in England inspected last year were rated ‘good’. All aspects of our nursing services in Scotland were rated either ‘excellent’ or ‘very good’.
- We continued to forge partnerships with other organisations to help meet the needs of more people living with a terminal illness. For instance, our STARS (Supportive and End of Life Care) service, run in partnership with two other care providers, supported 175 people in Liverpool with 27,914 hours of care last year.

“I might be terminally ill, but my life isn’t over just yet”

Despite living with motor neurone disease (MND), dad-of-two Jason Liversidge, 42, from East Yorkshire, is determined to live life to the full. For him, that includes abseiling the Humber Bridge, climbing Mount Snowdon in his 4x4 wheelchair to raise money for Marie Curie, and spending quality time with his wife and children.

“It doesn’t really sink in at first, the diagnosis. Here I was, a fit and active bloke who loved skiing, grass tracking, motor biking and fast cars, being told I have MND.

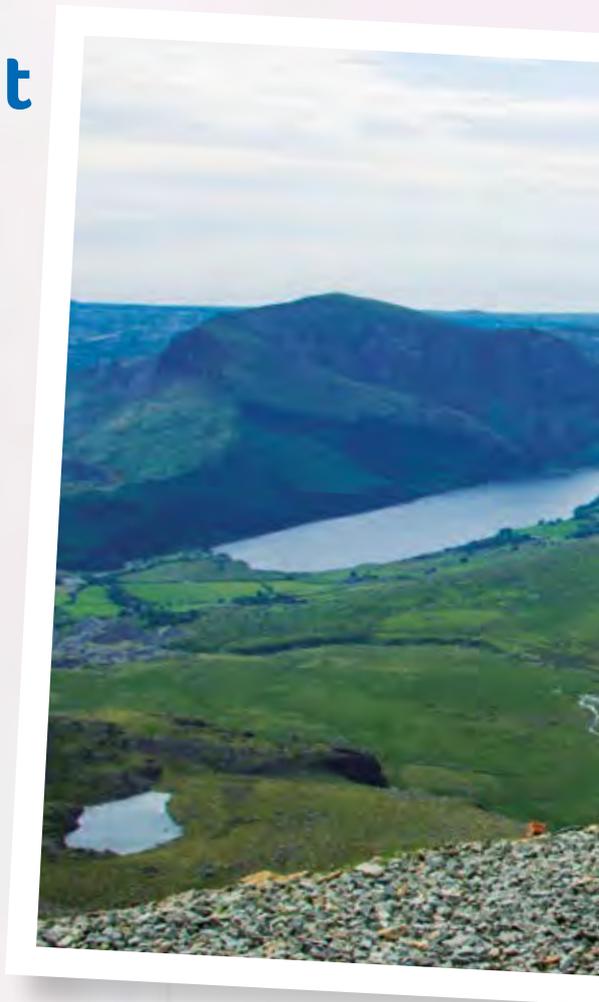
“But I decided the best way to deal with it is to literally just get on with it. At the end of the day, you only live once.

Time with my family is so important. I want my girls to remember me.

“I could sit there and get frustrated at the fact that MND is stopping me doing stuff but if I do that I’ll get frustrated about all of it. I make the most of what I can do.

“Pleasure comes in many forms. For me it’s time with my family. We go out to the park or the beach – all the places that my girls, Lilly and Poppy, love. I want them to remember me.

“Being ill makes you realise how fragile life is. It would be really easy to hate my condition and let it consume my life, but the energy that hating it uses is far better spent living.”



Liz





RAW/Marie Curie



Ben Gold/Marie Curie

“I don’t know how we’d cope without the nurses”

Jason’s wife Liz explains how the support of Marie Curie Nurses overnight helps the family cope.

“After the diagnosis I spent about three days crying. I’ve had to give up my job. We’ve had to adapt our lifestyle, we’ve had to adapt our house.

“Jason needs 24-hour care, so we really couldn’t cope without the nurses. They care for Jason through the night and give me the opportunity to get some sleep. With two young children, we need as much help as we can get.

“Jason’s determined to not let his condition define him. He wants to carry on as long as he can. And he wants to be the best dad possible.”

Jason

Lilly

Poppy



Ben Gold/Marie Curie

Hospices | There for people every step of the way

Marie Curie Hospices support families throughout terminal illness, providing everything from day therapies to specialist in-patient care. We're the largest UK provider of hospice care outside the NHS, operating in all four nations of the UK.

Last year, our nine hospices cared for 8,210 people

Our hospices help people carry on doing the things that matter to them, with the people they care about. For instance, last year at our West Midlands hospice, a terminally ill mum was able to watch her son take his first steps and remain part of his life for as long as possible.

Reflecting our changing society

To address research findings which showed that black and minority ethnic (BAME) people were less likely to use the spiritual care services at the Marie Curie Hospice, Cardiff and the Vale, last

year we replaced the traditional Chaplain role at the hospice with a new position of Spiritual Care Co-ordinator.

Liaising with religious leaders including imams, priests and rabbis, the Spiritual Care Co-ordinator offers reassurance to patients that their cultural and religious beliefs – for example in relation to shaving, music or prayer – will be respected at the hospice. The Spiritual Care Co-ordinator is now working closely with researchers to make positive changes that will improve BAME people's experiences, such as ensuring religious beliefs are recorded when patients are admitted.

Using virtual reality to aid patient choice

We know people can feel uneasy about visiting a hospice because they have preconceived ideas about them being 'somewhere you go to die'. To help counter this, last year we created a 360-degree film tour of the Marie Curie Hospice, West Midlands. Using virtual reality technology means viewers can explore the hospice from the comfort of their own home, get to know it and make confident choices about the care they want to receive.

- Take the tour at mariecurie.org.uk/westmidlands

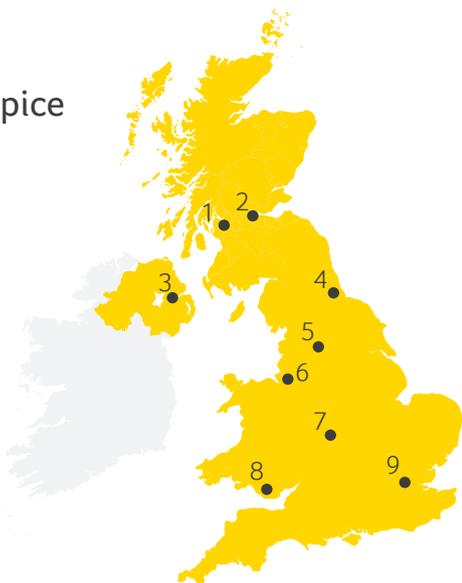
Meeting the needs of the community through day services

Our hospices provide a range of day services and therapies that people living with a terminal illness can use for free, helping them manage their condition physically and mentally, meet others dealing with similar issues and enjoy a good quality of life for as long as possible.



Our nine hospice locations

- 1 Glasgow
- 2 Edinburgh
- 3 Belfast
- 4 Newcastle
- 5 Bradford
- 6 Liverpool
- 7 West Midlands
- 8 Cardiff and the Vale
- 9 Hampstead



Last year, thanks to the generosity of our supporters, we were able to launch a new day hospice service in Lisburn, Northern Ireland, and will be redeveloping our day therapy unit at our hospice in Bradford. This will mean we can help more people from local communities who would benefit from hospice support, but might be apprehensive about accessing it – people like Paul, who has attended the Marie Curie Hospice, Liverpool as a day patient.

Paul



Katie Hyams/Marie Curie

Former bus driver Paul Nolan is living with heart failure. Coming to the Marie Curie Hospice, Liverpool as a day patient has helped him come to terms with his illness.

“A good day to me is being alive. I wake up, look around and say to myself: ‘I’m still here.’”

“I’ll admit I was very apprehensive when I first went to the hospice. Because when you go into a hospice you think, well, that’s it.

“It wasn’t what I was expecting at all. I’ve met a lot of really lovely people there.

“The hospice has helped me immensely. I’m not scared and I understand myself more.”

Targets and achievements for 2017/18

Targets

- Improve the operation of existing services, partner with others in new ways and develop closer integration between our home nursing services and our hospices.
- Prioritise the quality of our services, maintaining our excellent score for the number of people saying they are likely to recommend us to their friends and families, and ensuring we meet our rigorous standards of clinical quality.

Achievements

- Our hospices cared for 8,210 people last year – 7% more than the previous year’s 7,711.
- 93% of patients and families rated our hospices ‘very good’ – the highest possible rating.
- 98.8% of patients said they were likely to recommend our hospices to friends and family.
- We introduced paperless electronic record systems at Marie Curie Hospices, making it easier to keep patients’ records up to date.
- We worked in partnership with the Motor Neurone Disease Association on new initiatives to increase the support our hospices offer to people with MND. These included employing an MND Co-ordinator to ensure fast and effective care at our Bradford hospice, and setting up a group for people who’ve recently been diagnosed with MND at our Newcastle hospice.
- Our fundraising teams worked closely with our hospices to raise money for key projects that will enhance the care we’re able to provide. For instance, the Marie Curie Hospice, Glasgow worked closely with our Corporate Partnership and Community Fundraising teams to encourage local Glasgow businesses to volunteer at the hospice, while our Major Gifts and Corporate Partnerships teams raised £1 million to enable a refurbishment of our Bradford hospice day therapy unit.

“Andy wanted to be able to stand up for the vows, so they worked with him to strengthen his legs”



Martin Shields/Marie Curie

On 27 January 2018, shortly before he died, Andy Grier married his partner Anne at the Marie Curie Hospice, Glasgow. Anne explains how the hospice’s support made this possible.

“Andy always wanted to be married but something always came up. We waited a long time.

“We met when I went out with a friend. We went to a club and somebody came up and asked her to dance. Andy was sitting on a couch just across, and she shouted him over: ‘Look, I’m going up to dance, would you keep an eye on my friend please?’

“We were together 26 years.

“Andy was in the hospice with terminal cancer for three weeks. I didn’t know what it would be like. We’d only been in the hospital before. But it was lovely, just absolutely lovely. They can’t do enough for you.

“The physio, Hannah – I call her my wedding planner because she planned everything. Everybody loved Andy, but Hannah – she just knew how to talk to him. She worked with Andy to get him to strengthen his legs because he wanted to be able to stand up for the vows.

“I wasn’t allowed to go near the room the day before. All the nurses would tell me: ‘Don’t you go into that room!’ They put pink chiffon bows on the chairs and there was a buffet and champagne. It was just lovely.”

Andy inspired me so much.

Andy and Anne



Martin Shields/Marie Curie

Hannah



Physiotherapy Assistant Hannah, 23, helped Andy achieve his dream of getting married.

“Anything our patients want to do, we try to make it happen for them. We support them with managing their symptoms, right up to the last days of their life. We aim to meet every patient’s goals.

“We’re lucky; we have time to bond with our patients, time to learn what they love and care

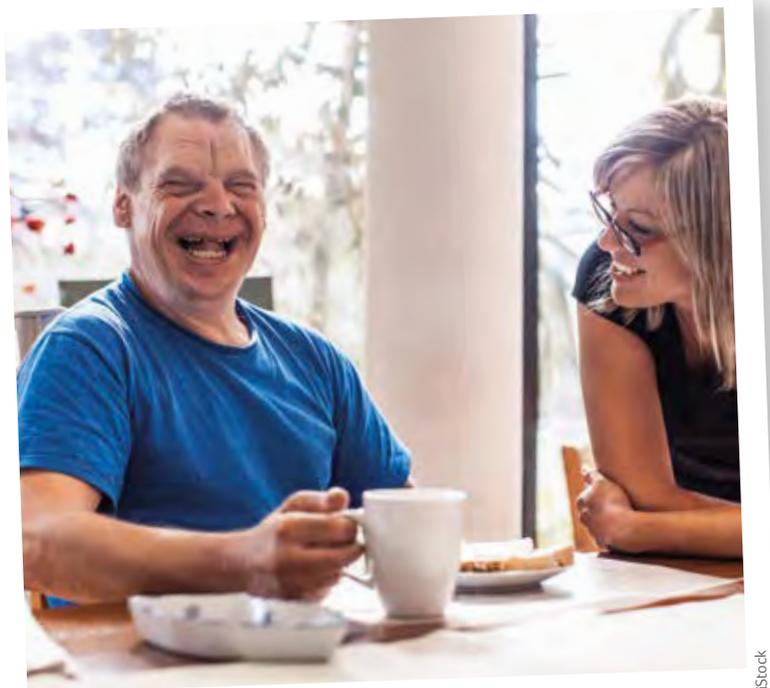
about. When they’re scared they can tell us. When they have a wish we can try and grant it.

“Andy gave me more confidence. He always believed in me. I am very proud to work with wonderful people like him. I’m determined to give them my all.”

Information and support

| Whenever it's needed

The right information at the right time can make all the difference for people living with a terminal illness, and their family, friends and carers. From the point of diagnosis to after someone has died, our information and support services provide people with a trusted place to turn.



Making our information more accessible

In June 2017, we published eight easy read booklets to help people with learning disabilities access key information about living with a terminal illness.

Working with people with a learning disability themselves, and easy read experts, we put our most popular information into a format which uses more straightforward language and clear pictures. So far, we've sent out 3,375 easy read publications. They can also be read on our website.

In February 2018, we began trialling an interpretation service for the Support Line, allowing us to provide information and support in over 200 languages. The service takes the form of a three-way call, with an interpreter joining the call and translating the conversation as it happens. This service was fully launched to the public in April 2018. We also plan to translate key sections of our information and support webpages into various languages.

Keeping people at the heart of our information

Making sure our information is clear, useful, and easy to understand is vital. We have always consulted people affected by terminal illness to make sure what we produce is useful and relevant – helping our information become accredited by the Information Standard. Last year, to further strengthen this commitment, we set up a reader panel to give input and feedback on our information for the public.

We also know how important peer support can be for people with a terminal illness. That's why we developed eight films with people currently living with a terminal illness discussing their experiences in detail. These cover challenging topics such as how to talk to children about

Reaching people in more ways

Last year, 889,220 users accessed our online health and social care information for the public. We also responded to 10,722 enquiries across our telephone support line, email, web chat and social media.

In September 2017, our information and support specialists began responding to a growing number of enquiries from people using Facebook and Twitter. Since then we have answered over 1,500 posts on social media, 284 of which required dedicated information and support. We are also seeing an increase in the number of enquiries from people who heard about our service through social media.

Last year, we ran a radio advertising campaign to let people know our Support Line was open on key dates such as Christmas and Mother's Day, when we know many people may be particularly in need of emotional support.

a terminal diagnosis and looking after your wellbeing.

Helping professionals get the information they need

Our Palliative Care Knowledge Zone, an online information platform for health and social care professionals who don't specialise in palliative care, but do care for people at the end of their lives, has continued to grow since it was launched in January 2017. Over the course of the year, 187,889 users visited the Knowledge Zone. Last year, we added new information on managing symptoms such as itching, delirium and sweating, and on issues including addiction and homelessness at the end of life.

Mark



Mark Hughes is living with terminal cancer, and features in a video discussing how keeping active has helped him cope.

“My hobby is gardening. It keeps you motivated, mentally and physically. I'm not sure what's going to happen in the future, but I find the best thing to do is to keep setting myself goals and aiming for those.”

Targets and achievements for 2017/18

Targets

- Build on our information and support service to grow the number of calls and web chats that we deliver.
- Use our knowledge and expertise to improve care, for example by building on our Palliative Care Knowledge Zone to provide information and support for health and social care professionals who work in palliative care but are not considered specialists.

Achievements

- We answered 9,238 calls to our Support Line (2016/17: 10,305). While telephone demand remains high, we're finding that increasingly people are choosing to get in touch with us online.
- We conducted 5% more web chats than the previous year – 1,073 in total.
- 99% of callers (2016/17: 99%) who provided feedback said they would recommend Marie Curie to others, while 96% (2016/17: 95%) felt they got the information they needed and 90% (2016/17: 90%) rated the service as excellent.
- There were 889,220 users of our information and support webpages (2016/17: 622,392) and 187,889 users of our Palliative Care Knowledge Zone (2016/17: 6,904).

10,722

enquiries to our information and support services

187,889

users accessed our Palliative Care Knowledge Zone

“I feel stronger knowing Marie Curie is there”

Sandra Clode is caring for her mum Helen, who is terminally ill. She often calls the Marie Curie Support Line, a free service operated by trained staff, for support and information.

“We’ve always been close, and I think it’s an absolute privilege to look after Mum. She’s done so much for me over the years. We’ve got to make the most of the time we’ve got left.

“No two days are the same. It’s tiring sometimes, trying to sort everything out. I would do anything for Mum, but I wouldn’t be doing so well without the support I get from Marie Curie.

“Everybody has good days and bad days, ups and downs. One evening, I just burst into tears.

“It’s fantastic to know that you can just pick up the phone and someone’s there for you. If you’re not coping, to know that the support team is there for you, so someone can talk through things with you, can help ease that wobble.

“You might think you’re asking a silly question, but no question is silly because everyone worries about different things and everybody’s circumstances are different.”



“We’re here to help”

Matt Williams is Support Line Manager at Marie Curie.

“We find that most calls to us come from people who have parents who are affected by a terminal illness. Callers often ask questions about how they can access care or bereavement support.

“They might also have practical questions about looking after someone – like how to access financial support.

“Recently we’ve been responding to questions and comments on social media too. Someone might be struggling with a recent loss or not sure where to turn to support. We can reply to them and let them know Marie Curie is here to help.”



Elizabeth Cuthbertson/Marie Curie

Matt



Sandra

Helen



Ben Gald/Marie Curie



You can just pick up the phone and someone's there for you.



Helper | Community support from trained volunteers

Marie Curie Helper volunteers provide more than just companionship to people with a terminal illness. They're dedicated to helping the people they support keep living life their way. We've made some changes to our Helper service to make that easier for everyone.

Last year, 808 Helper volunteers supported 1,625 households.

Our Helper service is growing year on year, and we're now supporting more people in more places than ever before.

To make sure our services remain fit for purpose, in 2017 we began a comprehensive review. At the heart of this was the desire to meet more of the needs of people with a terminal illness, and the incredible volunteers who support them.

As a result, we will be aligning our Helper service more closely with the work of Marie Curie Nurses and Hospices, to provide them with more all-round support. Some of our Helper services will also be covering wider geographical areas, opening us up to be able to recruit more volunteers and support more people.

Having listened to feedback from our volunteers and the people they help, Helper volunteers will now be able to support people in more locations and with more activities. For instance, they will



Layton Thomson/Marie Curie

Targets and achievements for 2017/18

Targets

- Extend the support our volunteers offer through our Helper and Companion services.

Achievements

- The number of households being supported by a Helper volunteer increased to 1,625 – a 21% increase on the previous year.
- 808 Helper volunteers supported people with a terminal illness – that's a 57% growth in volunteers on the previous year.

also be able to support terminally ill people who are in hospital or a care home. This follows the example of our Companion service in Somerset, where trained volunteers spend time with patients who are nearing the end of their lives at Musgrove Park Hospital.

Our volunteers will also be able to do more practical tasks to help the people they support – like a run to the local shops.

By expanding what our volunteers can do, and the setting in which they're able to offer support, we will be able to be there for more people living with a terminal illness in more ways, as well as growing our pool of volunteers.

808

Helper volunteers supported

1,625

households

57%

growth in Helper volunteers



Kieran Dodds/Marie Curie

“My mum would want me to help someone else”

Michelle



Inspired by the care her mum Sandra received at the Marie Curie Hospice, Liverpool, Michelle Beaver (pictured above) decided to become a Helper volunteer – providing companionship and support to someone living with a terminal illness locally.

“Having been through it myself, I know what these families are going through and the fears they’re having. When Marie Curie told me they had a lady they wanted me to visit it was lovely. It was like, ‘Oh, someone wants to be my friend!’

“This lady had been housebound for about a year, due to her illness. All she wanted was to get out of the house again so I set her a challenge. I said: ‘OK, let’s sit in the garden in a few weeks.’ When we’d done that I said: ‘OK, let’s get in the car.’ Gradually we got to a point where she was ready to go out and then we did it.

“We went out in my open-top car and looked out at the river Mersey. The weather was perfect – the sun was shining and it couldn’t have been better. Afterwards, we went to the chippy.

“It was massive for her. She spoke about it for ages afterwards. And I came home and thought: ‘I have really done something today.’ I think Mum (above right) would be proud of me for helping.”

We went out in my open-top car. The weather was perfect and we went to the chippy.





Sandra



Elizabeth Cuthbertson/Marie Curie

Debbie

“The Helper service will now be able to support even more people”

Debbie Hill is Head of Volunteering at Marie Curie. She explains how we’re helping volunteers like Michelle have the biggest impact for the people they support.

“Helper volunteers like Michelle make a huge difference in so many little ways. It’s a service based entirely around what people living with a terminal illness need, so building personal connections is vital.

“We’ve been consulting with staff and seeking the views of volunteers across the UK on how we can expand our Helper service to reach more people who need our help. Over the last year, we’ve made changes that will make sure our Helper service can meet as many people’s needs as possible, now and in the future.”

Policy | End of life care must be a priority

The NHS has faced unprecedented pressures in the last year, which are being keenly felt by people at the end of their lives. We're committed to working with governments across the UK to find ways to give all dying people the proper care they deserve.

A&E: a last resort, not the first port of call

During the 'winter crisis' of 2017/18, hospitals across the UK experienced bed occupancy rates of over 95%, far exceeding the recommended safe limit of 85%.

In March, we released new data showing that, on average, people in Britain are admitted to hospital in an emergency 2.92 times in the last year of their life and spend 19.35 days in a hospital bed as a result.

While some emergency hospital admissions for people near the end of their life are appropriate and necessary, many are not. Being rushed repeatedly to hospital is stressful and upsetting for individuals and families, particularly when they may have little time left.

Our ageing population means the number of people dying each year is going to go up significantly over the next 20 years. These admissions could cost the NHS an extra £2 billion, and up to 8,000 extra hospital beds could be needed by 2038 – the equivalent of an extra ward in every hospital with a major A&E unit, dedicated solely to emergency beds for dying people.

When good community services are in place, like those which Marie Curie offers, people can instead die in the place of their choice with the care they need, freeing up NHS funds for critical care.

This is a situation that must be addressed now. We will continue to campaign to make sure everyone gets the care they deserve when they're dying.

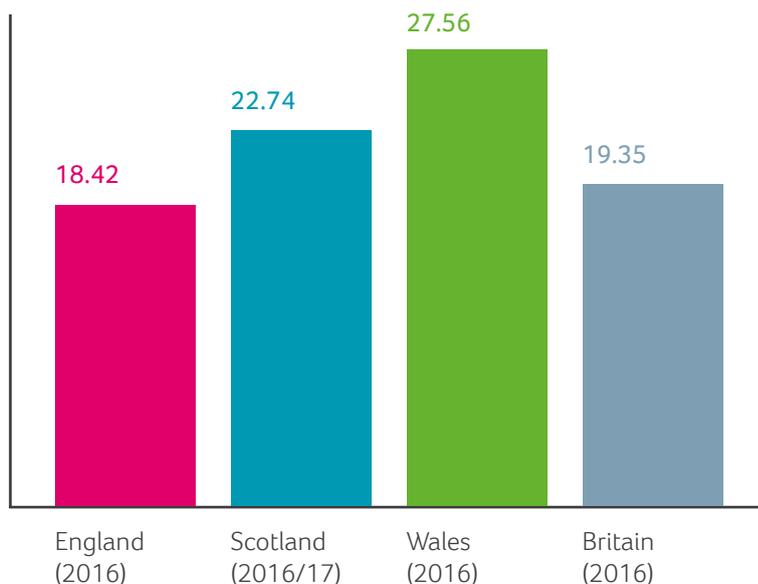


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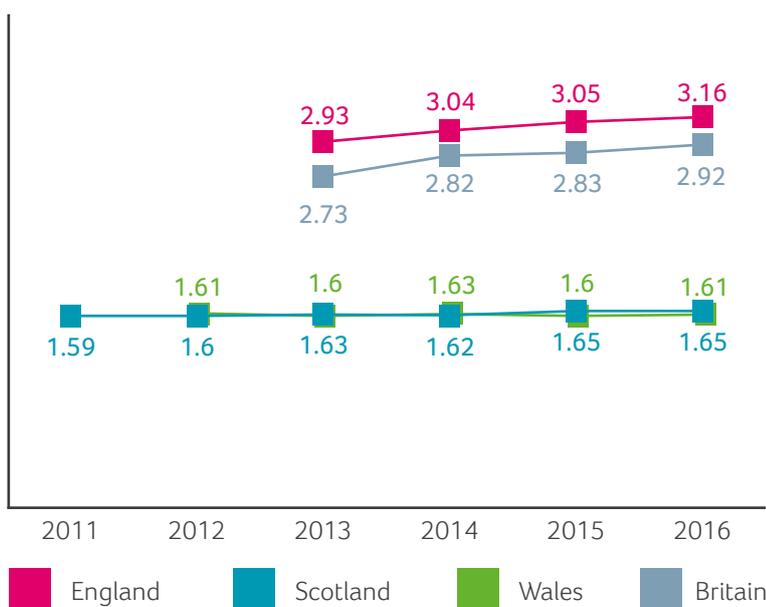


Kieran Doods/Marie Curie

Average days spent in hospital following emergency admissions in last year of life



Average emergency admissions in last year of life, 2011-2016



Over the next

20 years

hospital admissions for dying people could cost the NHS an extra

£2 billion

Targets and achievements for 2017/18

Targets

- Campaign to remove barriers to end of life care for LGBT people.
- Highlight hidden challenges of palliative cancer care and the differences in support for people with different types of cancer.
- Promote awareness of the growth in the need for palliative care and how the level of resources and how they are deployed impacts on how and where people die.

Achievements

- We engaged with elected representatives and the NHS highlighting the difficulties people face through waiting too long in hospital after being admitted as an emergency.

• Scotland: longer support for terminally ill people

Working with MND Scotland, we led a campaign for a fair definition of terminal illness to be included in the final Social Security (Scotland) Act. The new definition bases the decision on clinical judgement, removing the last six months of life restriction currently used by the Department for Work and Pensions. We are now working to help shape the accompanying guidance.

• Northern Ireland: community at the end of life

We launched a nationwide project to explore the role the wider community can play in improving outcomes for people living with a terminal illness.

• England: improving access to palliative care for LGBT people

We contributed to the development of a resource by the Cicely Saunders Institute to help LGBT people understand what treatment they should expect from their care professionals, as well as the launch of the London Hospices LGBT network.

• Wales: working closely with GPs to better support dying people

We secured funding for a project with the Royal College of General Practitioners to explain the Frome model of care at the end of life to GPs in Wales. Bringing together clinicians and the wider community in the town of Frome to develop support networks around the person who is dying has contributed to a 30% drop in emergency admissions against the average for Somerset.

“Mum should have had a better death ”

Sue Mills’ parents, Audrey and Stanley, both became terminally ill in their later years. While Stanley (pictured below) received care at the Marie Curie Hospice, Bradford, Audrey was admitted to hospital, and spent the last weeks of her life there.

“Mum had Parkinson’s. Dad had been her main carer for 10 years. Her last two years had been incredibly tough, and Dad had to do a lot for her.

“Mum developed pneumonia and was taken to hospital. She was there for eight weeks and died there. Dad saw her every day. It was a lot of back and forth for him, especially as he was ill himself.

“It was such a contrast to see the way Mum was treated and died, and the care Dad got at the hospice. Sometimes we would go to the hospital and no one had taken her to the toilet.

“At the hospice they specialised in the end of life – they just knew how Dad worked and what was going on with him. They would be checking him over, keeping on top of his pain and any other issues he might be having.

“If Dad had been at the hospital like Mum, he wouldn’t have had that and I honestly don’t think he would have lived as long.

“I think Mum would have had a better, more caring end at the hospice. That’s hard for me to live with. Mum’s death was terrible compared to Dad’s.”

It was such a contrast between Mum’s death and Dad’s.



Ben Gold/Marie Curie

Stanley

Anne



“Health and social care are under real pressure”

Anne Cleary is Deputy Director of Nursing at Marie Curie.

“More than nine out of 10 (94%) UK nurses say they have seen dying patients stranded in hospital when they should be able to return home or be cared for in the community. Two-thirds say they don’t have enough time to provide high-quality care to patients who are dying.

“Now, more than ever, we need to invest in community care so that people can get the nursing they need at the end of their lives outside of hospitals, in a place of their choosing.”

Research | Improving care for everyone

People are living longer in the UK, increasingly with multiple conditions and more complex needs. As the largest charitable funder of palliative and end of life care research in the UK, we're committed to meeting this challenge by improving care for everyone.



Ben Gold/Marie Curie

We received funds from the Healthcare Management Trust to support a dementia PhD studentship investigating how distress is managed in people with advanced dementia. Two research staff at the Marie Curie Palliative Care Research Department at University College London (UCL) started fellowships in 2017/18 from the Alzheimer's Society to carry out research looking at the impact of carer grief in dementia, and to develop a decision aid for family caring for someone with dementia at the end of life.

Shining a light on the needs of homeless people at the end of life

In July 2017, researchers from the Marie Curie Palliative Care Research Department at UCL, with Pathway, St Mungo's and Coordinate My Care, found that homeless people who are terminally ill are not able to access the same level of support as others. The study was the largest of its kind and the first to describe the lack of appropriate services for homeless people in the UK, from the perspectives of homeless people and those supporting them.

In October 2017, the findings were cited in a discussion paper from the Care Quality Commission. The team are developing training materials for hostel staff which draws attention to some of the challenges faced by homeless people with terminal illnesses.

Last year, we invested £3.3 million in palliative care research

We also work with a wide range of organisations to increase funding, as well as share knowledge and best practice in palliative and end of life care research.

Researching better care for people with dementia

Only a minority of people with advanced dementia receive timely palliative care, so finding ways to improve care for these particularly vulnerable patients is one of our research priorities.

£3.3 million
invested in palliative care research

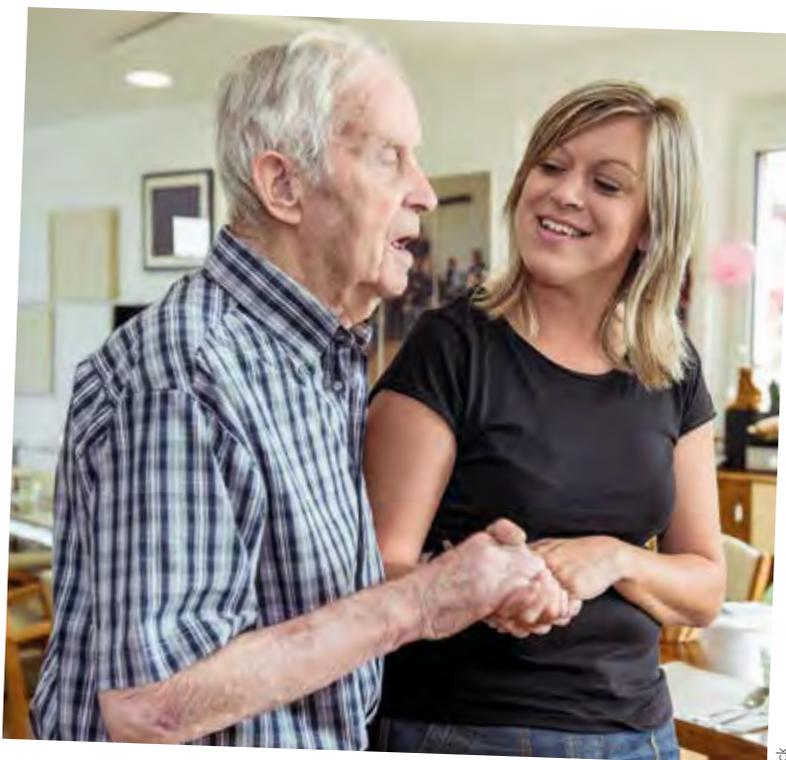
Helping to identify and treat distressing late effects of treatment

People who need pelvic radiotherapy as a result of cancer may later experience distressing, long-term gastrointestinal problems, such as diarrhoea, incontinence or bleeding.

Last year, research at the Marie Curie Palliative Care Research Centre at Cardiff University resulted in a new screening tool (ALERT-B) that uses three short questions to help healthcare professionals identify these patients and improve the care they receive. The research was co-led by Professor Annmarie Nelson from the centre with funding from Tenovus Cancer Care.

With funding from Prostate Cancer UK, the team have set up three specialist gastroenterology clinics (Cardiff, Sheffield, Brighton) in the NHS which have been evaluated as model treatment centres for testing and treating these late effects.

The ALERT-B tool has led to further funding from Macmillan Cancer Support to expand these services in the UK, as well as from the Royal College of Radiologists to test its use in clinical practice, a formidable example of partnership working for the benefit of patients.



istock

4,000
people involved in research studies

Targets and achievements for 2017/18

Targets

- Maintain our spending on palliative care research grants, continuing to be the largest charitable funder of palliative and end of life care research in the UK.
- Lay the foundations for the future of innovative and tailored palliative and end of life care through the Marie Curie Design to Care programme.

Achievements

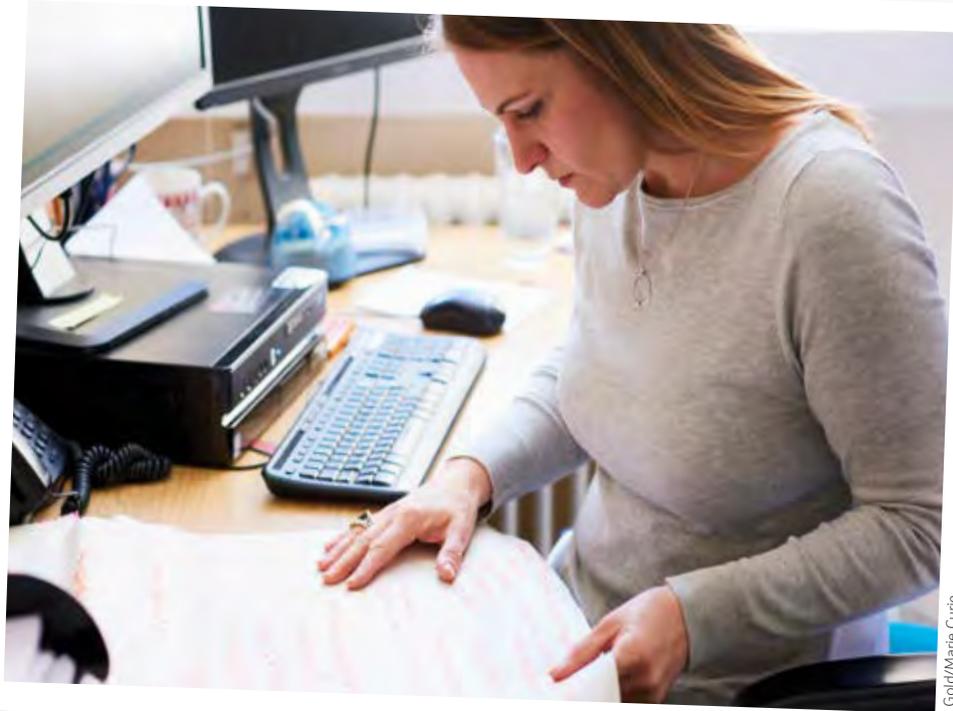
- Last year, Marie Curie invested £3.3 million to support research in palliative and end of life care.
- During the year 79 papers (2016: 80) were published in peer-reviewed journals for projects funded by Marie Curie, or carried out by Marie Curie researchers. Seventy-five per cent of these were open access, allowing more people to access our research findings.
- Our researchers influenced policy and practice in 62 instances (2016: 47).
- Over 4,000 people were involved in research studies funded by Marie Curie or carried out by Marie Curie researchers.
- In 2017, researchers funded by Marie Curie received over £2.9 million of additional funding to support their work from other research funders, ensuring that our investment goes even further.
- Our Design to Care programme completed the first year of a two-year design process to produce a toolkit for designing palliative care services. This included running 'life café' focus groups with members of the public to find out what matters to them in end of life care.
- We transformed two of our hospice-based research lead posts into Marie Curie Academic Research Fellowships. Their role is to develop our research capacity and collaborations with leading universities and other organisations.

“Involving patients in research is how we’ll improve care”

The Marie Curie Palliative Care Research Centre, Cardiff conducts high-quality research focused on the experiences of patients and carers. After an independent review, we renewed the centre’s funding for a further five years.

Professor Simon Noble became the centre’s first Clinical Chair in 2017. In the same year, Scientific Director Professor Annmarie Nelson was awarded her Chair in Palliative and Supportive Care.

With Clinical Director Dr Anthony Byrne, Professors Nelson and Noble will continue to lead on key areas of supportive and palliative care. These include patient and carer experience, public and patient involvement in research, considering how best to help people keep as much physical function and independence as possible, and investigating the impact of blood clots in palliative care.



Ben Gold/Marie Curie

Professor Annmarie Nelson (below right) explains how her research involves patients and their families.

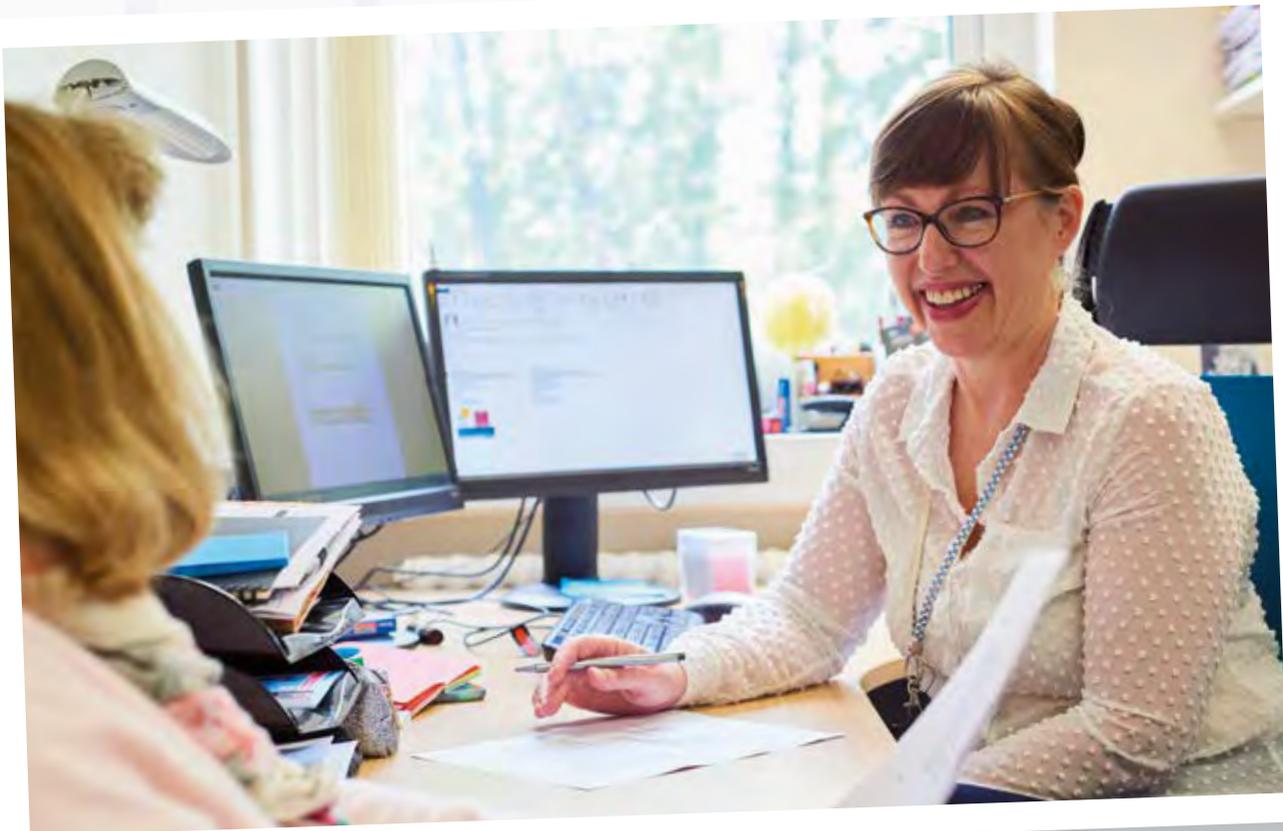
“A large part of my work is focused on the experiences of patients and families, and the public perspective. I believe that the best way to understand how patients tolerate disease symptoms, trials and treatments is to ask them directly.

“Our research in palliative and supportive care is rooted in what patients and families tell us about their experiences, what their priorities are and helping people to make the right decisions at difficult times.

“A key area is making decisions about cancer treatments in terminal disease. We want patients and families to understand the trade-offs between accepting treatment or else deciding to focus on quality of life in their time remaining. Everyone has different priorities and preferences and we want to enable patients and families to express these clearly during treatment consultations to make the right choice for them.

“Above all we want to support families and help people to live as well as they can for as long as they can.”

Annmarie



Ben Gold/Marie Curie

Our research is rooted in what patients and families tell us.

Fundraising | A year of incredible support

We simply couldn't provide the care and support we do without the help of our generous supporters up and down the UK. Every day of the year, they help us raise the money and awareness we rely on to be there when families living with a terminal illness need us most.



David Parry/Marie Curie



Ben Gold/Marie Curie

Two key moments from last year

Together through Christmas

For many people living with a terminal illness, Christmas is a very special and poignant time, especially if it may be their last one with family and friends. Over the festive season, Marie Curie Nurses and volunteers work to help families build lasting positive memories together.

To bring this work to life, we launched the world's first memory-powered Christmas tree on London's South Bank in December 2017 (above). We asked people to light up the tree

by sharing a memory on Twitter or Instagram and making a donation. Our Christmas tree was featured in *The Daily Telegraph*, and on ITV and Good Morning Britain among others, and reached around 11.5 million people.

Marie Curie Shops also featured related Christmas messaging in windows alongside attractive displays of seasonal merchandise, reminding shoppers that every purchase would help a family receive the care and support they needed to spend this special time of year together.

The Great Daffodil Appeal

Every March, the Great Daffodil Appeal calls on people across the UK to donate and wear a daffodil so Marie Curie Nurses can care for more people with a terminal illness. It's supported by volunteer collectors who hit the streets in their communities to bring in vital donations, as well as key corporate partners such as Superdrug and Morrisons.

We launched the Great Daffodil Appeal by unveiling Garden of Light installations in all four nations. In London, the garden featured 4,000 handcrafted daffodils, each representing someone Marie Curie would support in March.

Just days later, freezing temperatures and extreme weather forced thousands of our volunteers off the streets over our busiest weekend for collections. We launched an urgent appeal for support in a bid to counter the loss of donations we would experience. Our incredible supporters rallied around the Great Daffodil Appeal, and donated more than £35,000. This made an enormous difference while collections were rescheduled. To date, 2018's Great Daffodil Appeal has raised £5.9 million in total.

The impact of the daffodil

2018's Great Daffodil Appeal focused on the personal stories behind the daffodils, from the families who've been helped to the nurses who are there at the toughest times. To show that terminal illness can affect any of us, and that everyone deserves to be able to make the most of the time they have left, the campaign also featured people who are currently living with a terminal illness – such as Linda, who appears on the cover of this report.



Ben Gold/Marie Curie

Alison

Meanwhile, our celebrity ambassador Alison Steadman lent her support to the appeal by sharing her own story. Alison's mother was cared for at the Marie Curie Hospice, Liverpool.



Ben Gold/Marie Curie

Bindi



Ben Gold/Marie Curie

Marie Curie Nurse Bindi Poonia featured in 2018's Great Daffodil Appeal campaign to inspire people to donate and wear a daffodil.

"I took daffodils to the gurdwara. Many Asian people are not aware of what we do so I speak to the community to try to raise awareness. Everybody needs help."

Fundraising | Our inspirational supporters

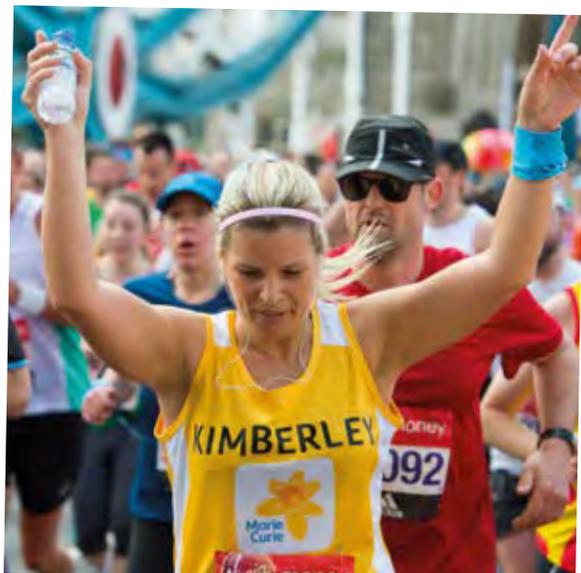
There are so many ways to support Marie Curie's work. From making a regular donation to taking on a challenging overseas trek, our amazing supporters make everything we do possible.

Community supporters

Our network of community supporters and Fundraising Groups across the UK helps us raise the profile of Marie Curie in their local areas. Last year, our 508 volunteer groups raised more than £4.7 million and 21 new groups were formed – including one just 400 miles from the Arctic Circle on Shetland!

Challenge and event participants

Thousands of Marie Curie supporters pushed themselves to their limits in 2017/18. They took on events from the Virgin Money London Marathon to the Padstow to Rock Swim, raising over £3.6 million in the process.



Paul Stead/Marie Curie

Individual supporters

We are incredibly grateful to have many extremely dedicated supporters who donate generously throughout the year by giving regular and one-off gifts. We believe it's important to thank our supporters whenever we can, and show how their gifts are helping, so we create tailored communications for them, and where appropriate provide a personal point

of contact at Marie Curie if they want to get in touch to discuss their support.

Last year we introduced a more personalised way of thanking our supporters. From short video messages from our nurses to handwritten notes from members of staff, we aimed to show them how much we appreciate their support – as none of our work would be possible without them.

Corporate partners

We're proud to work with companies across the UK to create partnerships with real impact. Last year, we developed or extended partnerships with: Superdrug, Savers, Wyevale Garden Centres, John Lewis, SPAR UK, Morgan Stanley Glasgow, Gardman and Hotter.

Our long-standing partnership with National Garden Scheme raised £500,000 last year. They also support a bursary fund for educational opportunities for our clinical staff.

Our partnership with SPAR UK and their regional businesses Appleby Westward, A. F. Blakemore, James Hall and Co., CJ Lang and Son and Henderson Group raised a fantastic £676,000 last year.

Wyevale Garden Centres raised an incredible £499,000 in 2017/18, while Superdrug and Savers raised more than £1.5 million. Employees from Superdrug and Savers continue to go the extra mile to support Marie Curie through their fundraising weekends.

We are also incredibly grateful to Proctor & Gamble for their commitment to, and support for, our unique #FeelSuper campaign with Superdrug.

In April 2017, we launched a two-year partnership with Morgan Stanley to fund a new and expanded child bereavement service at the Marie Curie Hospice, Glasgow. The partnership has so far raised £107,000, with the service beginning in April 2018.

Major donors

Last year, the generosity of our major donors and corporate supporters enabled us to raise £1 million towards a refurbishment of the day therapy unit at the Marie Curie Hospice, Bradford. The larger, more flexible space will enable us to care for more people, including those with more complex illnesses. We also hope to enable groups we don't currently reach to access our hospice care.

We were extremely grateful to receive a £600,000 donation from The Margaret Inness Trust for our Newcastle hospice. This will enable us to refurbish patient rooms as well as helping towards the costs of running the hospice.

Our nationwide Brain Game series of events continued to be successful. With two quizzes in the capital – London and Housebuilder Brain Games – as well as events in Glasgow, Belfast, Leeds and Birmingham, the celebrity-hosted quiz nights raised £1.4 million last year. Records were broken at the London Brain Game, which raised £462,000 in one night alone.

Gifts in Wills

Gifts left to Marie Curie in people's Wills totalled £34.5 million in 2017/18. Our supporters' generous decisions to remember the charity after their deaths means we will be able to plan for a future where more people will need care at the end of their lives.

Ray and Margaret



Ray Diver has chosen to include a gift to Marie Curie in his Will.

“Marie Curie Nurses cared for my wife Margaret. It gives me a lot of satisfaction to know that after I'm gone, they'll be able to give the same compassion and care to somebody else.”

* YouGov June 2017. The methodology takes into account perceptions over the previous year of a charity's quality, value, impression, satisfaction, reputation and whether consumers would recommend the brand to others

** nfpSynergy quarterly online survey nationally representative of adults 16+, January 2018 wave

*** nfpSynergy quarterly survey October 2017 wave

Targets and achievements for 2017/18

Targets

- Invest in our fundraising activities, to raise awareness of our work and the levels of need, and promote the ways by which people can help us.
- Review and develop our retail network.
- Seek to ensure sustainable funding, while continuing to meet the very best standards in the way that we work with all our supporters.
- Make sure every one of our supporters has a positive experience.
- Continue to promote our brand.

Achievements

- Net voluntary income increased by 3%.
- Costs of generating voluntary income decreased by 2% as a proportion of income. Overall we have raised more money to spend on charitable activities than ever before.
- We continued reshaping our retail network, focusing on the more profitable shops and delivering a location strategy built on demographics to highlight opportunities. We opened one new shop in Perth and closed four.
- Shop profits increased by £0.3 million due to new initiatives, and more people signing up to add Gift Aid when donating items. Online and catalogue sales saw 4% year on year growth.
- Complaints received about fundraising decreased by 17% in 2017, to 1,185. Given our large supporter base and communications programme, the vast majority of our interactions were overwhelmingly positive.
- We placed fifth in YouGov's Charity Index, which tracks public perception of charities.*
- 88% of adults were aware of Marie Curie as a charity brand, while 23% said they would consider supporting Marie Curie.**
- Over a third of people now associate Marie Curie with any kind of terminal illness.***

“You assume the support will be there when someone you love is dying. But it relies on people raising money”

Louise Stacey was inspired to raise money for Marie Curie after her mum, Pat, was cared for at home in her final days by Marie Curie Nurses. Louise’s last coffee morning raised more than £10,000 to support the charity’s work.

“Mum was a very strong lady. Always worked very hard. She was fun, very vivacious – totally ‘va-va-voom!’

“She was diagnosed with bowel cancer in 2009 and we were told it was terminal. She didn’t want to go into hospital or a hospice; she wanted to die at home.

“During the day nothing seems as bad but the nights could be scary. When you open the door and the nurse is there, you just feel relief. I knew nothing was going to save Mum but having the Marie Curie Nurse there meant that I didn’t panic.

“Rose was the nurse there when my mum died and it was quite poignant because my mum’s mum was called Rose. As my mum was dying Rose was saying: ‘It’s OK, it’s OK.’

Louise

Isla



Noah

"After Mum died, I offered my time to help with collections during the Great Daffodil Appeal. Then my friend and I decided to do a coffee morning.

"It was then that I realised that fundraising is important to me. You think that support is there, but it's not there unless someone puts the funding towards it. Thank God someone raised money before me so Mum could have the care she needed.

"I know my mum would be hugely proud of my fundraising. I know she would be thinking: 'That's my girl.'"

Thank God someone raised money before me so Mum could have the care she needed.

Paula

"Thanks to people like Louise, I can be there when families need me"

Paula Grufferty (pictured right) is a Marie Curie Nurse with the rapid response team in Durham.

"With my job I meet so many different types of families – old, young, from all different walks of life. But meeting someone anxious at the door and offering that support and care doesn't change, no matter who it is.

"I love seeing someone wearing a daffodil on their coat. It's a symbol of people supporting this vital service through a generous donation. For me, it's a symbol that families can recognise – it represents who we are."



Ben Gold/Marie Curie

Managing our fundraising effectively

We're committed to using our supporters' generous donations to provide as much care and support to as many people as possible.

Regulation

Marie Curie is registered with the new Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. Marie Curie contributed to the costs of establishing the new Regulator. We have had no 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 where required. We also employ a dedicated Compliance Officer.

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 minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits, mystery shopping and call listening). This helps ensure all Marie Curie fundraisers and those who work on our behalf are aware of, and are adhering to, our high standards.

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies. We don't use agencies for street fundraising, but we do work with an agency to carry out door-to-door fundraising as this is a cost-effective way for us to manage the activity we undertake each year. We also work with agencies to telephone existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure 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.

Complaints

We report our complaints on a calendar year basis to comply with the Fundraising Regulator's requirements. The number of complaints received for the 12 months to 31 December 2017 regarding fundraising was 1,185 (2016: 1,438). Over that period, supporters had around 10 million contacts with us or opportunities to see one of our advertisements.

Managing communications

Most people who donate to us want to know how their money is making a difference. 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 supporters if they would like to support us further – for example by increasing their donation or by taking part in a particular event.

We ask supporters how they would prefer us to communicate with them. We give them the option to let us know if they 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 further details please see our privacy policy at mariecurie.org.uk/privacy

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.

Gaming

Marie Curie operates raffles and a Weekly Lottery as a means for people to support us. These activities are regulated by the Gambling Commission. As of April 2018 it requires all charities running raffles and lotteries to publicise the percentage of raffle and lottery income which goes directly to the cause.

To run a raffle or a lottery, legally 20% of income must go to a good cause. This is the level that many organisations work to; however last year Marie Curie used 40% of income from raffles and the Weekly Lottery to directly support people living with a terminal illness. The remaining 60% was reinvested into operating and developing our gaming fundraising activities. This means we can promote our raffles and Weekly Lottery further, to help us raise more money in the long term, and increase the percentage of funds going directly back to the cause so we can continue to support people living with terminal illness into the future.

Last year, Marie Curie Raffles made £587,078 from donations on top of income from ticket sales.

Our fundraising promise

As a charity, we believe you need to know we're using our resources effectively. That's why we make these promises to you.

- We promise to provide information about our work and our finances so you can see how your money is being spent and what a difference you're making to people living with a terminal illness.

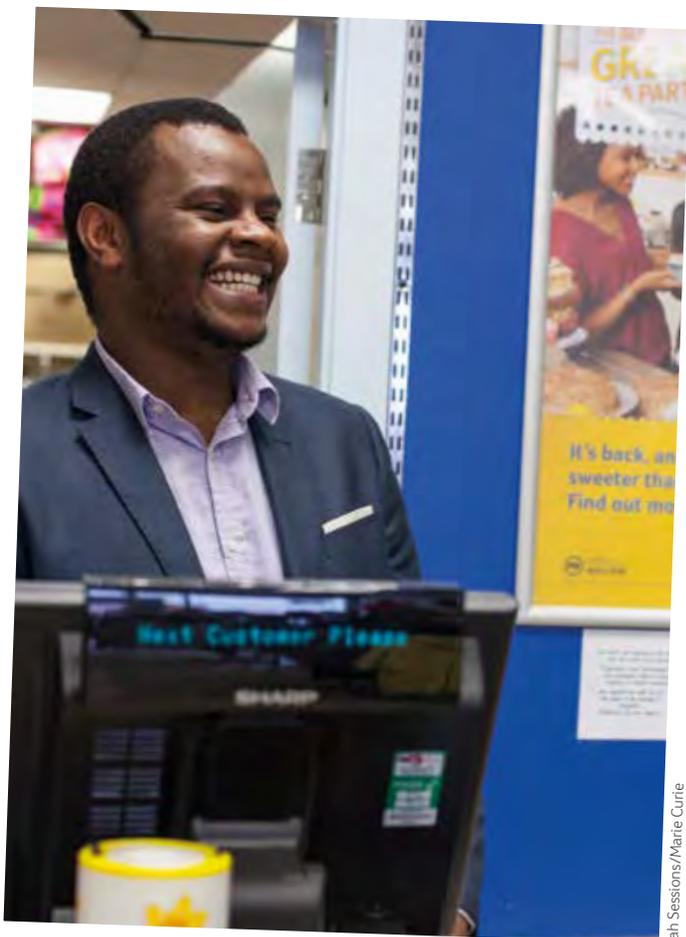
- We promise to communicate with you in a way that suits you. If you tell us you'd prefer less contact or don't want to hear from us at all, we'll respect your wishes.
- We promise to check at the start of every conversation, on the phone or in person, that you're happy to speak to us.
- We promise never to sell your data to any third party. We will not share your 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 you to tell us your contact preferences and we're here to talk to you about our work or answer any questions.



Colin Baldwin/Marie Curie

People and efficiency | Our diverse and dedicated team

Last year, 10,459 volunteers and 4,317 employees provided care and support to families living with terminal illness. Our people are truly remarkable, and we're committed to helping them succeed in every aspect of their roles, as well as making sure Marie Curie runs as efficiently and effectively as possible.



Sarah Sessions/Marie Curie

We consult our staff and volunteers on key issues, and encourage open communication through briefings, meetings, newsletters and our intranet. We also conduct an annual People Survey and have an Employee Forum, led by employee representatives from across the charity.

Encouraging more people to join us

Last year, we ran several campaigns to encourage people to find out more about working or volunteering with Marie Curie.

We recruited more people to volunteer as Collection Box Co-ordinators. This important role makes sure Marie Curie collection boxes are prominently displayed in the local community. We recruited 127 new volunteers, and now have around 646 Collection Box Co-ordinators bringing in nearly £158,000 last year.

From January 2018, we held nine recruitment roadshow events in areas with a local Marie Curie Hospice. About 80% of those who attended a roadshow found a role they were interested in, and were either interviewed for or offered that role.

We launched two exciting new volunteering roles in Marie Curie Shops – Promotions and Admin Volunteer and Visual Merchandising Volunteer. As a result of a campaign advertising for shop volunteers in February, we received 36% more volunteer enquiries over the month.

Valuing diversity and inclusivity

We're proud of the wide range of backgrounds, skills and experiences our people bring to their roles. We provide equal opportunities for all employees and volunteers, regardless of age, gender, gender identity, sexual orientation, marital status, civil partnership status, disability, nationality, race, religion or belief.



Rachel Moses-Lloyd/Marie Curie

Basil

“It’s such an honour – and for something I really love doing.”

Basil, 86, started volunteering at the Marie Curie Hospice, Cardiff and the Vale after his wife was cared for there 30 years ago.

We were delighted when Basil was chosen as *The Sun’s* ‘Best Volunteer’ for their Who Cares Wins Health Awards. He was nominated by Marie Curie ambassador Linda Robson.

“Thirty years of volunteering is an incredible achievement,” said Linda. “It’s people like Basil, with his cheeky sense of humour and unswerving dedication, who need to be recognised and rewarded.”

Recognising talent and commitment

In 2017, we launched the People Awards as an opportunity to recognise staff and volunteers from across the charity who exemplify Marie Curie’s values. We received 161 individual and 56 team nominations for the 40 awards, which were judged by a panel of senior colleagues.

10,459 volunteers
4,317 staff

Targets and achievements for 2017/18

Targets

- Improve the cost-effectiveness, reach and reliability of our services to respond to the pressure of fast-growing need and the challenges of raising enough funds.
- Make sure that Marie Curie continues to be a great place to work and maintains high levels of volunteer and employee engagement.
- Continue to build our portfolio of learning and development opportunities for employees, enabling the development of our nursing services and hospices.
- Bring together all of our internal service teams as the Corporate Services and Strategy & Performance directorates to ensure consistent, proportionate, effective and efficient support for volunteers and employees.

Achievements

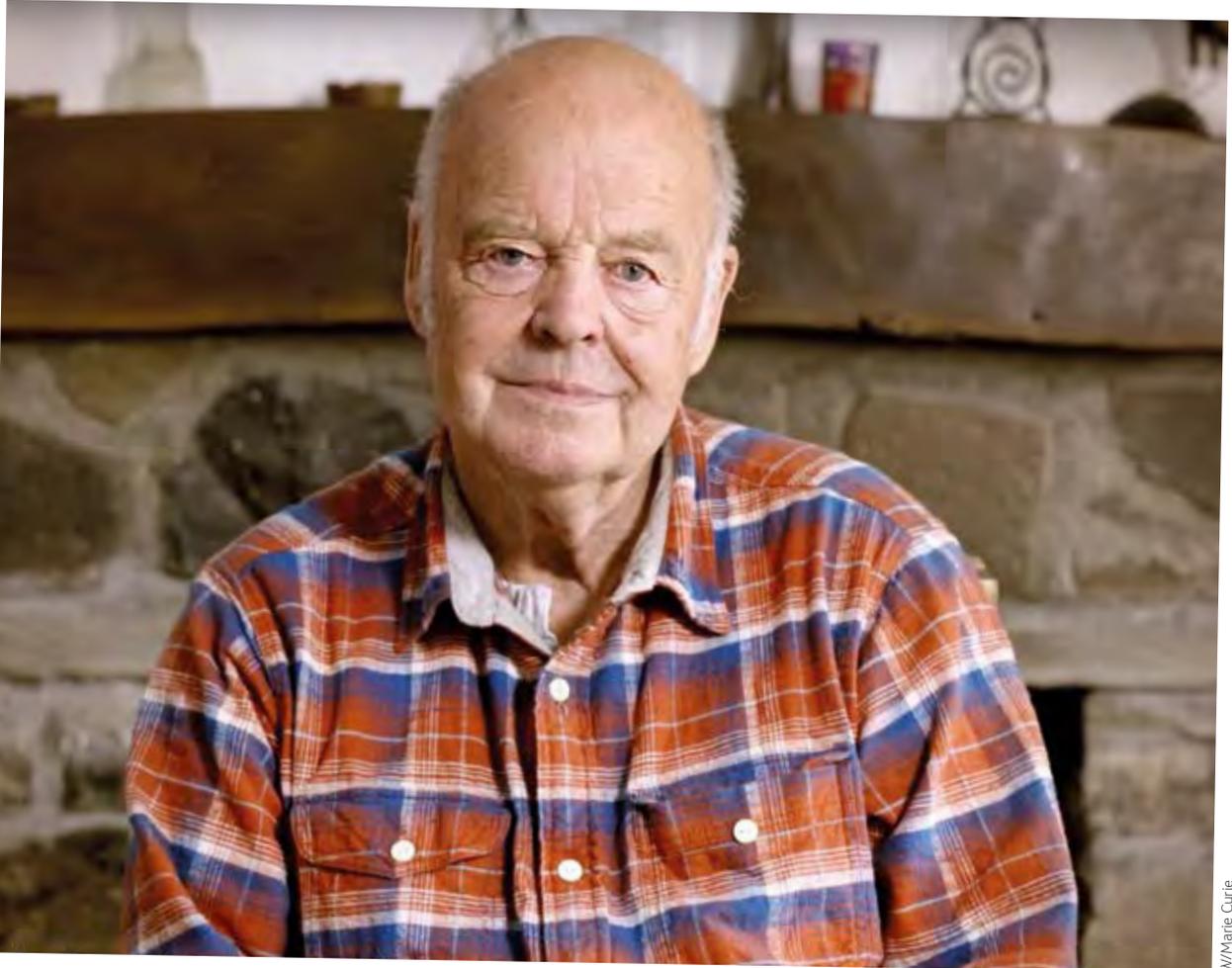
- Following a review, we have put in place greatly improved support for our community-based nursing staff. They now receive regular 1:1s and better support for their ongoing development.
- We reviewed major supplier contracts, covering travel, telephony and waste. This has yielded £500,000 of annualised savings so far.
- Support costs are 9.5% of our total expenditure, below the benchmark of 10.5%* and 0.5% lower than in 2016/17.
- 93% of employees are proud to tell people that they work for Marie Curie. Seventy-three per cent of employees say they would recommend Marie Curie as an employer, 11% higher than the benchmark.
- 93% of volunteers would recommend Marie Curie as a good place to volunteer.
- We rolled out new leadership and management development training courses, attended by over 250 senior leaders and operational managers.
- We combined our back office functions into two directorates (Corporate Services and Strategy & Performance) to increase efficiency.

* Based on 2016/17 published annual accounts of large charities

“Why I work with Marie Curie”

Our staff and volunteers make all the difference for people living with a terminal illness and their families. Each one of them has their own story to tell about their commitment to our cause – here are just three of them.

Richard



RAW/Marie Curie

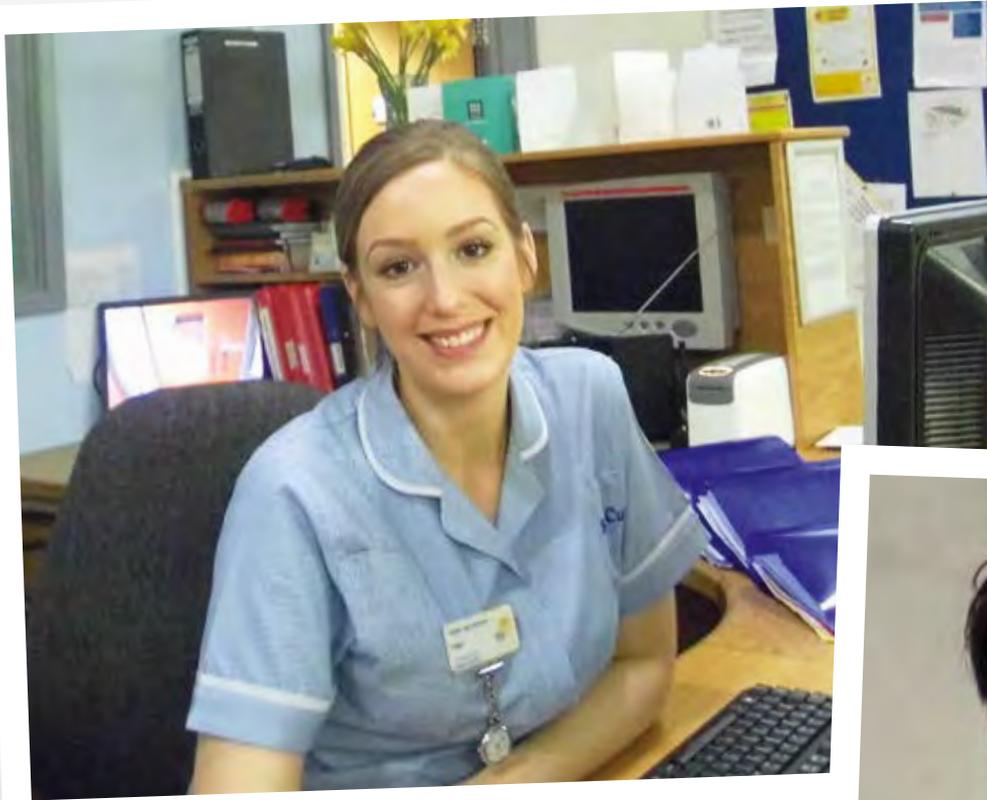
“I’m happy to help in any way”

Richard Fairbairns lives on the Isle of Mull. He was diagnosed with Binswanger’s disease, a form of vascular dementia, in 2014. He volunteers as an Expert Voice, sharing his experiences to help us improve care.

“When I was diagnosed, everything changed. The word ‘dementia’ makes people treat you differently. People don’t always engage with me. They will look across at my wife and say: ‘How is your husband?’ when I’m right there.

“What has given me much pleasure is being invited to talk on behalf of Marie Curie. It helps me explain to people what they don’t understand – that we’re perfectly normal people with normal lives.”

faye



“The difference we make is truly special”

Faye Russell-Jones is a newly qualified nurse at the Marie Curie Hospice, Cardiff and the Vale.

“My interest in palliative care began during my first placement as a student nurse. I was drawn to the way it involves caring for the patient as a whole person, rather than just treating the disease.

“I’m ending my first year as a Marie Curie Nurse on an incredible high. Every day has had special moments. If I had listened to people telling me not to apply for a palliative care role because I was ‘too young’ or because ‘hospices don’t employ newly qualified nurses’, I wouldn’t be where I am now.”

Jawaad



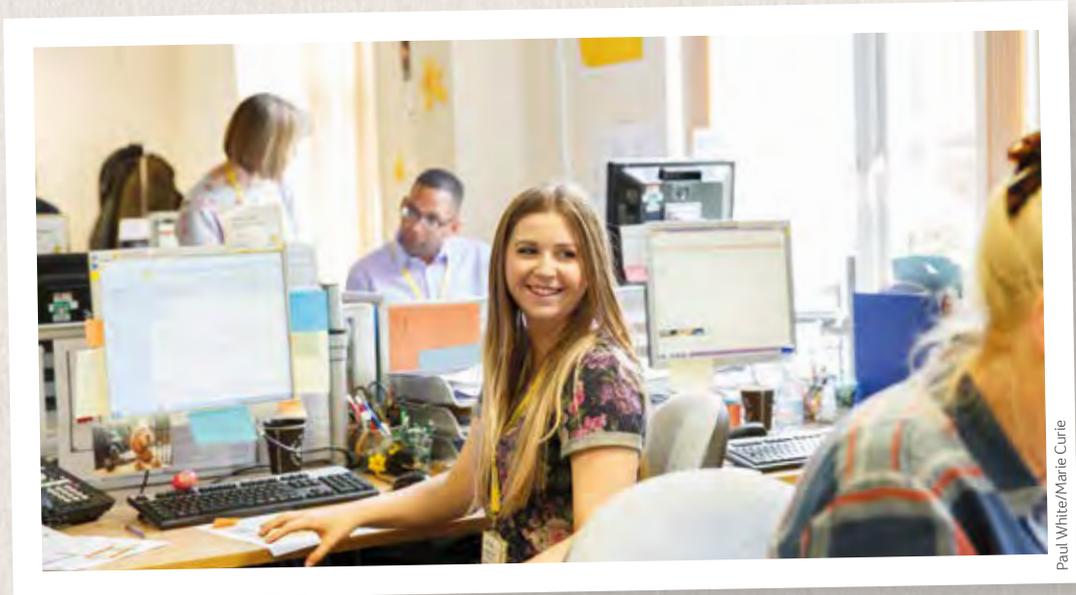
Elizabeth Cuthbertson/Marie Curie

Jawaad Ashraf is a Volunteer Ward Assistant at the Marie Curie Hospice, Hampstead. He also uses his skills as a hair and make-up artist to offer patients beauty treatments such as nail painting.

“The people we support at the hospice need someone to give them their time. They have nurses, food and people to give them medical attention, but giving them that personal time to make a connection is so important. By volunteering your time, you’re able to bring happiness and joy in any shape, even if that’s just by making someone a cup of tea.

“I do people’s nails when they come to the hospice. One lady I see is partially sighted, but she can still see the colour of her nails. It makes her happy to see that bit of colour.”

Looking after our people



Safeguarding

Ensuring the safety of the people we care for and our staff and volunteers is a top priority at Marie Curie. We adopt a wide range of controls, including a robust HR and volunteering recruitment process; mandatory training; incident reporting processes (including Freedom to Speak Up and whistleblowing procedures); management oversight; and processes to ensure compliance with external regulation. We strive to proactively safeguard and promote the welfare of our beneficiaries and their families. We are always mindful of the fact that safeguarding issues could arise and the primary need is for all staff to be vigilant and open-minded about these risks. The Director of Nursing has overarching responsibility for safeguarding across the charity.

Gender pay gap

As of April 2018, all organisations that employ 250 people or more are required to report on their gender pay gap.

The gender pay gap is the difference in the average salaries earned by men and women in an organisation. It does not compare salaries earned by men and women in similar roles.

Our mean gender pay gap is 12.4%. Our median gender pay gap is 7.2%. Both of these figures are significantly below both the UK average and the average for organisations of a similar size.

The vast majority of our employees (87.6%) are women. We employ at least 80% women at every level of seniority within the charity. Although we have relatively few male employees at any level of the organisation, more of those men are in higher-paid roles than lower-paid.

We have particular challenges around recruiting more men into front-line care roles, where they are under-represented in the sector as a whole. We will now consider what steps we might be able to take to increase recruitment of men into front-line care roles.

Gender gap in bonuses

All organisations with more than 250 employees are also required to report on the gender gap in bonuses paid.

Marie Curie does not pay bonuses to any staff in the traditional sense. We do, however, have a Chief Executive's Award scheme, which recognises individual achievements from time to time with a one-off award of £250.



Elizabeth Cuthbertson/Marie Curie

In 2017/18, 0.6% of male staff and 0.6% of female staff received one of these awards. As these awards are a fixed amount, Marie Curie's gender bonus gap is zero.

Remuneration policy

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

Marie Curie is a large and complex organisation. It's essential that we attract and retain people with the right skills, talents and insight. 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 longevity.
- 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.

Our targets for the coming year

In 2018/19 we will:



Reach more people and their families living with a terminal illness

- We will localise the co-ordination of our services to make it quicker and easier for us to deliver care and support to patients and families in ways that best meet their needs.
- We will develop and expand our services, embracing innovation, partners and new ways of working so we can help more people who need our care and support.
- We will deliver service improvements so that we make the most of each of our hospices as a vital part of the communities they serve.
- We will grow our information and support services through communications, partnerships and operational improvements.
- We will continue to prioritise the quality of our services, maintaining our excellent scores and ensuring we meet our rigorous standards of clinical quality.

Inspire more people to support our work

- We will raise awareness about the needs of patients and families and the ways in which people can support our work.
- We will raise the income required to deliver care and support to the people who need us, through building on our vital fundraising and retail activities.
- We will value every one of our supporters and ensure they have a positive experience however they choose to support our work.



Elizabeth Cuthbertson/Marie Curie



Kieran Dodds/Marie Curie

Improve the way terminally ill people are cared for across the UK

- We will use our voice and encourage others to advocate for better palliative and end of life care and improved outcomes for patients and families.
- We will continue to fund vital research into palliative and end of life care to improve outcomes for patients and families across the UK.
- We will expand access to our Palliative Care Knowledge Zone to support health and social care professionals to build their expertise in palliative care.

Manage our charity as effectively and efficiently as possible

- We will continue to improve our financial performance, so we can deliver even more impact for patients and families.
- We will successfully implement new technology and processes for our nursing services across the UK.
- We will continue to transform our frontline and back office systems, processes and ways of working and invest in our people and technology.

Financial review

2017/18 was the fourth year of our 2014-19 strategic plan. At the beginning of that period, we chose to invest some of our reserves to support our key objectives of reaching more people, improving the way terminally people are cared for and managing our resources as efficiently and effectively as possible. This investment (for example, into launching our information and support service) required us to go into a deficit position for a period of time, with the intention of returning to a balanced position before the end of the strategic plan period.

We're pleased to report that in 2017/18, we moved out of deficit, with a net income of £3.0 million. We expect to remain in a balanced position in 2018/19.

Over the last few years, we've undertaken a number of cost-saving measures, including finding efficiencies in our nursing service, fundraising, communications and our back office operations. We're now seeing the expected increase in net income as a result.

This is despite incurring additional one-off costs, particularly due to the move to local co-ordination of care and the restructuring of our Helper service. The changes implemented will save more than £1.8 million each year, as well as delivering improvements to the quality of our services.

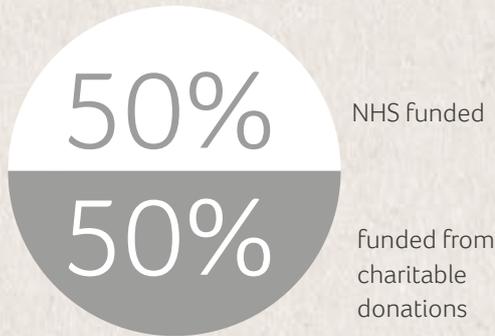
We've introduced new structures to manage our activities more efficiently without reducing impact, and decided not to renew a number of nursing service contracts where disproportionately high costs meant we were unable to provide the most effective care.

Year	2017/18	2016/17	2015/16	2014/15
Net income/ (expenditure)(£m)	3.0	(0.7)	(10.6)	(3.4)

At a glance

All figures in £m	2017/18	% change	2016/17
Net expenditure on hospices	(30.5)	0%	(30.5)
Net expenditure on nurses	(23.8)	-10%	(26.3)
Net fundraising income	65.4	3%	63.5
Net retail income	1.6	23%	1.3
Investment income	0.6	-33%	0.9
Research & development	(2.8)	-42%	(4.8)
Information and support and Helper services	(2.9)	7%	(2.7)
Gain on investments	1.4	-74%	5.3
Other costs	(6.0)	-17%	(7.2)
Total net (expenditure) / income (£m)	3.0		(0.5)

Nursing



Net retail income also improved by £0.3 million due to new initiatives and our net fundraising income increased by 3%.

Nursing and hospices

All of our services are reliant on the generous contributions of our supporters. Our hospices and nursing services are also partly funded by the NHS. Together, this ensures that we can continue to provide care to as many people as possible to the highest standard possible.

Our nurses provide crucial care for people in their homes, day and night. Our nine hospices provide a full range of palliative care services, including in-patient care, outpatient services and home care visits.

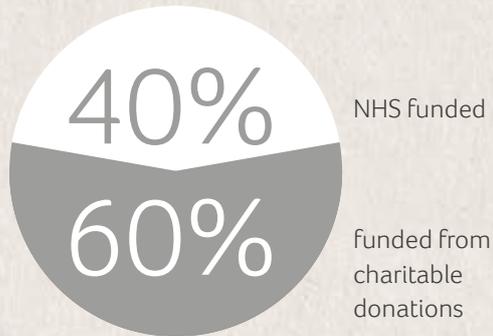
On average, the NHS pays for 40% of the cost of Marie Curie's hospices, with 60% of the costs funded by charitable donations.

Net expenditure on hospices remained the same as in 2016/17. NHS income for hospices decreased by 1% compared to last year. The cost of running the hospices decreased by 1% despite supporting 7% more patients.

On average, the NHS pays for 50% of the cost of Marie Curie's nursing service, with the remaining 50% funded by donations.

Overall net expenditure on our nursing services decreased by 10%. Nursing service income decreased by 4%. Following a review of our

Hospices



nursing services we decided not to renew a number of contracts. Like all charity providers, we have a responsibility to make sure that all funding available for patient care is made to work as hard as possible, especially with our health and social care system under immense pressure. In those areas where we decided not to renew contracts, we knew that local people were well served by an established network of services.

Excluding those contracts which were not renewed, underlying nursing income grew by 1%.

The cost of running the nursing service decreased by 7%, which meant that fewer donations were required to fund our nursing service. This was the result of the review we undertook in 2016/17 to deliver efficiency savings in this area.

Fundraising

Net income from fundraising increased by 3%. Gross fundraising income increased by 1%. In 2016/17, we received our largest ever legacy of £5 million. If this is excluded, we still saw growth in the value of gifts left in Wills, and this remains our largest source of fundraising income.

We invest in our fundraising activities to ensure we can raise vital funds to support our charitable work. The investment required decreased by 4% as we focused on becoming more efficient to ensure as much of our funding as possible was spent on caring for patients.

Financial review

Retail

Net income from our stores grew by 23%. We have undertaken a store-by-store review of performance, leading to increased sales and Gift Aid recovery in many, and the closure of four under-performing stores.

Costs stayed at the same level as the prior year due to the store closures and a focus on more cost-efficient channels for sourcing goods.

Research and development

Expenditure on research and development into better ways to care for people living with a terminal illness was £2.8 million on an accounting basis (£3.3 million when looking at the amount invested in the year). We renewed our association with the Motor Neurone Disease Association and entered into a new co-funding agreement with the Brain Tumour Charity as we continue to be leaders on all aspects of end of life care. We also invested in a new clinical chair in supportive and palliative medicine at our Cardiff centre.

Reserves

Free reserves

All charities are required to consider how much money 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 depend. To fund these services, we rely on a number of fluctuating income streams from donations, legacies, shop profits and investment income.

To enable us to make commitments to each community to provide its key hospice and nursing services, we need to maintain a level of reserves so that we can continue our 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 on an annual basis. In assessing the amount of reserves required, the trustees estimate the risk of a shortfall in income or an increase in cost 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 £42.2 million of free reserves is required. This represents around three months of the charity's operating expenditure for 2017/18. The level of free reserves (comprising the General Fund and the Capital Investment Fund) at 31 March 2018 was £49.9 million, which is above the target level and an increase from £46.9 million as at 31 March 2017.

The Capital Investment Fund is designated for future expenditure to modernise Marie Curie Hospices, and other capital projects, but is not committed at year end.

Restricted reserves

At 31 March 2018 restricted funds were £22.0 million (2017: £22.4 million). Restricted funds are funds received for undertaking an activity specified by the donor when making the gift, or may result from the terms of an appeal for funds.

Pension scheme

Under FRS 102, the Marie Curie Cancer Care Defined Benefit Pension Scheme had a surplus of £2.1 million at March 2018 – slightly above March 2017. This was mainly as a result of the recovery payments of £0.7 million per annum that were agreed in 2015 to reduce the actuarial deficit. However, the preliminary full actuarial valuation as at 31 March 2017 still showed a deficit, although the funding level has increased from 78% (as at 31 March 2014) to 93%. We will consider the appropriate level of deficit recovery payments required to fund the shortfall in the light of this improvement. We are committed to reducing this deficit.

Investment policy

Marie Curie invests the funds held in its General, Designated and Restricted Funds to obtain a return and to support the reserves policy above. The investments are managed according to the powers defined in the charity's constitution by independent investment managers appointed by the trustees.

We have adopted an ethical investment policy to ensure that our investments do not conflict with our aims. Investment managers have been instructed not to directly invest in any organisation where

more than 10% of turnover is derived from the production of tobacco products.

The amounts held in the Capital Investment Fund and the Hampstead Capital 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.

Most of our investment fund is managed on a discretionary basis by Newton Investment Management Limited. These investments comprise UK and international equities and fixed interest securities. Marie Curie's property investments are invested in the Charities Property Fund. The hedge fund investments are in the Forester Diversified Fund of Funds.

Marie Curie's investment portfolio rose in value by £1.4 million compared with an increase of £5.3 million in the previous year. The return on the charity's investment portfolio was 5.0%, which was ahead of the benchmark set by the Investment Committee of 2.1%.

Asset allocation of listed investments as 31 March 2018

	2017/18 Actual £m	Actual %	Target %	2016/17 Actual £m
UK equities	8.7	22.2	20-40	9.0
International equities	13.8	35.2	10-35	13.9
Fixed income	1.7	4.3	0-23	2.0
Global bonds	5.3	13.5	7.5-17.5	5.3
Property	3.2	8.2	5-10	3.0
Hedge fund	5.3	13.5	13.5-18.5	5.1
Cash	1.2	3.1	2-10	0.0
Total	39.2	100.0		38.3

How we are governed

Our structure

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 is governed by its Articles of Association (as amended 9 November 2016) available on its website.

Subsidiary undertakings

The charity's principal subsidiary undertakings as at 31 March 2018 were all wholly owned and registered in England and Wales. Details are included in Note 19 to the financial statements.

We raise some of the funds needed to run our services through the trading activities of a wholly owned subsidiary, Marie Curie Trading Limited.

Our trustees

The Board of Trustees is legally responsible for directing our affairs. The board delegates the day-to-day management of the charity to the Chief Executive and Executive Team, which includes making recommendations to the Board of Trustees about strategy, budget and planning. Specific responsibilities are delegated to a number of committees which report back to the Board on a regular basis (see below).

Marie Curie's trustees are the directors of the company and serve for renewable terms of three years. The Board is made up of 14 trustees as at 31 March 2018, who hold a wide range of skills, knowledge and experience including clinical and professional expertise.

The Board meets at least six times per year to regularly review and direct Marie Curie's strategy, budget and performance. Certain matters are reserved for Board approval, including changes to strategy and budget.

The Board of Trustees appoints all new trustees and committee members, on the advice and recommendation of the Nominations Committee. We recruit trustees through a process of advertisement, application and interviews, and based on selection criteria, which ensures a broad range of relevant skills and experience.

We offer a tailored induction programme to all new trustees, and provide further updates and training as needed. This includes a visit to a Marie Curie Hospice and meetings with the Chief Executive, members of the Executive Team and other senior management.

Last year, the Board of Trustees was delighted to welcome two new trustees – our new chairman Vindi Banga and Chris Martin. The Board of Trustees would like to thank John Varley (former chairman), David Ereira (former vice and interim chairman), Gareth Williams and Chitra Bharucha who stepped down after many years of dedicated service.

Our committees

The Audit and Risk Committee meets three times a year to review the charity's annual financial statements, internal financial controls, risk management systems, and external and internal audit matters. The committee discussed in detail a range of strategic and operational risk areas, for example safeguarding, data and information security, and compliance.

The Clinical Governance Trustees Committee meets four times a year to review strategy for clinical services and oversees all aspects of clinical governance and quality of care, patient safety and clinical standards. It provides oversight and assurance for clinical governance, clinical risk management, quality and safety. This includes being assured that services meet the needs of patients and their families, having oversight of applicable quality standards, and regulatory compliance requirements. This committee reports on the risks within its remit to the Audit and Risk Committee.

The Investment Committee meets four times a year to review the investment strategy and monitor the returns achieved by Marie Curie's investment portfolio and the performance of the charity's investment managers. The committee regularly reviews the charity's investment and ethical investment policies.

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

Please see pages 78-79 for a full list of trustees and independent members of committees.

Our auditors

In accordance with Section 489 of the Companies Act 2006, an ordinary resolution proposing that KPMG LLP be reappointed as auditor of the charity will be put to the Annual General Meeting.

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.

Principal risks and uncertainties

The Board of Trustees has overall responsibility for risk management for Marie Curie and its subsidiaries. This includes setting the risk appetite for the charity, ensuring that there are reasonable procedures in place for the prevention and detection of major risks, including fraud and other irregularities, and ensuring that risk procedures are reviewed when issues arise.

Our Clinical Governance Trustee Committee and Audit and Risk Committee play key roles in overseeing the management of our principal risks and provide assurance to the Board.

Our Risk, Policy and Compliance Framework is designed to mitigate risks and to provide reasonable assurance against material errors or loss.

We have the following processes in place for effective risk management:

Planning and performance: we operate a comprehensive annual planning and budgeting process. We monitor performance through the use of key performance indicators and financial targets routinely reported to the Board of Trustees, which compare actual results against activity and financial targets. A phased budget and regular forecasting allows trustees and the Executive Committee to link financial performance with resource and activity levels.

Risk reviews: we have risk management policies and procedures to identify and manage risks arising from our existing operations and strategic development.

The Executive Team (top down) and senior managers (bottom up) assess risks on relevant activities according to the impact on the charity and their likelihood of occurrence.

We have procedures and controls in place and regularly enhance them to manage risk. Risk management is embedded throughout Marie Curie through the maintenance of risk registers at team level.

The Executive Committee, chaired by the Chief Executive, reviews and monitors key charity-wide strategic and operational risks. The Risk and Compliance executive committee undertakes twice-yearly reviews, as well as annual deep-dives, of all risk registers across the organisation. 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. We continually monitor and improve our systems to mitigate key risks. The Clinical Governance Executive Committee oversees management of clinical risks, and monitors incidents and trends.

Internal audit: 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 is aligned to major risks. Regular reports from Internal Audit are reviewed by the Audit and Risk Committee and Executive Team on the effectiveness of controls, progress against the audit plan and recommendations from audits.

An overview of major risks is shown in the table opposite.

Risk

How we manage it

Service quality: Patients suffer harm or ineffective care

- 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 services may be impacted by changes in NHS commissioning, health policy and competition pressures

- Engagement with the NHS
- Review of policy of each of the national governments
- Review of service effectiveness
- Piloting and development of new services
- Diversification and geographical spread of services

People: Failure to recruit and retain the required skills and talent to deliver our services and strategy

- 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, regulation and behaviours

- 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 (eg fraud, non-compliance, security, major incidents)

- 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

- Oversight of strategy, policies, incidents and trends
- Security audits
- Mandatory training of staff
- Information security reviews

Statement of responsibilities

Statement of responsibilities of the trustees of Marie Curie 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 group and parent company 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 group and charitable company, and of the group's excess of income over expenditure for that period. In preparing each of the group and charitable company 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
- assess the group's and the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern

- use the going concern basis of accounting unless they either intend to liquidate the group or the charitable company or to cease operations, or have no realistic alternative but to do so.

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 its 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 are responsible for such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error, and have general responsibility for taking such steps as are reasonably open to them to safeguard the assets of the group 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.

Independent auditor's report

We have audited the financial statements of Marie Curie ("the charitable company") for the year ended 31 March 2018 which comprise the Consolidated Statement of Financial Activities, Balance Sheet, Consolidated Cash Flow Statement and related notes, including the accounting policies in note 1.

In our opinion the financial statements:

- give a true and fair view of the state of the group's and the charitable company's affairs as at 31 March 2018 and of the group's incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with UK Generally Accepted Accounting Practice; and
- have been prepared in accordance with the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Basis for opinion

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.

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. Our responsibilities are described below. We have fulfilled our ethical responsibilities under, and are independent of the group in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Going concern

We are required to report to you if we have concluded that the use of the going concern

basis of accounting is inappropriate or there is an undisclosed material uncertainty that may cast significant doubt over the use of that basis for a period of at least twelve months from the date of approval of the financial statements. We have nothing to report in these respects.

Other information

The directors are responsible for the other information, which comprises Trustees' Annual Report. Our opinion on the financial statements does not cover the other information and, accordingly, we do not express an audit opinion or, except as explicitly stated below, any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether, based on our financial statements audit work, the information therein is materially misstated or inconsistent with the financial statements or our audit knowledge. Based solely on that work:

- we have not identified material misstatements in the other information;
- in our opinion the information given in the Trustees' Annual Report, which constitutes the strategic report and the directors' report for the financial year, is consistent with the financial statements; and
- in our opinion those reports have been prepared in accordance with the Companies Act 2006.

Matters on which we are required to report by exception

Under the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 (as amended) we are required to report to you if in our opinion:

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

- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in these respects.

Trustees' responsibilities

As explained more fully in their statement set out on page 58, 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; such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; assessing the group's and the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern; and using the going concern basis of accounting unless they either intend to liquidate the group or the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue our opinion in an auditor's report. Reasonable assurance is a high level of assurance, but does not guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

A fuller description of our responsibilities is provided on the FRC's website at www.frc.org.uk/auditorsresponsibilities.

The purpose of our audit work and to whom we owe our responsibilities

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.



Lynton Richmond
 (Senior Statutory Auditor)
 for and on behalf of KPMG LLP, Statutory Auditor
 Chartered Accountants
 KPMG LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006
 15 Canada Square, London E14 5GL
 United Kingdom
 8 August 2018

Consolidated statement of financial activities

(Incorporating the consolidated income and expenditure account) for the year ended 31 March 2018

	Note	2018			2017		
		Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2017 £'000
Income from:							
Generated funds							
Donations and legacies	2	79,885	17,846	97,731	79,142	17,952	97,094
Retail sales of donated and purchased goods		11,198	6,174	17,372	10,943	6,013	16,956
Investments	3	955	-	955	1,027	-	1,027
		92,038	24,020	116,058	91,112	23,965	115,077
Charitable activities	4	42,547	307	42,854	43,276	302	43,578
Other income							
Net gain on disposal of fixed assets		-	-	-	42	-	42
Other income		407	-	407	425	-	425
Total income		134,992	24,327	159,319	134,855	24,267	159,122
Expenditure on:							
Raising funds							
Cost of generating voluntary income		29,800	2,543	32,343	32,151	1,438	33,589
Publicity		3,021	-	3,021	3,365	-	3,365
Fundraising trading: cost of goods sold		11,331	4,405	15,736	11,019	4,623	15,642
Investment management costs		321	-	321	104	-	104
		44,473	6,948	51,421	46,639	6,061	52,700
Net incoming resources available for charitable application		90,519	17,379	107,898	88,216	18,206	106,422
Expenditure on charitable activities							
Hospices	5	36,863	12,240	49,103	37,093	12,345	49,438
Nurses	5	42,391	4,666	47,057	44,754	5,692	50,446
Helper	5	1,459	162	1,621	198	1,061	1,259
Information and support	5	1,306	-	1,306	1,299	101	1,400
Research and development	5D	2,137	704	2,841	4,325	483	4,808
Policy, information and awareness	5	4,357	-	4,357	5,041	-	5,041
Total charitable expenditure		88,513	17,772	106,285	92,710	19,682	112,392
Total expenditure		132,986	24,720	157,706	139,349	25,743	165,092
Net expenditure for the year before investment gains		2,006	(393)	1,613	(4,494)	(1,476)	(5,970)
Gains on investments	8	1,362	-	1,362	5,282	-	5,282
Net income/(expenditure) for the year		3,368	(393)	2,975	788	(1,476)	(688)
Other recognised (losses)/gains							
Actuarial (losses)/gains on defined benefit pension scheme	18	(596)	-	(596)	193	-	193
Net movement in funds		2,772	(393)	2,379	981	(1,476)	(495)
Reconciliation of funds							
Total funds at 1 April	15	78,383	22,442	100,825	77,402	23,918	101,320
Total funds at 31 March		81,155	22,049	103,204	78,383	22,442	100,825

All of the charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 64-77 form part of these financial statements.

Balance sheets

for the year ended 31 March 2018

	Note	Group		Charity	
		2018 £'000	2017 £'000	2018 £'000	2017 £'000
Fixed assets					
Tangible assets	7	47,458	49,080	47,458	49,080
Investments	8	51,085	52,414	51,471	52,800
		98,543	101,494	98,929	101,880
Current assets					
Stocks	9	133	126	-	42
Debtors	10	12,131	10,902	13,093	10,912
Investments	11	15,174	14,381	15,174	14,381
Cash at bank and in hand		6,464	687	6,324	601
		33,902	26,096	34,591	25,936
Creditors:					
Amounts falling due within one year	12a	(23,306)	(20,982)	(23,303)	(21,875)
Net current assets		10,596	5,114	11,288	4,061
Total assets less current liabilities		109,139	106,608	110,217	105,941
Creditors:					
Amounts falling due after more than one year	12b	(6,029)	(7,144)	(6,029)	(7,144)
Provision for liabilities and charges	14	(1,965)	(519)	(1,965)	(519)
Net assets (excluding pension asset)		101,145	98,945	102,223	98,278
Defined benefit pension asset	18	2,059	1,880	2,059	1,880
Net assets (including pension asset)	15	103,204	100,825	104,282	100,158
Funds					
Restricted funds	15	22,049	22,442	22,049	22,442
Designated funds	15	38,613	41,533	38,613	41,533
		60,662	63,975	60,662	63,975
Free reserves					
Pension reserve	15	2,059	1,880	2,059	1,880
General funds	15	40,483	34,970	41,561	34,303
		103,204	100,825	104,282	100,158

Approved by the Board of Trustees on 17 July 2018



T Breedon
Honorary Treasurer

The notes on pages 64-77 form part of these financial statements
Company number: 00507597

Consolidated cash flow statement

for the year ended 31 March 2018

	Note	2018 £'000	2017 £'000
Cash flows from operating activities:			
Net cash used in operating activities	A	6,382	(1,502)
Cash flows from investing activities:			
Dividends received		627	663
Interest received		241	124
Capital expenditure		(3,371)	(2,875)
Sales of tangible fixed assets		-	55
Investment purchases		(6,638)	(9,831)
Investment sale proceeds		7,095	15,306
Increase/(decrease) in invested cash		2,234	(2,000)
Net cash provided by investing activities		188	1,442
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at 1 April		15,068	15,127
Cash and cash equivalents at 31 March		21,638	15,068
Analysis of cash and cash equivalents			
		2018 £'000	2017 £'000
Cash at bank and in hand		6,464	687
Money market and other deposits		15,174	14,381
		21,638	15,068
Note A:			
Reconciliation of net expenditure to net cash flow from operating activities			
		2018 £'000	2017 £'000
Net income/(expenditure) for the year		2,975	(688)
Adjustments for:			
Depreciation		4,993	6,548
Gain on disposal of fixed assets		-	(42)
Gains on investments		(1,362)	(5,282)
Pension funding adjustment		(775)	(740)
Dividends receivable		(638)	(667)
Interest receivable		(230)	(133)
(Increase)/decrease in stocks		(7)	139
(Increase) in debtors		(1,229)	(158)
Increase/(decrease) in creditors and provisions		2,655	(479)
Net cash inflow/(outflow) from operating activities		6,382	(1,502)

Notes to the financial statements

for the year ended 31 March 2018

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.

No material uncertainties that may cast significant doubt about the ability of the charity 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 (l).

(b) Group accounts

The charity owns 100% of the share capital of two companies - Marie Curie Trading Limited and Marie Curie Developments Limited. The consolidated statements include the financial statements of these companies which have been consolidated on a line by line basis. No Statement of Financial Activities (SOFA) or Income and Expenditure Account of the charity has been presented as permitted by Section 408 of the Companies Act 2006.

(c) Investments

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

(d) Stocks

Stocks of bought in goods are stated at the lower of cost and net realisable value. 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.

(e) Depreciation

Tangible fixed assets costing more than £2,500 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

(f) 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.

Charitable activities

Incoming resources from charitable activities consist of NHS funding for nurses and hospices, other NHS funding, Lottery funding and other income, all of which is accounted for on an accruals basis.

Notes to the financial statements

for the year ended 31 March 2018

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. See above (c).

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 or utilised. No amounts are included for services donated by volunteers.

(g) Resources expended

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

Grants payable

The total sum awarded during the year is expensed in the SOFA 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.

Support costs

The costs of functions which support more than one of the charity's activities have been allocated to those activities based on measures 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.

(h) 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 income and expenditure 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 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 SOFA in respect of pension costs and other post-retirement benefits is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

(i) Leased assets

Rentals payable under operating lease contracts are charged on a straight line basis over the lease life to the SOFA.

(j) Funds

Restricted funds comprise funds subject to specific restrictions imposed by donors and funders. The purposes and uses of the restricted reserves are set out in Note 15 to the financial statements. Income received from capital appeals is included under restricted voluntary income and the related costs, including depreciation, are charged against that income.

Notes to the financial statements

for the year ended 31 March 2018

Designated funds comprise funds which have been set aside at the discretion of the Board of Trustees 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 and other capital projects.

(3) A designated fund for the Hampstead hospice that has been funded from a specific legacy and will be used towards the renewal of that hospice.

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

(k) 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.

(l) 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 2018, the amount accrued for legacy income was £2,845,054 (2017: £1,547,815).

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.

2. Donations and legacies

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2017 £'000
Donations, events and other voluntary income	53,554	9,718	63,272	54,650	9,232	63,882
Legacies	26,331	8,128	34,459	24,492	8,720	33,212
	79,885	17,846	97,731	79,142	17,952	97,094

3. Investment income

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2017 £'000
Listed investments	638	-	638	667	-	667
Cash investments	230	-	230	133	-	133
Property fund	6	-	6	146	-	146
Other investments	81	-	81	81	-	81
	955	-	955	1,027	-	1,027

Notes to the financial statements

for the year ended 31 March 2018

4. Incoming resources from charitable activities

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2017 £'000
NHS funding for nurses	23,281	-	23,281	24,177	-	24,177
NHS funding for hospices	18,648	-	18,648	18,836	-	18,836
NHS grants						
- Transforming Your Care (N Ireland)	-	-	-	-	8	8
Other NHS funding	297	-	297	115	-	115
Big Lottery Fund	-	259	259	-	267	267
Other income	321	48	369	148	27	175
	42,547	307	42,854	43,276	302	43,578

Funding from the Big Lottery includes £25,023 for Marie Curie Helper Service in Northern Ireland, £107,455 for Marie Curie Helper Service in Argyll & Bute, £61,631 for Marie Curie Helper Service in Glasgow and £64,681 for the Diversity – Reducing Barriers project.

5. Expenditure

	Direct costs £'000	Support costs £'000	Total 2018 £'000	Direct costs £'000	Support costs £'000	Total 2017 £'000
Cost of raising funds						
Fundraising	28,862	3,481	32,343	29,976	3,613	33,589
Publicity	2,670	351	3,021	2,842	523	3,365
Retail activities	14,288	1,448	15,736	14,512	1,130	15,642
Investment management costs (Note C)	290	31	321	71	33	104
	46,110	5,311	51,421	47,401	5,299	52,700
Charitable activities						
Hospices	45,722	3,381	49,103	45,207	4,231	49,438
Nurses	42,707	4,350	47,057	45,245	5,201	50,446
Helper	1,302	319	1,621	1,011	248	1,259
Information and support	847	459	1,306	922	478	1,400
Research and development (Note D)	2,219	622	2,841	4,121	687	4,808
Policy, information and awareness	3,881	476	4,357	4,735	306	5,041
	96,678	9,607	106,285	101,241	11,151	112,392
Total	142,788	14,918	157,706	148,642	16,450	165,092

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 2018 £'000	Total 2017 £'000
Hospices	517	77	341	820	1,409	217	3,381	4,231
Nursing	923	80	325	954	1,973	95	4,350	5,201
Helper	11	0	31	152	113	12	319	248
Information and support	117	3	31	17	282	9	459	478
Research and development	255	38	77	22	225	5	622	687
Policy, information and awareness	339	42	15	17	56	7	476	306
Total charitable activities	2,162	240	820	1,982	4,058	345	9,607	11,151
Fundraising	911	64	496	682	1,184	144	3,481	3,613
Publicity	21	13	31	56	225	5	351	523
Retail activities	244	3	170	296	169	566	1,448	1,130
Investment management costs	0	0	31	0	0	0	31	33
Total support costs allocated	3,338	320	1,548	3,016	5,636	1,060	14,918	16,450
Total support costs allocated (2017)	872	275	1,642	4,455	7,883	1,323	16,450	

Notes to the financial statements

for the year ended 31 March 2018

Note A	2018	2017
Governance costs	£'000	£'000
Internal audit	187	178
External audit fees (Note B)	81	85
Trustees' travel and meeting expenses (Note 16)	8	4
Trustees' indemnity insurance	8	6
Information governance & security	36	-
	320	273

Note B	2018	2017
	£'000	£'000

Net incoming resources for the year are stated after charging;

Fees payable to the charity's auditor for:

- the audit of these financial statements - charity	63	65
- the audit of financial statements of subsidiaries pursuant to legislation	10	10
- other audit services	8	10
	81	85

Amounts paid under operating leases

- land and buildings	4,492	4,821
- plant and machinery	873	827
	5,365	5,648

Depreciation of owned assets	4,993	6,548
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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	2018	2017
Research and development	£'000	£'000
Palliative care research costs	1,741	3,906
Development costs	1,100	902
	2,841	4,808

	2018	2017
	£'000	£'000
Grant funding of activities :		
Marie Curie Palliative Care Research Centre at Cardiff University	291	2,091
National grant programme	500	1,011
Other recipients	769	(125)
Activities undertaken directly	659	1,144
Support costs	622	687
	2,841	4,808

Palliative care research costs include the cost of new research grants awarded in 2018 to the Marie Curie Palliative Care Research Centre at Cardiff University (£0.2 million) and an extension to the funding for the Marie Curie National Grant Programme (£0.5 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.

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 £1,933,185 (2017: £2,089,552)

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 2018

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 2017	73,502	3,527	7,205	25,286	109,520
Additions at cost	761	-	837	1,773	3,371
At 31 March 2018	74,263	3,527	8,042	27,059	112,891
Depreciation					
At 1 April 2017	30,913	2,003	6,439	21,085	60,440
Provided in the year	2,526	126	300	2,041	4,993
At 31 March 2018	33,439	2,129	6,739	23,126	65,433
Net book value					
At 31 March 2018	40,824	1,398	1,303	3,933	47,458
At 31 March 2017	42,589	1,524	766	4,201	49,080

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 (2017: £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 (2017: ENIL).

The cost of additions for the group and the charity to assets in the course of construction during the year amounted to ENIL (2017: ENIL).

Capital commitments

	2018	2017
	£'000	£'000
Capital expenditure authorised and contracted for	-	58
Capital expenditure authorised but not contracted for	5,765	1,914

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 2017	38,308	76	14,030	52,414	386	52,800
Movements in deposits	-	-	(2,234)	(2,234)	-	(2,234)
Additions at cost	6,638	-	-	6,638	-	6,638
Disposals at book value	(5,000)	-	-	(5,000)	-	(5,000)
Unrealised gains	(733)	-	-	(733)	-	(733)
Market value at 31 March 2018	39,213	76	11,796	51,085	386	51,471
Historic cost at 31 March 2018	27,916	76	11,796	39,788	386	40,174
Historic cost at 31 March 2017	26,229	76	14,030	40,335	386	40,721

Notes to the financial statements

for the year ended 31 March 2018

Gains/(losses) on investments	2018	2017
	£'000	£'000
Realised gains	2,095	2,137
Unrealised (losses)/gains included in market value	(733)	3,145
	1,362	5,282

Listed investments	2018	2017
	£'000	£'000
UK	14,937	14,259
Non UK	24,276	24,050
	39,213	38,309

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	
	2018	2017	2018	2017
	£'000	£'000	£'000	£'000
Inventory for resale	133	84	-	-
Daffodils	-	42	-	42
	133	126	-	42

10. Debtors

	Group		Charity	
	2018	2017	2018	2017
	£'000	£'000	£'000	£'000
Trade debtors	2,892	2,457	2,892	2,457
Taxation recoverable	2,211	2,803	2,210	2,803
Prepayments	3,393	3,184	3,403	3,194
Legacy debtors	2,845	1,548	2,845	1,548
Amounts due from subsidiary undertakings	-	-	954	-
Other debtors	790	910	789	910
	12,131	10,902	13,093	10,912

The charity has been notified of legacies with an estimated value of £27.8 million (2017: £28.2 million) which have not been recognised as income at 31 March 2018 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.

11. Current asset investments

	Group		Charity	
	2018	2017	2018	2017
	£'000	£'000	£'000	£'000
Bank deposits and liquidity funds	15,174	14,381	15,174	14,381

Notes to the financial statements

for the year ended 31 March 2018

12. Creditors

	Group		Charity	
	2018 £'000	2017 £'000	2018 £'000	2017 £'000
(a) Amounts falling due within one year				
Interest-free loans	130	130	130	130
Trade creditors	4,271	3,342	4,266	3,331
NHS contract obligations	1,260	1,439	1,260	1,439
VAT claim not yet agreed by HMRC	2,575	1,438	2,575	1,438
Palliative care research grants	2,588	2,728	2,588	2,728
Tax and social security creditors	1,716	1,742	1,716	1,742
Accruals	9,022	7,265	9,024	7,269
Deferred income (Note 13)	1,272	2,396	1,272	2,396
Pensions and other payroll	472	502	472	502
Amounts due to subsidiary undertakings	-	-	-	900
	23,306	20,982	23,303	21,875

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	
	2018 £'000	2017 £'000	2018 £'000	2017 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	6,020	7,144	6,020	7,144
Investment managers' performance fee	9	-	9	-
	6,029	7,144	6,029	7,144

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

13. Deferred income

	Group		Charity	
	2018 £'000	2017 £'000	2018 £'000	2017 £'000
Caring services	170	908	170	908
Fundraising events	640	941	640	941
Other	462	547	462	547
	1,272	2,396	1,272	2,396

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

14. Provision for charges and liabilities

Group and Charity

	At 1 April 2017 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2018 £'000
Dilapidations	120	452	(47)	-	525
Rent	186	444	-	(62)	568
Staff costs and other liabilities	213	765	(74)	(32)	872
	519	1,661	(121)	(94)	1,965

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.

Notes to the financial statements

for the year ended 31 March 2018

15. Funds

Group and charity	Note	At 1 April 2017 £'000	Income £'000	Expenditure £'000	Gains and losses £'000	Transfers £'000	At 31 March 2018 £'000
Restricted funds (group and charity)							
Hospices and other Capital Fund	i	21,278	-	(1,568)	-	224	19,934
Major capital appeals	ii	21	-	-	-	-	21
Hospices - revenue	iii	708	17,958	(17,280)	-	(224)	1,162
Nurses	iii	108	5,481	(4,990)	-	-	599
Helper	iii	42	241	(162)	-	-	121
Information & support		-	30	-	-	-	30
Palliative care research		285	617	(720)	-	-	182
Total restricted funds		22,442	24,327	(24,720)	-	-	22,049
Designated funds (group and charity)							
Tangible Fixed Asset Fund	iv	27,801	-	-	-	(277)	27,524
Capital Investment Fund	v	11,940	-	-	-	(2,525)	9,415
Hampstead Capital Fund	v	1,674	-	-	-	-	1,674
Palliative Care Development Fund	vi	118	-	(118)	-	-	-
Total designated funds		41,533	-	(118)	-	(2,802)	38,613
General Funds (Group)							
General Fund	vii	34,970	134,992	(132,868)	1,362	2,027	40,483
Pension scheme surplus	viii	1,880	-	-	(596)	775	2,059
Total general funds		36,850	134,992	(132,868)	766	2,802	42,542
Consolidated funds		100,825	159,319	(157,706)	766	-	103,204
General funds (Charity)		34,303	132,173	125,502	1,362	(775)	41,561

The above funds carried forward at 31 March 2018 represent:

- (i) 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.
- (ii) The net proceeds from the capital appeals. The balance at the end of the year represents the capital appeal funds which have been received for which expenditure has not yet been incurred.
- (iii) Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper and information and support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.
- (iv) The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- (v) The Capital Investment Fund represents funds held to contribute towards the renewal of the charity's hospices. The Hampstead Capital Fund is a designated fund for the Hampstead hospice that has been funded from a specific legacy and will be used towards the renewal of that hospice.
- (vi) The amount that has been put aside for future innovative projects in the research or development of palliative care.
- (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. The General Fund and the Capital Investment Fund (which is designated but where the designation is very broad) together are considered to be 'free reserves' by Marie Curie, meaning that they are freely available to spend on any of the charity's purposes.
- (viii) The actuarial valuation of the defined benefit pension scheme at 31 March 2018 for the purposes of FRS 102 showed a net asset of £2.1 million.

Notes to the financial statements

for the year ended 31 March 2018

The consolidated surplus / deficit is the sum of total income less revenue expenditure for the year dealt with in the separate accounts of:

	2018 £'000	2017 £'000
The charity	1,484	(1,660)
Intra-group profit	896	1,165
	2,380	(495)

The parent charity's gross income for the year was £155.6 million and its expenditure was £157.8 million.

Analysis of net assets between funds

	Unrestricted funds £'000	Restricted funds £'000	Total 2018 £'000	Total 2017 £'000
Tangible fixed assets	27,524	19,934	47,458	49,080
Investments	66,259	-	66,259	66,795
Stocks	133	-	133	126
Debtors	12,131	-	12,131	10,902
Creditors and cash	(26,951)	2,115	(24,836)	(27,958)
Defined benefit pension scheme surplus	2,059	-	2,059	1,880
Total net assets	81,155	22,049	103,204	100,825

16. Staff

i) Remuneration

	2018 £'000	2017 £'000
Wages and salaries	84,129	83,659
Social security costs	6,871	6,910
Other pension costs	4,490	4,595
Total Marie Curie staff	95,490	95,164
Contracted staff	10,790	10,881
Total remuneration	106,280	106,045

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 £1,293,823 (2017: £157,761).

ii) Average number of employees

	2018 Number	2017 Number
Hospices	1,043	995
Nurses	2,167	2,191
Research	24	25
Information and support	10	6
Fundraising	307	296
Publicity	41	37
Shops	523	529
Support	202	195
	4,317	4,274
Comprising		
Full time	1,399	1,390
Part time	2,918	2,884
	4,317	4,274

Notes to the financial statements

for the year ended 31 March 2018

iii) Remuneration of higher paid staff

	2018 Number	2017 Number
£60,000 – £70,000	23	19
£70,000 – £80,000	9	7
£80,000 – £90,000	10	6
£90,000 – £100,000	6	3
£100,000 – £110,000	2	2
£110,000 – £120,000	1	2
£120,000 – £130,000	1	1
£130,000 – £140,000	-	1
£140,000 – £150,000	-	1
£150,000 – £160,000	1	-
£160,000 – £170,000	1	1
Included in the above are the following number of medical practitioners:	8	7

Contributions of £121,490 (2017: £109,544) were made to the NHS Pension Schemes, all defined benefit schemes, for 11 (2017: 10) higher paid employees. Contributions amounting to £186,756 (2017: £176,302) were made to defined contribution schemes, for 43 (2017: 30) higher paid employees.

The total remuneration of key management including any employer pension contributions was £854,577 (2017: £1,139,918). The salary of the Chief Executive in 2017/18 was £168,317 (2016/17: £168,317). The Chief Executive does not receive any pension contributions from the charity.

iv) Trustees' expenses

No trustees received any remuneration in the year. Six trustees were reimbursed £7,607 in total for travel expenses (2017: £4,009). The charity maintains liability insurance covering trustees in their capacity as directors and other officers of the charity.

17. Lease commitments

The charity had annual operating lease commitments as follows:

	2018 £'000	2017 £'000
Land and buildings		
Within one year	449	426
Between two and five years	1,837	1,885
Over five years	1,881	1,952
	4,167	4,263
Other		
Within one year	56	42
Between two and five years	453	481
	509	523

Notes to the financial statements

for the year ended 31 March 2018

18. Pensions

Schemes available to employees

The current scheme available to employees is a Group Personal Pension Plan with Scottish Widows which was started in April 2013. The charity has paid contributions totalling £2,426,736 (2017: £2,512,643) into this scheme. Contributions to other defined contribution schemes amounted to £NIL (2017: £NIL).

At 31 March 2018 four employees participated in the Universities Superannuation Scheme 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 £28,617 (2017: £38,304). The employer contribution rate is currently 18% but may increase due to the scheme funding level.

At 31 March 2018 510 employees participated in the NHS Pension Schemes which are statutory unfunded defined benefit schemes. The pension cost charge for these schemes amounted to £2,051,767 (2017: £2,023,392).

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 2017 and resulted in an actuarial deficit of £2.2 million. The charity has agreed past service deficit recovery payments of £720,000 per annum until June 2020 to reduce this deficit.

The valuation has been updated to 31 March 2018 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 2018 a net asset has been recognised.

	2018 £'000	2017 £'000
Present value of funded defined benefit obligation	(25,658)	(25,785)
Fair value of scheme assets	27,717	27,665
Net asset	2,059	1,880

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

	2018 £'000	2017 £'000
Asset at 1 April	1,880	947
Net finance charge	54	43
Current service cost	(10)	(44)
Employer's contributions	731	741
	2,655	1,687
Remeasurement (losses)/gains	(596)	193
Asset at 31 March	2,059	1,880

Movements in present value of defined benefit obligation

	2018 £'000	2017 £'000
At 1 April	25,785	22,868
Current service cost	10	44
Interest cost	605	735
Remeasurement losses	396	3,341
Contributions by members	1	3
Benefits paid	(1,139)	(1,206)
At 31 March	25,658	25,785

Notes to the financial statements

for the year ended 31 March 2018

Movements in fair value of scheme assets

	2018 £'000	2017 £'000
At 1 April	27,665	23,815
Interest credit on scheme assets	659	778
Remeasurement (losses)/gains	(200)	3,534
Contributions by employer	731	741
Contributions by members	1	3
Benefits paid	(1,139)	(1,206)
At 31 March	27,717	27,665

Expense recognised in the Consolidated Statement of Financial Activities

	2018 £'000	2017 £'000
Interest on defined benefit pension plan obligation	(605)	(735)
Interest credit on scheme assets	659	778
Net finance charge	54	43
Current service cost	(10)	(44)
Total	44	(1)

	2018 £'000	2017 £'000
Remeasurement gain/(loss) charged to the Consolidated Statement of Financial Activities		
Remeasurement (losses)/gains - return on scheme assets	(200)	3,534
Remeasurement losses - actuarial losses	(396)	(3,341)
Total	(596)	193

The fair value of the scheme assets was as follows:

	2018 £'000	%	2017 £'000	%
Equities & managed funds	8,509	30.7%	8,714	31.5%
Corporate bonds	4,435	16.0%	4,399	15.9%
Gilts	14,801	53.4%	14,635	52.9%
Cash	(28)	-0.1%	(83)	-0.3%
Total net assets	27,717	100.0%	27,665	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:

	2018	2017
Discount rate	2.5%	2.4%
Retail Prices Index (RPI) Inflation	3.4%	3.5%
Consumer Prices Index (CPI) Inflation	2.4%	2.5%
Future salary increases	3.9%	4.0%
Rate of increases in pensions in payment:		
Pension accrued from 6 April 1997 to 1 April 2002	4.3%	4.3%
Pension accrued from 1 April 2002 to 5 April 2005	2.4%	3.3%
Pension accrued from 5 April 2005	1.8%	2.2%

Notes to the financial statements

for the year ended 31 March 2018

Life expectancies used to determine benefit obligations are as follows:	2018	2017
Future life expectancy of male aged 65 at balance sheet date	21.9	20.5
Future life expectancy of male aged 65 20 years after the balance sheet date	23.3	22.2
Future life expectancy of female aged 65 at balance sheet date	23.8	22.8
Future life expectancy of female aged 65 20 years after the balance sheet date	25.4	24.7

The charity expects to contribute around £730,000 to the scheme for the 2018/19 financial year (2017/18: £740,000).

19. Subsidiary undertakings

The charity has the following subsidiary undertakings which were wholly owned and registered at 89 Albert Embankment, London, SE1 7TP.

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 £895,781 for the year ended 31 March 2018 (2017: £1,165,511) 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 and was dormant throughout the period ended 31 March 2018. The net assets at 31 March 2018 were £10,000.

Cancer Care (UK) Limited - The company is limited by guarantee and was dormant throughout the year ended 31 March 2018. The net assets at 31 March 2018 were £20,000.

Marie Curie Ventures Limited - The company was dormant throughout the period ended 31 March 2018.

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

Marie Curie Trading Limited

	2018	2017
	£'000	£'000
Turnover	3,715	3,518
Cost of sales	(1,820)	(1,483)
Gross profit	1,895	2,035
Other expenses	(988)	(857)
Interest payable	(11)	(13)
Payment to the charity under Gift Aid	(896)	(1,165)
Retained profit for the year	-	-
Net current assets	320	320
Liabilities - Debenture held by the charity	(320)	(320)
Net assets	-	-

At 31 March 2018 the amount due from the charity to Marie Curie Trading Limited was £52,240 (2017: £161,794). The debenture loan is secured by a first floating charge and is subject to interest calculated at 3% above the base rate.

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Auditor

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United Kingdom

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Jackie Freeman

Executive Director of Fundraising & Engagement

Meredith Niles

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Peter Gabbitas

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