

**Whatever the
illness, we're
with you to
the end**



**Marie
Curie**

Annual Report and Accounts 2024/25

Why your support means so much



Pete and his mum, Joyce.

“I was looking after my mum 24 hours a day. The exhaustion was horrendous. It put a strain on my marriage, I lost weight and I barely left the house for weeks.

So when the Marie Curie Nurses came to care for Mum, it really took the pressure off. They’d also check in with me and always ask how I was doing. If I said I was struggling, they’d arrange for someone to be with Mum.

When you experience first-hand the support these nurses provide, it’s incredible. They really looked after Mum and me when we needed them the most.”

– Pete

Front cover image: Allyson, Marie Curie Healthcare Assistant.

Contents

Introduction	
Welcome from our Chair	4
At a glance	5
A review of 2024/25 from our CEO	6
The cost of our services	8
How our services were funded	9
Who we are and what we do	10
Our vision and mission	11
Planning ahead in a changing world	12
Our strategic report	
Our mission	
Transforming our direct care and support	16
Deliver more practical information and support	26
Lead in shaping the end of life care system across the UK	32
Supporting our mission	
Attract and retain a first-class workforce	46
Grow our income and strengthen our finances	54
Improve our data management	68
Financial review	74
Working with our stakeholders: S172 statement	82
Principal risks and uncertainties	85
Our commitment to the environment	88
Our governance	
How we’re governed	92
Statement of Trustees’ responsibilities	96
Independent Auditor’s report	97
Financial statements	
Consolidated statement of financial activities	102
Balance sheet	104
Consolidated cash flow statement	105
Notes to the financial statements	106
Information	
Who’s who	128
A huge thank you	130

The narrative reporting in the Annual Report (Introduction, Strategic report, Governance and Who’s who) incorporates all Companies Act 2006 requirements for the Directors’ Report and Charities SORP requirements for the Trustees’ Report.

Thank you for your dedication and enthusiasm

Welcome to Marie Curie’s Annual Report and Accounts for the financial year 2024/25.

Since becoming the charity’s new Chair on 1 January 2025, I’ve been deeply impressed by the unwavering commitment of my new colleagues to ensure everyone has a better end of life.

Through visiting our services, I’ve seen how Marie Curie Nurses, Doctors, Healthcare Assistants, volunteers and all our dedicated care professionals go above and beyond to bring comfort, dignity and support to people during the last months, weeks and days of life.

In our offices, I’ve witnessed the same level of enthusiasm and drive. From Fundraising to Policy, Marketing to Research, every team is working tirelessly to advance our mission.

Equally, the caring attitude and energy of our phenomenal supporters, fundraisers and partners has left a hugely positive impression on me.

At a time when someone in the UK dies every five minutes without the care and support they need, this level of dedication and enthusiasm is vital, now and in the future.

We have ambitious plans to grow our income so we can expand our services and meet the increasing demand for our expert care and support.

We’re also committed to ensuring our research, policy and awareness activities drive long-term practical change to serve people across the UK.

In a challenging financial environment, we’re constantly exploring how we can operate even more efficiently and effectively – both internally and with partners such as the NHS. It is through efficiency and fundraising that we can increase the number of

people we care for.

As you can read in this report, we made important strides forward in all these areas in 2024/25. Thank you for helping to make this possible during a challenging time for charities.

Now, we are determined to build on this progress, moving faster and further forward to ensure everyone receives the best possible care and support at the end of life.

Finally, I’d like to extend a special thank you to my predecessor, Vindi Banga, for his years of committed leadership and service at Marie Curie. It’s a privilege to follow in his footsteps and become part of such an inspiring and compassionate community.



Kevin Parry OBE
Chair of the Board of Trustees



At a glance



42,271 supported

We provided expert end of life care and support to 42,271 people.



392,177 hours

Over 4,700 of our volunteers donated more than 390,000 hours of their time.



76,499 episodes of care*

Delivered in homes, hospices and in the community across the UK.



Over 1 million visits

Health and social care professionals visited our Palliative Care Knowledge Zone 1,023,000 times to improve their palliative care knowledge and skills.



21,655 contacts

Our Support Line team provided free practical and emotional support 21,655 times.



391,700 people

Our campaigning, policy and research work helped to improve the lives of an estimated 391,700 people.



1.56 million users

Our online information and support was accessed by 1,559,666 users, helping them connect with services, get questions answered and feel supported.



£128.6 million

Thanks to the generosity of the thousands of people who gave their money, time and energy, our fundraised and retail income reached £128.6 million.

*We define this as a period during which a person receives care or support from one of our services.

Together, we can ensure everyone has a better end of life

At Marie Curie, we believe in a better end of life for all and have continued to work tirelessly over the past 12 months to make this vision a reality – something we can’t do without our incredible supporters, volunteers, partners and colleagues.

Thanks to your kindness, generosity and hard work, we continued to develop and deliver our direct care and public policy services, which are urgently needed now but also designed for the future. One of the innovative ways we did this is by placing Marie Curie Nurses and Healthcare Assistants (HCAs) in hospital emergency departments (see page 15).

Working alongside existing care teams, our Nurses and HCAs identify people nearing the end of life and speak to them and their loved ones about their circumstances and wishes. These vital interventions can help prevent unnecessary time in emergency wards and ensure people get the right care at home or in other care settings.

Over the past year, we offered information, support and guidance 2.5 million times through our information and support services. Our free, expert support delivered online, over the phone and through printed materials, gave much-needed comfort, strength and reassurance to thousands facing some of life’s hardest moments.

At the heart of our information and support services is our new website, which was launched in January 2025. Refreshed and restructured, it makes it easier for people to search for and find the content they need – helping them feel more supported and in control of their situation.

To help end the unfair postcode lottery for end of life care, we intensified our efforts to raise public awareness and push decision-makers to act on the key issues. A vital part of this work was launching our Fix End of Life Care campaign ahead of the 2024 General Election (see page 34).

Backed by over 53,000 supporters, our campaign outlined clear steps for Members of Parliament (MPs) and the UK Government to address systemic problems and make end of life care a national priority. Following the General Election, this work helped to secure commitments in the new *10 Year Health Plan for England* that will benefit people living with a terminal illness.

“We’re making real progress to ensure every dying person, no matter who they are or where they live, has access to the care and support that should be the hallmark of a truly caring society. And with caring people like you by our side, I’m positive we can complete this journey.”



At Marie Curie, we’re proud to be the UK’s leading charitable funder of palliative and end of life research. Powered by our supporters, this research gives us deeper insight into what patients and families need at the end of life, helping us and other organisations provide the best possible care and support. One major investment we made in the past year was nearly £500,000 into a project focused on improving the end of life experiences of people living with dementia (see page 37).

Looking ahead, it’s clear the highly disruptive times we’re experiencing – from major NHS reforms and financial pressures across the UK, to a tough fundraising climate and wider global issues – will continue or even intensify. Simply, we face a huge task to secure a better end of life for everyone.

Yet, despite these very real challenges, I remain tenaciously optimistic about the future of end of life care, and confident Marie Curie will continue to lead the way in transforming it.

We’re making real progress to ensure every dying person, no matter who they are or where they live, has access to the care and support that should be the hallmark of a truly caring society. And with caring people like you by our side, I’m positive we can complete this journey.

Thank you for all you’ve done over the past year to support our work. We couldn’t have come this far without you.

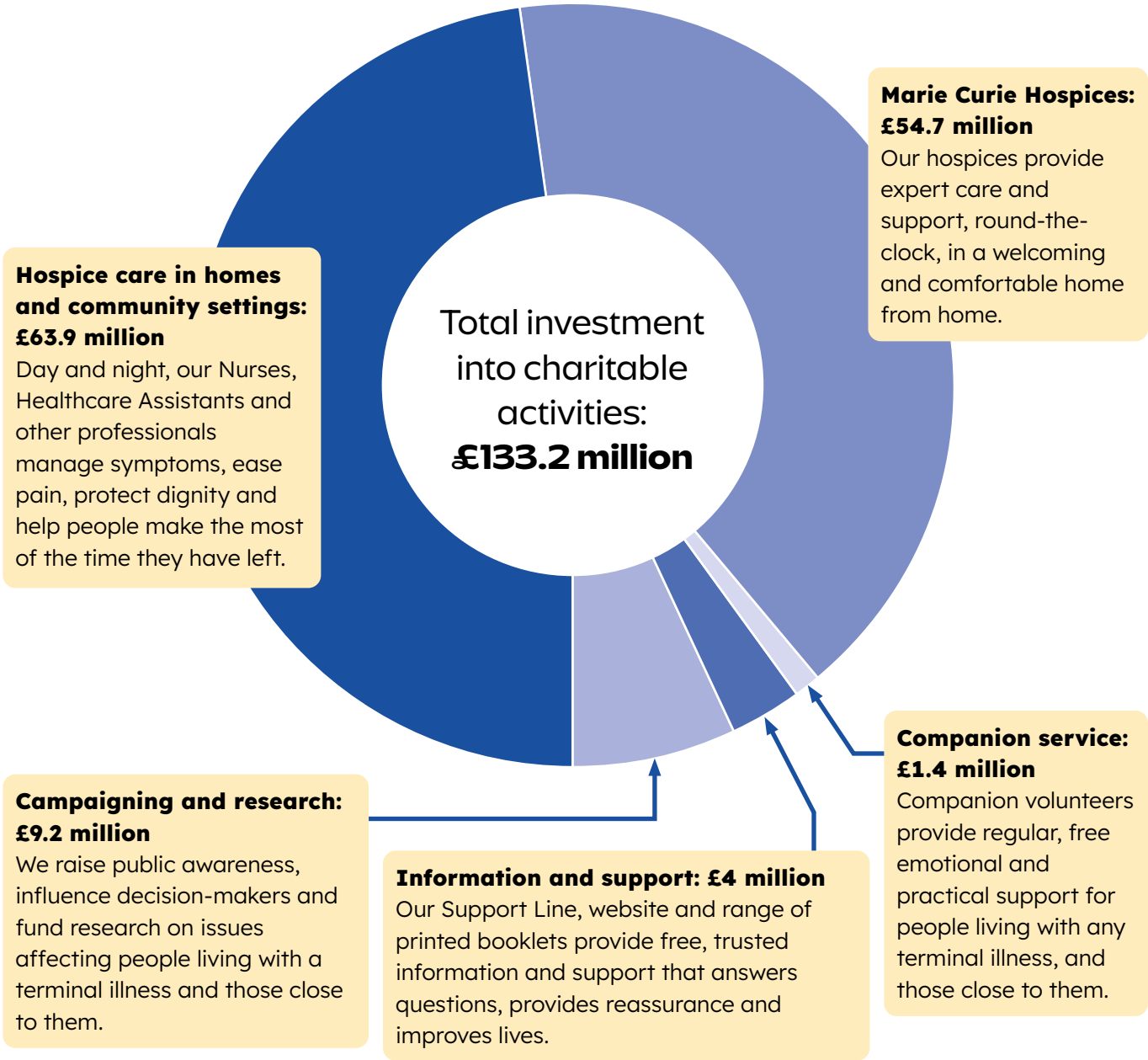
Matthew.

Matthew Reed
Chief Executive

The cost of our services

Over the past year, we spent £133.2 million on charitable activities to provide free expert care and support to people with any terminal illness and those close to them.

A huge thank you to every supporter, volunteer, partner and staff member who helped to make this possible.

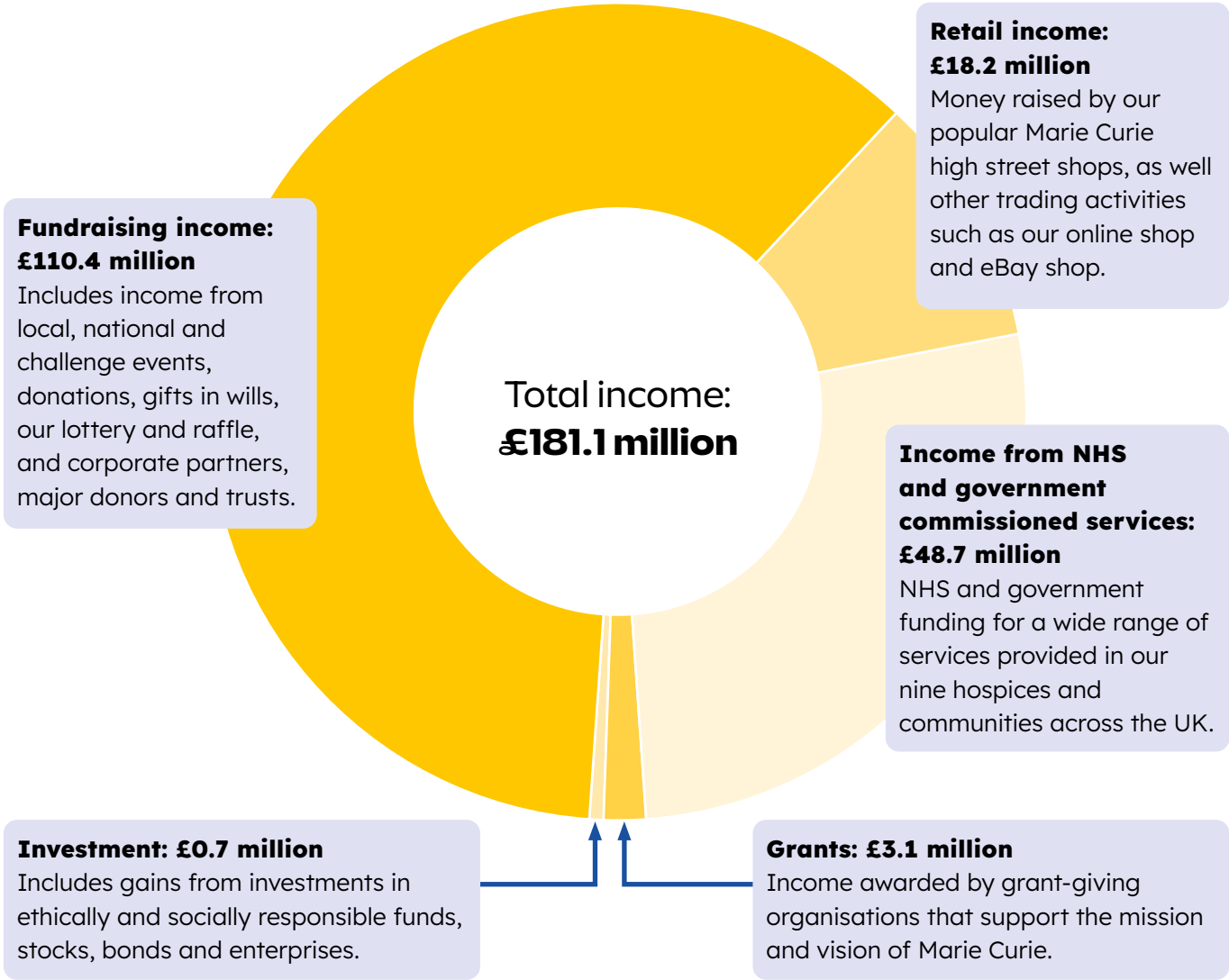


We also invested £56.9 million to raise more money for our services.

Funding our services

Over the past year, the incredible generosity of our supporters – through fundraising, donations and gifts in wills – played a vital role in helping us reach an income of £181.1 million.

Funding from the NHS, as well as grants and other charitable activities, also helped us reach this total.



Our finances

Please see pages 102 to 126 for a full breakdown of our income and expenditure in 2024/25.

Who we are and what we do

Marie Curie is the UK's leading end of life charity.

We provide free expert care and support for anyone living with any terminal illness.

We care for people with a wide range of terminal illnesses including Alzheimer's and other forms of dementia; diseases of the heart, liver, kidney and lung; motor neurone disease; Parkinson's disease; and advanced cancer.

Whether someone has months, weeks or days left to live, we give clinical, emotional and practical care and support, when and where they need it.

We provide this expert care and support in people's homes, in our hospices, or over the phone, and in partnership with local acute care providers throughout the UK. Wherever we deliver care we serve to ease pain, protect dignity and support whole families.

We know our vision of a better end of life for all is possible. And we work tirelessly to make it a reality by campaigning and funding research, as well as providing care and support.

Whatever the illness, wherever you are, we're with you to the end.



Our vision: A better end of life for all

Everyone deserves the best possible care and support at the end of life, reflecting what's most important to them.

We want a better end of life for all. This vision drives everything we do, every day.

Our mission: To close the gap in end of life care

One in four people don't receive the care and support they need at the end of life.

For some, that means going without expert care and support at the right time and place. For others, it means experiencing avoidable pain, financial stress, loss of dignity or isolation.

The gap between those who get the right care and those who don't is growing. And the people who miss out most are those from disadvantaged and marginalised communities.

People in the UK are living longer, with multiple and more complex health challenges. By 2048, the need for end of life care will have increased by up to 25%.

Our mission is to continue closing the gap in end of life care by:

1. transforming our direct care and support
2. delivering more practical information and support
3. leading in shaping the end of life care system across the UK.

To achieve this we know we must:

1. attract and retain a first-class workforce, and support our staff members and volunteers so they can be their best
2. grow our income and strengthen our finances
3. improve how we collect, store, protect and use information and data.

A critical moment for end of life care



Across the UK, the urgency to make sure people receive the right care and support at the end of life has never been greater. Marie Curie, like many in the health and social care sector, faces rising costs of delivering care and insufficient public funding to meet it. Yet, we remain steadfast in our mission: to fight for a better end of life for all.

Growing demand, growing inequality

Dying is changing. Many people are living longer, often with multiple complex conditions. Yet, one in four people still don't receive the care they need at the end of life – leading to emotional distress, financial hardship, and loss of dignity. This gap is widening. By 2048, demand for palliative care is projected to rise by 25%, meaning 147,000 more people will need support each year.

Those most likely to miss out are from disadvantaged and marginalised communities.

Currently, Marie Curie reaches only 6% of the dying population through our existing services. Access to care varies widely by location, and out-of-hours

support is not consistently available. Many people are left with no choice but to call 999 or spend their final days in hospital. People from minoritised ethnic groups, LGBTQ+ communities, and those living in poverty face even greater barriers.

Without systemic change, the gap in end of life care will widen and these inequities will deepen.

A system under strain

The health and social care system we know today is already overstretched and struggling to meet growing demand. Understaffing, overcrowding, and long waiting lists are daily realities for families across the UK.



NHS funding for our commissioned services is inconsistent and not keeping pace with the rising cost of delivering high-quality care. In 2024/25, the NHS funded:

- **47%** of the cost of our Hospice Care at Home services (48% in 2023/24)
- **34%** of the cost of Marie Curie's hospices (39% in 2023/24)

This leaves the majority of costs to be covered by fundraised income. While we are deeply grateful for the incredible generosity of our supporters, which has boosted fundraised income, it still cannot keep pace with the faster rate of increases in the cost of delivering care. This funding model is not sustainable for such a vital part of the healthcare system.

Funding shortfalls and changes in what the local commissioners choose to fund and focus on, have meant that some services have unfortunately been withdrawn by commissioners in certain communities. In some areas, we've had to make the difficult decision to step away from services that were no longer financially sustainable for us to run. Conversely, in other areas we have taken on new services to meet the needs of the local populations and commissioners. In 2024/25, 23 Hospice Care at Home services closed and we took on 20 new services. This resulted in a 13% net reduction in services.

In order to meaningfully close the gap in end of life care, we must transform and adapt to the changing landscape and requirements of commissioners.

Rising costs and financial pressures

Like households and businesses across the UK, we are experiencing the effects of the cost of living crisis. Rising prices for energy, food, and medicines, along with increased wages and National Insurance contributions (adding nearly £3 million in costs for 2025/26), have made delivering care more expensive than ever.

We welcomed the government's £100 million capital funding for the hospice sector in England. But as a one-off investment shared across the entire palliative care sector it will not resolve the long-term revenue challenges or address the deep-rooted inequalities in end of life care.

Most of our NHS funding comes from the English Integrated Care Boards (ICBs) and the respective commissioners in Wales, Scotland and Northern Ireland. We work closely with them to deliver and develop services. However, recent budget cuts mean a number of ICBs across England are restructuring to reduce costs. While the full impact of this is still unfolding, it is having a material impact on our ability to deliver care in the way we have historically. We remain committed to

partnering with commissioners around the UK to ensure people receive the care they need locally in ways that are also financially sustainable for Marie Curie.

Navigating NHS changes in each jurisdiction

The Government's recent *10 Year Health Plan for England: Fit for the Future* includes a commitment to improve end of life care in England over the next ten years. It aims to provide more palliative and end of life care in people's homes or communities, rather than hospitals. It focuses on early identification of those nearing the end of life, personalised care planning, and better training for healthcare staff.

We're committed to supporting and driving this change, working closely with the NHS to expand care in communities, reduce avoidable hospital admissions, and ensure that everyone can die with dignity, supported by the right care.

We're equally committed to supporting the unique priorities of the NHS in Wales, Northern Ireland, and Scotland. We are working in close partnership with each nation to ensure that more people, regardless of where they live, can access the compassionate, high quality, end of life care they deserve. By aligning with local strategies and listening to communities, we're helping to shape services that reflect the values and needs of each nation.



Our response: innovation, collaboration and advocacy

We are committed to delivering care that is timely, compassionate, and tailored to what matters most to each individual. To do this, we are:

- **evolving our care and support portfolio** to support families at the right time and in the right place
- **developing innovative models of care** to reach more people
- **collaborating with partners** across the UK to improve services
- **campaigning for change**, making palliative care a priority for governments and commissioners.

Examples include:

- **Enhanced Hospice Care at Home** to reduce pressure on hospitals
- **technology-enabled nursing** in GP practices to identify patients missing out on palliative care
- **emergency department initiatives** to identify people at the end of life in emergency settings and avoid unnecessary hospital admissions.

Looking ahead

The current reality is unacceptable. Too many people are still missing out on the care they need at the end of life. We must act now.

We are calling for urgent support to strengthen our ability to meet rising demand, respond to changing needs, and reach those who are not getting the end of life care they deserve. Together, we can, and must build a future where everyone receives compassionate, dignified care, no matter who they are or where they live.

Transforming our direct care and support

Provide direct care and support to more people through our Marie Curie professionals and trained volunteers.



Despite a challenging year, our exceptional nurses, doctors, healthcare assistants, allied healthcare professionals and trained volunteers provided face-to-face care and support to tens of thousands of people across the UK.

Day and night, they worked tirelessly to deliver services like those highlighted in this section. In doing so, they eased pain, protected dignity and brought comfort to people nearing the end of life and those close to them.

Thank you to all our wonderful supporters for making this possible. Your kindness and generosity are critical to us reaching people living with any terminal illness, no matter their background or where they live.



31,790

people received our expert
end of life care in the
comfort of their own home.



7,978

people received clinical,
emotional and spiritual
support in our hospices.



76,499

episodes of care* delivered.

* An episode of care is a period during which a person receives care or support from one of our services.

Helping people with complex end of life needs remain at home

Over the past year, our Marie Curie Nurses and other healthcare professionals provided expert hospice care and support to 31,790 people in their homes, day and night.

This included delivering our Enhanced Hospice Care at Home service, which is designed to support people with more complex or rapidly changing needs.

Overseen by a senior palliative care doctor, the service allows people who typically require inpatient hospice care to stay at home, surrounded by their loved ones.

During the past 12 months, we established a new Enhanced Hospice Care at Home service for people living in the north London boroughs of Camden and Islington. This has received hugely positive feedback from local families and healthcare professionals.

Similarly, a new service was also launched in Scotland in May 2024 to support residents of South Edinburgh, Midlothian and West Lothian. It's estimated that over the course of a year, it will prevent 219 unnecessary admissions to hospital, saving the NHS nearly £1.1 million.

Supporting people in hospital to improve their end of life experience

Hospitals – and especially emergency departments – can be frightening and stressful places for people approaching the end of their lives and those close to them.

If staff are too stretched to answer questions and offer reassurance, patients and the people close to them may feel vulnerable, powerless or unseen.

In Plymouth, we launched a new service with University Hospitals Plymouth NHS Trust (UHP) to improve end of life care in hospital and help people receive care in the place they prefer.

A key part of the service is Marie Curie Nurses identifying people in hospital that are approaching the end of their lives. The nurses speak to patients and their loved ones about where they'd like to receive end of life care and helps arrange a swift discharge or transfer to that preferred place.

In Derriford Hospital's emergency department, a Marie Curie Healthcare Assistant also works alongside an end of life facilitator from UHP to provide personal care and emotional support in partnership with hospital staff.

“I am deeply inspired by your teamwork, empathy and commitment to upholding dignity in the most challenging moments. Each one of you embodies the very best of what it means to care for others.”

Praise from a student nurse who worked with our North London Enhanced Hospice Care at Home team



And at Plymouth's Mount Gould Community Hospital, a dedicated team of Marie Curie Nurses manage patients' symptoms and help meet their end of life needs. This hospital recently increased its number of beds for people who choose to receive end of life care in a community hospital setting or can't be cared for elsewhere.

Every year, we expect our new seven-days-a-week service to support over 1,200 people nearing the end of life. Vitally, this will reduce unnecessary time

spent in hospital, prevent deaths in emergency departments, lead to better end of life experiences, and support UHP staff to improve the end of life care provided by the NHS Trust.

As part of this project, we'll also evaluate the service to help inform similar services for other parts of the UK. For example, in 2025, a Marie Curie care team is set to be established in the emergency department of The Royal Free Hospital in north London.

Improving the wellbeing of people with late-stage dementia and their carers

Far too often in the UK, end of life care for people living with dementia is difficult to access and the quality of care inconsistent.

We also know that most people with dementia die in care homes or hospitals, despite our research telling us that many would prefer to die at home.

To help change this in West Glamorgan, we continued to develop our Dementia Care and Respite service. It provides expert, hands-on care and companionship for individuals with late-stage dementia, along with vital respite for family and friends who care for them.

Typically, a Marie Curie Nurse begins by assessing a family's needs and creating a personalised care plan. A dedicated team of Healthcare Assistants then delivers regular home visits, ensuring the person with dementia is comfortable, while also giving their carer valuable time to rest and recharge.



► Please see page 37 to learn more about our investment into research to help people living with dementia have better end of life experiences.

► Please see page 41 to meet Fathi and Francine, who have received vital support from our West Glamorgan Dementia Care and Respite Service.

“The service has meant I’ve been able to stand back and have a breath. I can grab a little bit of my life back.”

Carer who used the Marie Curie West Glamorgan Dementia Care and Respite service

On top of this, a trained Marie Curie Companion volunteer offers ongoing support through regular visits. This involves them providing emotional support, companionship and practical help, such as assistance with household tasks or helping a patient or carer attend appointments.

Overall, this innovative service is helping people with late-stage dementia remain at home at the end of life, while also improving the health and wellbeing of patients and those who care for them.



Expanding our Companion volunteer service to support more people

Our Marie Curie Companion provide regular emotional and practical support in homes, over the phone and in care settings such as hospitals.

The benefits of this vital service are numerous for people approaching the end of life and those close to them. These include reducing feelings of loneliness and isolation, giving carers the chance to take a break, and ensuring the voices of patients and families are heard.

Over the past year, we worked hard to ensure more people benefit from this hugely effective and greatly appreciated service.

In North Yorkshire, we worked with the Harrogate and District NHS Foundation Trust to establish a Companions service at Harrogate District Hospital.

Already, this has helped to bring comfort to patients in their last days, provided much-needed respite for loved ones, and improved communication with ward staff and other hospital departments.

Similarly, we recently trained volunteers to deliver a Companion service in two care homes in Glasgow and one care home on the Orkney Islands.



2,024

Households received face-to-face support from our Companion Volunteers.

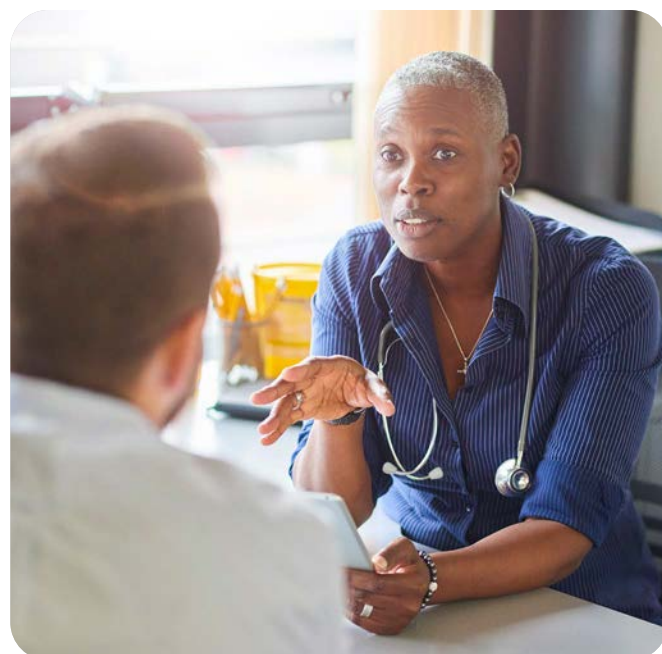
Using AI to ensure more people receive the end of life care they need

Many people fail to be identified by their local healthcare services as being in the last year of their life. This means they often miss out on planned, compassionate care that meets their individual needs and honours their wishes.

To help address this issue in the London borough of Camden, we helped to establish a pilot project that uses artificial intelligence to identify people who are likely to be in the last year of life. This involves the analysis of key health information on GP registers, including diagnoses and hospital admissions.

Once someone is identified who is likely to be in the last year of life, a Marie Curie healthcare professional contacts them to discuss their needs and how Marie Curie and other organisations could support them.

Already, one GP practice in Camden has identified over 200 people with unmet palliative care needs, helping them to receive the right support at the right time.



Improving mental health support for people nearing the end of life

About 60% of people living with an advanced terminal illness experience distress, anxiety or emotional concerns. And at least 1 in 4 people living with a terminal diagnosis experience clinical levels of depression, anxiety, adjustment disorder or low mood.

Despite this situation, the quality of mental health support is not always sufficient or consistent and often depends on where someone lives in the UK.

As a charity committed to supporting the mental health and physical needs of people nearing the end of life, we funded the Mental Health and Wellbeing in Advanced Illness Network (MAIN) in partnership with the University of Edinburgh.

MAIN is a research and knowledge exchange network that brings together academics, health and social care professionals, psychologists, policy makers and people with lived experience of terminal illness. It aims to increase the sharing of the latest research, insights and best practice linked to mental health and people living with a terminal illness.

Over the past year, MAIN has grown rapidly, reaching 363 members across the UK and overseas by April 2025. Looking ahead, the network plans to grow further and help members work together on research that leads to better, more consistent mental health support for everyone at the end of life.

Pioneering cornea donation service brings comfort and purpose

As the UK's leading end of life charity, we're always looking for new and meaningful ways to improve the lives of people living with a terminal illness and those close to them.

During the past year, this included us working with the Scottish National Blood Transfusion Service to establish Scotland's only hospice cornea donation service, based at the Marie Hospice, Glasgow.



The cornea is the clear, curved surface on the front of the eye that helps focus light. When donated after death, corneas can be used to restore or significantly improve the sight of people with severe eye disease or injury.

For people nearing the end of life, corneal donation can bring a sense of purpose and comfort, knowing they can help someone see after they're gone. For families, it can bring pride, meaning and reassurance that their loved one's legacy will live on in a powerful, life-changing way.

At our hospice in Glasgow we discuss cornea donation with residents and their families in a clear, gentle and respectful way and in the 12 month period since its launch eye donations have helped improve the sight of up to 100 people.

Preventing infection to reach and support more people

Preventing healthcare-associated infections (HCAI) helps Marie Curie clinical staff care for more people. It reduces complications that extend hospital stays, and lowers the risk of readmission for further treatment.

Our hospices consistently maintain very low HCAI rates compared to other healthcare providers. In 2024/25, we cared for 1,838 people at our hospices and recorded just six HCAs.

Critical to keeping numbers low is the generosity of our supporters. You help fund our expert Head of Infection Prevention and Control, mandatory infection prevention and control (IPC) training for all our clinical staff, and a network of IPC practitioners who champion best practices in our hospices.

Rapid Access Clinic in Glasgow improving end of life experiences

When people nearing the end of life miss healthcare appointments, the consequences can be significant – physically and emotionally.

Symptoms such as pain and nausea may go unmanaged. Patients and caregivers may feel unsupported and distressed. There may be a lack of clarity about a patient’s wishes in their last days and hours. And avoidable visits to emergency departments and stays in hospital may take place.

At the Marie Curie Hospice, Glasgow, we launched a new Rapid Access Clinic in September 2024 to help tackle this issue. This involves a consultant or senior speciality doctor in palliative medicine seeing urgent referrals or unstable outpatients within a week.

Early results show the clinic is helping to improve symptom control, reduce stress for carers and reduce emergency admissions to hospital for urgent, immediate care.

Meeting the end of life needs of people in prison

We’re here for everyone living with a terminal illness, including people in prison. Compared to the general population, they’re more likely to have life-limiting illnesses and face significant barriers to accessing end of life care.

In the Midlands, we established a consultative service that all 21 prisons in the region can contact for advice on supporting people nearing the end of life. We also educated and trained prison healthcare providers and prison staff on how best to support prisoners who require end of life care.

Our nursing team has visited each prison in the region to assess the support needed to implement NHS England’s *Dying Well in Custody* framework. During their visits they provided direct care to prisoners with palliative and end of life care needs and spoke to prisoners who may be acting as informal carers for their cell mates.

This approach helps manage symptoms effectively, prevent unnecessary hospital admissions, meet emotional needs, and provide bereavement support when a fellow prisoner dies.

Adapting an end of life service to meet the needs of people living on Orkney

We’re dedicated to ensuring everyone has access to the end of life care and support they need, regardless of where they live in the UK.

In line with this commitment, we partnered with NHS Orkney to trial an end of life service for the Orkney Islands. This service featured a Marie Curie Nurse and Healthcare Assistant providing support to the local community.

Although referrals to the service were lower than anticipated, the support provided was greatly valued by patients, those close to them and care home staff.

Building on this experience, we’ve further developed the service to better meet the needs of Orkney’s population and the island’s wider health and social care system.

The new service now involves a Marie Curie Healthcare Assistant delivering a Hospice Care at Home service. This is supported by a recently established Marie Curie Companion volunteer service to provide additional emotional and practical support.

“Every time she came in, I’d think, ‘Oh, thank goodness, she’s here.’ It was just a lovely feeling of calmness.”

A carer in the Orkney Islands talking about a Marie Curie Healthcare Assistant supporting someone close to them

“She hugged me and said, I don’t know what I’d have done if you hadn’t been here.”

As the UK’s leading end of life charity, we’re always exploring ways to ensure more people get the care and support they need. This includes us developing and testing innovative services like the one Healthcare Assistant Rachel is part of at University Hospital Plymouth.

“Currently, the hospital’s staff in the emergency department [ED] don’t have the manpower to provide the intensive, one-to-one support end of life patients and their families often need. The sheer volume of patients is just too much – a challenge we’re seeing in EDs across the UK.

With two other Marie Curie Healthcare Assistants, I support NHS staff in the ED who look after end of life patients. Our aim is to always maintain a person’s dignity and keep them comfortable whilst they’re in the ED.

In the background, we’re constantly keeping the family informed about what’s happening. At the same time, we’re doing our very best to get the patient to their preferred place of care, whether that’s home, a hospice or Mount Gould Hospital in Plymouth.

Being there for people in a stressful environment like an emergency department can mean the world. Recently, a man came in and sadly died while his poor daughter had gone out to make a phone call. She was in complete shock.

I spent time with her to go through everything that was happening now and what would happen next. I told her, ‘Look, you’re going to feel numb. You’re going to feel overwhelmed. You’ve done everything you can for your dad. He’s lucky to have a daughter like you.’

When she left, she hugged me and said, ‘I don’t know what I’d have done if you hadn’t been here.’”

► Please see page 18 to learn more about the innovative service at University Hospital Plymouth that Rachel helps to deliver.



Healthcare Assistant Rachel.

Deliver more practical information and support

Help more people through our services, such as our Support Line and website.



Services like those featured on the following pages play an important role in ensuring accurate, trustworthy and accessible information to support the needs of people living with a terminal illness is available to all.

Our Information and Support services also play a vital role in improving the knowledge and skills of health and social care professionals so they can provide high-quality end of life care to the people they support.

Last year, these services were used 2.5 million times, which was a 7% decrease compared to the previous year. However, this drop was largely due to the transition to our new website, which temporarily reduced our visibility in search engine results, as well as the growing use of AI-generated responses by search platforms.



21,655

enquiries were made to our Support Line, over the phone and online.
11% increase on the previous year.



240,429

people requested or downloaded our information resources.
179% increase on the previous year.



1.6 million

users accessed the information and support pages on our website.
8% decrease on the previous year.



Extending our Support Line service to seven days a week

The Marie Curie Support Line provides free practical and emotional support to anyone living with a terminal illness and those close to them.

In November 2024, it became a permanent seven-day service for the first time, helping us reach more people, and especially at weekends.

Shortly after this change, the Support Line experienced its highest Christmas Day and Boxing Day number of calls and webchats since it was launched, with an 86% increase on the previous year.

Overall, our Support Line team answered 21,655 enquiries during the past 12 months, which was 11% more than in the previous year.

The team was also widely praised for its exceptional care and compassion, with 97% of respondents to our customer satisfaction survey awarding them a perfect five out of five rating.

Providing vital companionship and bereavement support over the phone

Our free **Companion Over the Phone service** supports people with a terminal illness and those close to them by offering weekly calls with the same trained volunteer. These conversations provide consistent emotional and practical support during a difficult time.

Our **Telephone Bereavement Support service** offers up to six free 45-minute sessions with the same bereavement support volunteer. This gives people a safe and confidential space to talk through their grief and process the loss of a loved one.

Together, these two services provided personalised, reassuring support to 479 people – a 20% increase on the previous year.

During the past 12 months, we also introduced several improvements to increase capacity, improve the experiences of people who contact the services, and prepare for long-term growth.

This involved us training volunteers to work across both services, recruiting 18 new volunteers, and creating leadership roles to better support the volunteers and staff who deliver the services.

A new and improved website making it easier to find information and support

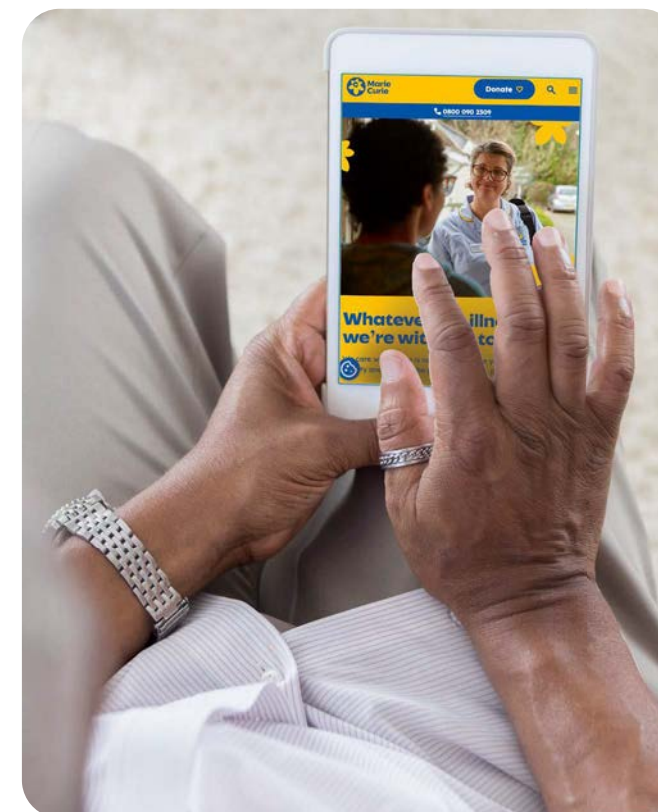
Our website is a vital source of information and support that answers people's questions, directs them to helpful services and provides reassurance during the most difficult of times.

But an evaluation of our old website showed that visitors often found it hard to navigate the site and find the information they needed. We also found the structure of the site made it difficult for our website team to update or add content quickly and efficiently.

To address this, we launched our new website in January 2025. It now offers improved information and support, makes it easier to find content, and provides a better user experience.

Over the past year, nearly 1.6 million users accessed the information and support pages on our website.

While the total was an 8% decrease on the previous year, this drop coincides with the launch of Google's use of AI-generated responses which has impacted web traffic across many sectors and has likely also been influenced due to the new site needing time to re-establish itself with search engines.



Two new initiatives strengthen our online bereavement support

Online bereavement support provides accessible, timely help that can offer comfort, reduce isolation and validate the grief people are experiencing.

With the charity Winston's Wish, we developed six webpages to support adults caring for children and young people when a loved one is living with a terminal illness or dies.

In the two months following the launch of the new content, the six pages were accessed over 7,000 times.

During the past 12 months, we also developed a series of short videos about grief, which were funded in partnership with the Wales Bereavement Information and Support Service and the Welsh Government.

These videos feature bereaved people sharing their ideas about how to live with grief and how to support someone who is grieving.

Between their launch in February 2025 and the beginning of April, the videos were viewed over 3,800 times, helping more people navigate the complex emotions of grief.

Many more supported through our Online Community

Our Online Community is a welcoming, 24/7 space for people living with a terminal illness or bereavement.

During the past year, 9,301 users of the Community shared their thoughts and feelings, received support and helped others going through similar situations.

Significant rise in demand for our information resources

Our free printed booklets, PDF downloads and other information resources help people feel informed, supported and less alone during some of life's most difficult moments.

Last year, demand for these resources rose sharply, with 240,429 requests or downloads – a huge rise of 179% on the previous year.

Improving end of life care knowledge and skills across the healthcare sector

Our free Palliative Care Knowledge Zone equips health and social care professionals with the knowledge and skills they need to provide high-quality, compassionate end of life care.

By building professional confidence and capability, we help to ensure more people living with a terminal illness receive the right support at the right time, so their all-round needs are met.

During the past 12 months, the Knowledge Zone received over 1 million visits from close to 700,000 users. This was a 26% increase in visits compared to the previous year – a positive outcome driven by the improvements we made to our website.

Helping people stay warm and well at home

Our partnership with the Gas Distribution Networks helps people living with a terminal illness keep warm and comfortable at home, and especially during the winter months.

During the past year:

- 2,655 callers to our Support Line received information and guidance about fuel bills and available support.
- 24,220 people accessed 'Help with energy bills' information on our website.
- 6,191 people used our free benefits calculator and discovered they were entitled to over £1.2 million in benefits that could help with fuel bills.
- 4,356 people requested a printed copy or downloaded our information resources on managing energy bills.

Scottish text service boosts awareness of support options

We identified that many people who use our Hospice Care at Home services or our hospices in the north and west of Scotland don't know about all the different ways we could potentially help them. To change this, we developed and then launched a text messaging service in July 2024.

Initially, this involved all people referred to our services in the north and west of Scotland receiving a short text that informed them about



our Support Line and the Support section of our website. The service was soon expanded to include everyone in Scotland referred to our Hospice Care at Home service.

So far, we've sent thousands of texts and received positive feedback from many people who were unaware of our Support Line and other support services before they received our text.

New support website helps people work through their grief

In partnership with The University of Edinburgh and Cruse Scotland Bereavement Support, we funded a new online bereavement support resource for adults in March 2025.

Called *My Grief My Way*, the website features personal videos from people living with a bereavement, as well as practical guidance shaped by grief experts and people who have grieved a loved one.

The aim of the resource is to help people learn skills and practices that will support them as they work through their grief at their own pace.

“Without doubt, those phone calls were a lifeline to me.”

While caring for her husband, Wendy found much-needed comfort and reassurance through our Support Line and Companion over the Phone service. Thank you to all our incredible supporters for making vital support like this possible.

“When I called Marie Curie's Support Line, I was initially looking for support for my husband, Sam. At the nursing home he was staying in, I felt he was going into a depression, and I was very worried about him.

Through that first call, I arranged for a Marie Curie Companion to visit Sam. I wanted him to have someone else to talk to, not just me.

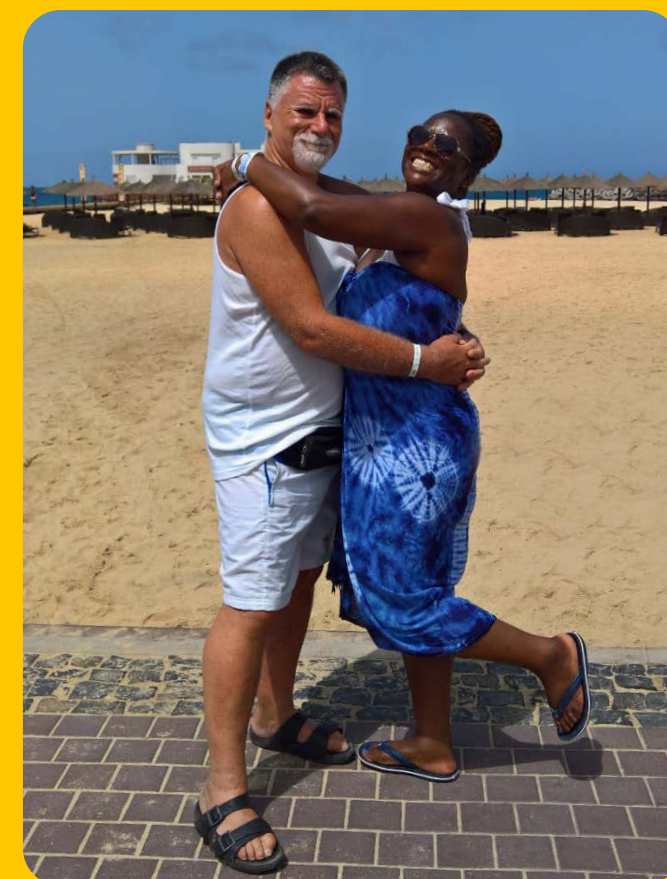
What was also lovely when speaking to the person on the Support Line was that they also asked me, 'And what about you?'. Up until that point, I hadn't really thought about what I needed, despite feeling exhausted, hardly eating, and not sleeping well at all.

After speaking to the Support Line officer for a while, they offered to connect me with a Companion over the Phone. Without doubt, those phone calls were a lifeline to me.

My companion, Laura, would call me once a week at 2pm and I really looked forward to hearing from her. It gave me an opportunity to talk about what I was going through and how I was dealing with it.

I always try to be positive in life, but I can't be positive all the time, and I was free to tell her how I was really coping with everything. She was absolutely brilliant.

After Sam's death, I've tried to help Marie Curie in any way I can. I want people to know that Marie Curie is there for everyone, regardless of colour, creed, sex, whatever. They're there for everybody.”



Wendy and her husband Sam.

Lead in shaping the end of life care system across the UK

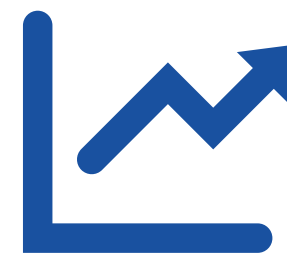
Improve the lives of more people through our research, policy and campaigning work.



Our policy and campaigning work raises public awareness and influences decision-makers on the issues affecting dying people in the UK and those close to them.

While our research work is key to deepening our understanding of end of life needs and highlighting gaps in palliative and end of life care and support.

In this section, you can see how our efforts in these areas are helping us and other organisations improve the lives of many more people across the UK.



391,700

people were positively impacted by our campaigning, policy and research work.



£500,000

invested to better understand the end of life needs of people living with dementia.



24

new priorities developed for research focused on palliative and end of life care.

Putting end of life care on the political agenda in the General Election

The 2024 UK General Election gave us a big opportunity to call on party leaders and parliamentary candidates to listen to the needs of people living with a terminal illness and commit to policies that would improve their lives.

In the run up to the election, we launched our Fix End of Life Care campaign, which urged the next UK Government to provide:

- sustainable funding for maintaining hospice and community-based end of life care
- the right services in every local community
- personalised and joined-up care
- action on poverty and inequality
- support for families and carers.

As part of the campaign, we met key decision-makers from different political parties to discuss our manifesto. They included Labour's Wes Streeting, who later became the new Secretary of State for Health and Social Care.



An incredible 53,000 of our supporters signed our petition, calling on the incoming Prime Minister to make end of life care a bigger priority for the next Government.

Almost 2,000 people emailed their local candidates, asking them to stand up for people with a terminal illness and those close to them.

And we worked hard to secure widespread coverage of our manifesto across local, regional and national media. This ensured many more people heard our message about the urgent need to fix the end of life care crisis.

Overall, we were pleased that palliative and end of life care was explicitly mentioned in each of the Conservative, Labour, Liberal Democrat, Democratic Unionist Party and Plaid Cymru manifestos.

The work we carried out as part of our Fix End of Life Care campaign has also helped us build strong relationships with current MPs.

Since the election, we continued to draw the UK Government's attention to gaps in palliative and end of life care and the changes needed to fill them. This included us meeting with senior civil servants from the Department for Health and Social Care to discuss the new *10 Year Health Plan for England* for the NHS.

Transforming end of life care in Scotland and Wales

In 2025 we launched our manifestos for the upcoming elections in the Scottish and Welsh Parliament elections in May 2026.

Both manifestos focus on the urgent need to transform end of life care in their respective countries and set out key recommendations for future governments in Scotland and Wales.

In the lead-up to the elections, we will work hard to ensure political parties understand exactly what is needed to improve end of life care.

Pushing for the new NHS 10-year plan to improve community-based care

We commissioned the Nuffield Trust and the Health Economics Unit to research how governments across the UK allocate spending on healthcare, social care and social security for people in their last year of life.

Their analysis of 2022 data showed that £22 billion was spent overall, and over half of this (£11.7 billion) was on healthcare – or £18,020 per person who died. Strikingly, 81% of the healthcare spend went on hospital care, just 11% to primary and community healthcare, and less than 4% to hospice care.

This is despite our research – published in October 2024 – showing that most people would prefer to be cared for at the end of life and die in their home or community, rather than in hospital.

In January 2025, we shared these figures with senior civil servants from the Department of Health and Social Care and key decision-makers from NHS England, the Local Government Association and not-for-profit sector.

Together, we discussed what the new research means for the UK Government's 10 Year Health Plan for England. We also presented a number of ways that end of life care could be increasingly delivered in homes and the community, rather than hospitals.

When the new *10 Year Health Plan for England* was published in July 2025, we welcomed the inclusion of several commitments that will benefit people living with terminal illness. These include:

- palliative care professionals featuring in the teams that will provide care in England's 200 new neighbourhood health centres
- using AI tools to identify people who may need palliative or end of life care earlier
- increased digital sharing of care plans among all those involved in a person's care, leading to more coordinated and effective care
- the use of 'multi-neighbourhood provider' contracts, which intend to coordinate end of life care services across multiple communities
- expanded access to personal health budgets that could help more people living with terminal illness receive hospice care at home.



For people in their last year of life, governments in the UK spend five times more on hospital care than on primary care, community healthcare and hospice care combined.

Guiding the future of palliative and end of life research

Despite 90% of dying people needing palliative care, only 0.23% of all the UK’s health-related, non-commercial research funding in 2022 was spent on palliative care research.

To help change this huge imbalance, and make sure future research addresses the needs of people living with a terminal illness, we led the development of revised priorities for palliative and end of life care research.

Published ten years after the original list, the new set of 24 priorities was developed in collaboration with people with lived experience of a terminal illness, healthcare professionals and partner organisations. These partners include the Economic and Social Care Research Council, James Lind Alliance and Motor Neurone Disease Association.

The top research priority on the new list is: ‘How can we best meet the needs of people living with dementia?’ while other priorities include: ‘How can care be better coordinated across organisations?’,

‘How can we help people to die well at home?’ and ‘How can hospital end of life care be improved?’.

The updated priorities mark the start of the next chapter for research into palliative and end of life care. By putting lived and professional experience at their heart, the priorities provide clear guidance for research funders who wish to ensure more people have the best end of life possible.



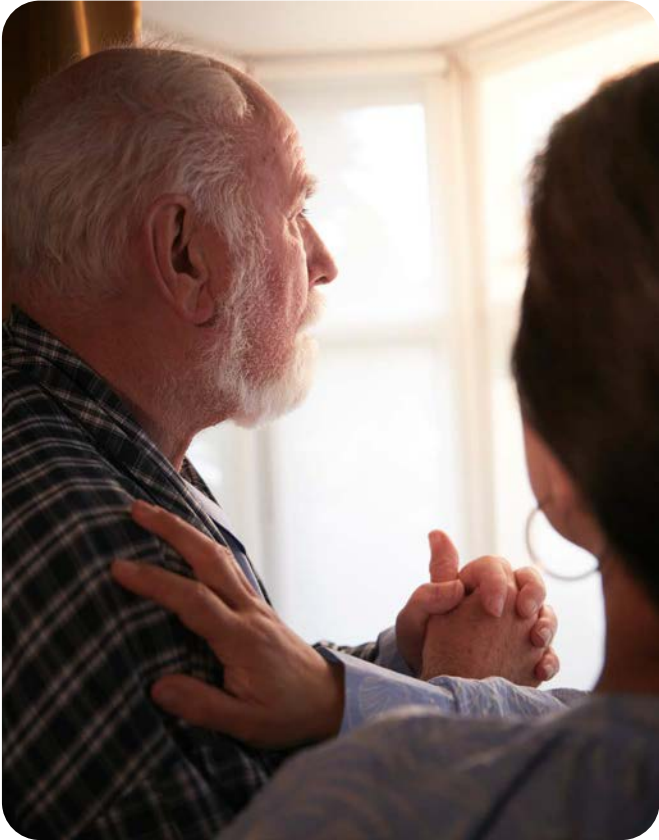
Ensuring people living with dementia have better end of life experiences

Our investment in research helps us provide first-class care and support, and improve our own and other organisations’ services, so more people have the best possible experience at the end of life.

During the past year, we committed close to £500,000 to a major research partnership with the Alzheimer’s Society, which matched our investment.

It aims to increase understanding of the unique needs of people with dementia at the end of their lives, and of those who care for them. The partnership also seeks to identify the care and support that will improve end of life experiences in the real world.

We know this work is absolutely essential. Dementia is the leading cause of death in the UK, yet too often, the end of life needs of people living with dementia remain unmet.



Supporting important clinical trials to improve end of life care

We fund and support a wide range of palliative and end of life care studies, including clinical trials that help determine whether treatment and care approaches are safe, effective and beneficial.

During the past year, we contributed to the UK-wide CHELsea II trial by recruiting 20 participants from the Marie Curie Hospice, Edinburgh.

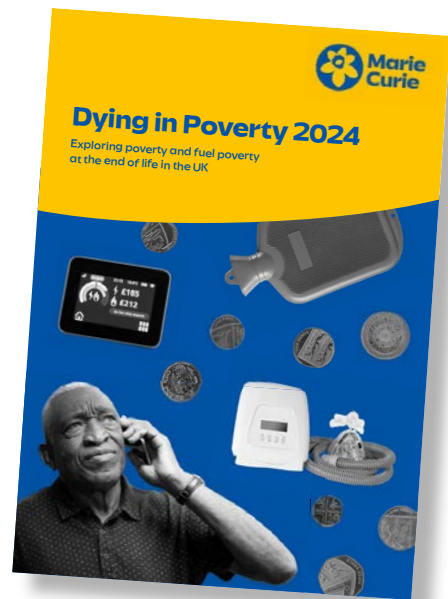
The main goal of CHELsea II is to assess whether giving fluids via a drip in the last days of life can help prevent delirium, which typically involves sudden, severe confusion.

This distressing condition often affects people near the end of life and frequently requires sedation. By supporting research like the CHELsea II trial, we aim to improve care for people living with a terminal illness across the UK.

Improving end of life care for people living in poverty

People living in the most deprived areas of the UK are much less likely to receive specialist palliative care, and more likely to die in hospital, despite a preference to die at home. They also tend to have more symptoms and complex health needs yet face greater barriers to get the right care at the right time.

Over the past 12 months, we continued to address these urgent inequalities. This included us carrying out the following three major pieces of work:



Dying in poverty report

We published new research on poverty and fuel poverty at the end of life. Fuel poverty is when a household spends a large proportion of its income on energy and is left with a low income after those costs.

Our findings revealed that 111,000 people die in poverty every year – many of which are forced to choose between heating, food or powering essential medical equipment.

Our report showed that cutting the cost of energy bills is the most effective way to reduce fuel poverty among dying people – potentially lifting 54,000 people out of it and reducing fuel poverty for 74,000 more.

As a result of this evidence, Ofgem changed its proposed pricing changes. These would have raised bills for people with high energy needs, including those using medical devices at home.

We also urged the UK Government to protect people living with a terminal illness from high energy bills and ensure they have enough income to live comfortably until they die.

Cost of caring report

We published new research highlighting how caring for someone living with a terminal illness can significantly affect a person’s financial stability and work life. Key findings from our report include:

- Every year, up to 762,000 people across the UK are providing unpaid care for someone living with a terminal illness.
- 15% of unpaid end of life carers who live with the person they’re caring for are living in poverty. Alarming, this figure increases to 22% in the year following a bereavement.
- Caring responsibilities can lead to significant financial strain, with carers often forced to take unpaid leave, change jobs, or leave work entirely to meet the demands of caregiving.

Following the publication of our research, we called on the UK Government to make several policy changes to improve the financial and employment outcomes for end of life carers. They include extending Carer’s Allowance entitlement from two months to six months after a bereavement.



300+

people die in poverty every day in the UK – that’s more than 110,000 every year.



Poverty proofing initiative

Bradford is the fifth most income-deprived local authority area in England. This means many people living with a terminal illness from the local community may be struggling to access the care and support they need because of their circumstances.

This is why we commissioned the charity Children North East to undertake a ‘poverty proofing’ project at the Marie Curie Hospice, Bradford. Poverty proofing is a structured approach used to identify and reduce the barriers that people living in poverty face when accessing services.

At our Bradford Hospice, the project included a training session for 101 members of staff, interviews with 60 local residents, and a feedback session with senior leaders and staff from Marie Curie.

Using these insights, Children North East produced a practical guide to help staff at the hospice deliver care and support that’s more accessible and responsive to the needs of people experiencing poverty. The organisation also developed a separate good practice guide for use across the wider health and social care sector.

In its most recent inspection report for the Marie Curie Hospice, Bradford, the Care Quality Commission highlighted our poverty proofing initiative as an example of outstanding practice.

Using new research to highlight the urgent need to improve end of life care

In September 2024, we published the findings of a major survey we conducted across England and Wales with people affected by dying, death and bereavement.

The results revealed an urgent need to improve palliative and end of life care in both countries, with key findings including:

- Too many people die in pain and without the support needed to manage their symptoms.
- Gaps in 24/7 care are preventing people from dying in comfort at home.
- Patients and unpaid carers suffer when communication with and between care professionals is poor.
- The healthcare workforce lacks the capacity to meet the demand for end of life care.
- Unpaid carers take on significant caring responsibilities with little support.

These insights were published in our *Better End of Life 2024* report, which formed the basis of us calling for urgent action once again.

We urged the UK Government to make policy changes to ensure everyone affected by dying, death and bereavement receives the best possible care and support care, now and in the future.

Improving palliative and end of life care for people experiencing homelessness

People experiencing homelessness have some of the poorest health outcomes in society and often face many barriers in accessing the healthcare they need – and especially at the end of life.

During the past year, we continued to work hard to improve the care and support they receive, so they can experience the best possible end of life.

This included us launching The National Homelessness and Palliative Care Network in partnership with Pathway, the UK’s leading homeless and inclusion health charity. The network is an online space where health and social care professionals can connect and share best practice on palliative care and homelessness.

We published recommendations for researchers on how to involve people with lived experience of homelessness in palliative and end of life care research in a safe and supportive way. Central to the recommendations is the importance of working with partner organisations and individuals who already have trusted relationships with people experiencing homelessness, to provide consistent, ongoing support.



We also invested in the continued development of the IMPROVE resource for health and social care professionals. It aims to equip groups of professionals from a local area with the resources they need to improve palliative and end of life care for people experiencing homelessness in their communities.

Equipping ambulance services for palliative and end of life call outs

People with palliative and end of life care needs are increasingly turning to ambulance services, especially when access to GP and community services is limited. Yet senior paramedics have told us that ambulance crews often feel ill-equipped to respond to the needs of these people.

To help address this issue, we commissioned the University of Southampton to survey 900 paramedics about their experiences of providing end of life care. Key findings from the survey include:

- 45% of paramedics reported rarely or never knowing the end of life status of patients.
- Paramedics regularly lack access to crucial information such as patient medical history and advanced care plans.
- Over half of paramedics often or always encounter conflicting views on how best to care for an end of life patient and found it difficult to challenge other health professionals’ recommendations that the patient be taken to hospital.

Building on this research, we coordinated a series of workshops with senior policy makers, healthcare professionals, researchers and representatives from ambulance services across the UK. Together, we explored ways to improve collaboration between ambulance services and palliative care providers.

Key priorities identified include: the need for more comprehensive training in palliative care for paramedics across the UK; and ensuring people receiving palliative care and their informal carers have access to telephone advice lines that can offer them guidance 24 hours a day, seven days a week.

“Marie Curie brings a bit of daylight, a bit of sunshine into our lives.”

As you can read on page 37, we’ve joined forces with the Alzheimer’s Society to co-invest up to £1 million into pioneering dementia research.

This vital investment will help us learn much more about the end of life needs of people like Fathi and Francine, who are currently supported by our West Glamorgan Dementia Care and Respite Service.

“I want to care for Fathi at home,” says Francine. “I don’t want him to go into respite care, because I’ve seen this happen to other people and they’ve deteriorated.

Because of Fathi’s condition, familiarity is extremely important to him. He likes to be surrounded by things that are familiar to him and people he knows well.

This is why I’m just so thankful for the regular care and support we receive from Marie Curie. Without it, it would be very, very bleak. Marie Curie brings a bit of daylight, a bit of sunshine into our lives, and a little bit of respite.

Craig is our Marie Curie Companion. We see him on Tuesday afternoons and all of us might go to a café or garden centre; or if I’ve got a hospital appointment, Craig will take Fathi to the beach or somewhere else and then pick me up later.

Craig has also helped me round the house with things that I can’t do myself and my husband is no longer able to do. So, that’s been a godsend.

Having Marie Curie Healthcare Assistants sit with Fathi also allows me to do things that I don’t normally have time for. For those precious three hours a week, I can just get out and be by myself, and I know that he’s in safe hands.”

► Please see page 20 to learn more about the work of our Marie Curie West Glamorgan Dementia Care and Respite Service.



Francine with husband Fathi and Marie Curie Companion Craig.

Increase awareness of how our position as the UK's leading end of life charity helps people

Raising awareness of who we are and what we do is essential to reaching more people living with a terminal illness and securing vital support for our services and campaigns.

At the same time, our position as a thought leader allows us to put the spotlight on critical issues, shape national conversations and drive meaningful, lasting change.

In this section, you can discover how our efforts in these areas have helped us connect with millions of people across the UK and amplify our impact.

Increasing public and professional awareness through our main media campaign

Throughout the past year, we continued to raise awareness of how we can support people through traditional media such as TV, radio and newspapers, as well as online media, community events and partnerships with national and local organisations.

Our largest awareness campaign ran from October 2024 to March 2025, reaching audiences across a wide range of media channels.

At its heart was a powerful film which showed how Marie Curie cares for and supports people living with a terminal illness and their families, and how the quality of their final months, weeks and days is improved with our support.

To complement the campaign, we produced new videos and materials from our nurses and other health and social care professionals, explaining how Marie Curie can help people nearing the end of life and those close to them.

With people living with a terminal illness, we also created the first ever playlist designed for the last



11 million
people reached through radio coverage.
Our first-of-its-kind music playlist, created with and for people nearing the end of life.



moments of life. Titled *Music for the End*, and originally featuring 10 carefully chosen songs, it celebrates the power of music to bring comfort, connection and meaning.

Overall, our biggest awareness campaign of the past year was a major success, with highlights including:

- **Increased engagement with our Support Line**, with calls and public awareness growing throughout the campaign.
- **Widespread reach of our campaign videos** – millions saw them online and thousands engaged with them on social media by posting comments, sharing and liking.
- **Extensive media coverage for our *Music for the End* playlist** – it generated 1,345 press and online mentions and reached 11 million people through radio coverage.
- **A significant boost in professional engagement** through thought leadership films from our senior team, including our Chief Executive and Chief Medical Officer. They helped increase visits to key webpages for health service commissioners and referrers such as GPs and district nurses by over 30%.

Putting end of life and bereavement in the spotlight through our podcast

Our *On the Marie Curie Couch* monthly podcast continued to challenge taboos around dying and encourage open conversations about end of life.

During the past year, people tuned in an estimated 10,000 times to hear Marie Curie bereavement expert Jason Davidson in conversation with a diverse range of guests.

These included comedian Arabella Weir, actress Emma Samms, presenter Michaela Strachan, musician Chris Difford and celebrity chef Simon Rimmer.



10,000
listens to our monthly
On the Marie Curie couch podcast.



Enhancing Marie Curie's role as a leading voice on end of life issues

During the past year, we strengthened our position as the UK's leading end of life charity by speaking authoritatively on a wide range of topics affecting people living with a terminal illness and those close to them.

We also influenced thinking around the future of end of life care and the need to improve the lives of dying people and their families.

Diverse subjects we addressed in the media in 2024/25 include:

Dying in poverty

Our *Dying in Poverty 2024* report (see page 38) generated 1,182 items of media coverage, reaching an audience of 45.1 million. Highlights included ITV News featuring the report's findings and interviewing Simona, one of the people whose experience is featured in the report.

Assisted Dying Bill

Commentary from our Chief Executive, Matthew Reed, was featured by a wide range of media outlets, including *The Mirror*, *the Mail Online*, *STV News*, *LBC* and *MSN UK*.

Hospice funding crisis

As part of its lead story on the hospice funding crisis, *The Yorkshire Post* published an opinion piece from our Associate Director of Policy, Ruth Driscoll. Here Ruth called for hospices to be awarded multi-year NHS contracts so they can plan services strategically and confidently for the future.

Palliative care funding

Concern voiced by our Executive Director of Research and Policy, Dr Sam Royston, about people losing access to NHS Continuing Healthcare funding was featured in the *Daily Mail* and covered by local media outlets.

Renters (Reform) Bill

Property media outlets reported on our call to amend the Renters (Reform) Bill to better protect recently bereaved people living in privately rented homes. Coverage included quotes from our Chief Executive, Matthew Reed, who highlighted that 400 private renters a day face the risk of eviction following the death of the person they lived with.

Pharmacy closures

A letter from our Associate Director of Policy, Ruth Driscoll, featured in the *Daily Express*. It highlighted that the closure of community pharmacies could prevent people living with a terminal illness from accessing essential medicines.



45.1 million

Estimated audience reach on our media coverage of our *Dying in Poverty 2024* report.

"It is a postcode lottery right now."

Making sure the voices of people with lived experience of terminal illness are heard is critical to us improving end of life care for everyone. Their stories raise awareness of vital issues, help more people discover our services and bring to life the impact of our work.

During the past year, Lynda shared her powerful experience of caring for her mum and two aunts with a wide range of media outlets and MPs. Her story brings to life the stark inequalities in end of life care across the UK – showing how support can vary dramatically depending on where you live.

"I know everyone is short of money, including the Government, but we're talking about the final days of someone's life. No one deserves to die in pain. Everyone should be comfortable and cared for, no matter where you live. But it is a postcode lottery right now.

With my dad's sister, we had a big issue with her medication. Someone somewhere hadn't done some paperwork in time and her pain relief ran out. My cousin and his son had to do a 50- to 60-mile round trip to pick up what she needed.

I just remember thinking, 'What if my aunt didn't have her family looking out for her? If she was single or on her own, what would happen? She'd be left in her bed to die in pain.'

With my mum's sister, Mary, we struggled to get a doctor to come out to look at her. We ended up having to take photos of her and her catheter bag full of blood and emailing it to her GP surgery. They just didn't see her as a priority.

You start to become accepting of experiences like this, but you shouldn't – especially when you see how different it can be. When my mum was diagnosed with pancreatic cancer, she went straight to the Marie Curie Hospice in Solihull.

Compared to the hospital, it felt completely different from the moment we arrived. You automatically think a hospice will be a sad place and there wouldn't be any laughter, but we found it to be the complete opposite. At every turn, there was always someone to support Mum, my sister Angela, and me. Everything we needed was in that one place."



Lynda was interviewed and appeared on ITV News.

Attract and retain a first-class workforce

Supporting our staff members and
volunteers so they can be their best.



Our goal is to ensure everyone living with a terminal illness and those close to them receive the best possible care and support at the end of life.

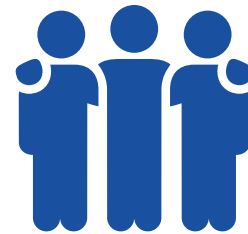
To achieve this ambition, we're committed to helping our employees and volunteers thrive, while creating a culture that's open, inclusive and truly representative of the diverse communities we serve.

In this section, we highlight the actions we took during the past year to encourage and enable personal growth, and create supportive, empowering working environments.



9.1

out of 10. The average score
for how meaningful staff
feel their work is.



1,279

new volunteers recruited
taking our total to 4,792.



5.9%

decrease in the gender
pay gap median.

Advancing equality, diversity and inclusion throughout our organisation

Over the past year, we undertook a range of important initiatives to establish a more equal, diverse and inclusive working environment for all our staff members. These included:

- **Updating our equality impact assessments** to ensure we better assess how our policies, practices and decisions might affect people differently based on characteristics such as age, race, disability, gender or religion.
- **Delivering an equality, diversity and inclusion (EDI) workshop and consultancy** to our Talent Acquisition team to embed fairness and reduce bias throughout our recruitment processes.
- **Introducing an organisation-wide training module on fair recruitment and selection** - this helps to give managers the guidance and practical tools they need to be fair when recruiting staff members and volunteers.
- **Delivering accessibility and cultural competence workshops** to help internal teams improve their EDI and accessibility knowledge and skills.
- **Supporting our women's, disability, staff bereavement, working parents, and ethnic minority networks** - they help staff members to connect, provide mutual support and shape organisational policies and practices.



- **Carrying out an organisation-wide analysis of our EDI work** - following this evaluation, we identified key actions for 2025/26 to further increase equality, diversity and inclusivity at our organisation.

These efforts include fostering greater diversity of thought at leadership levels, integrating EDI principles into our new behaviour framework for employees, and improving how we gather demographic data relating to our workforce to support diversity and inclusion in the way we hire, retain and promote our staff.

- **Working with disabled people** - The charity's policy is to give full and fair consideration to suitable applications for employment by disabled people, having regard to their particular aptitudes and abilities. Disabled employees are eligible to participate in all training, career development and promotion opportunities available to staff. Opportunities also exist for employees who become disabled to continue their employment or to be trained in other positions in the charity.

Creating a culture where everyone can thrive

We're committed to creating an inclusive culture, where every employee can fulfil their potential and make their fullest contribution.

Our employment policies and processes relating to equality, diversity and inclusion, reasonable adjustments and zero tolerance to abuse and discrimination support a culture in which decisions are based solely on individual capability and potential in relation to the needs of the charity.

We recognise that a diverse workforce helps us better understand the needs of our patients, the people who use our services and our supporters, allowing us to tailor our services more effectively.

Strengthening our workforce through a consistent performance review

In April 2025, over 1,500 of our nurses and healthcare assistants joined the rest of our workforce in being assessed through a unified performance review process.

A performance review is a structured assessment of an employee's work, achievements and development, and covers goals met, key strengths, areas for improvement, and future objectives.

Using the same performance review process for all staff will help to ensure consistency and fairness in how performance is measured. It also enhances clarity around expectations, improves organisational efficiency, and supports a more inclusive and transparent workplace culture.

Engaging and communicating with colleagues

We regularly gather colleagues' feedback, measuring their level of engagement. Our Chief Executive publishes a weekly internal interactive blog and provides business updates to the whole organisation at fortnightly virtual sessions. At quarterly 'town hall' style meetings, our senior leaders talk through the charity's progress against our strategic objectives to make sure colleagues feel connected to our overall goals.

We send weekly internal communications updates to all colleagues using email, internal social media and the intranet. And every year, we run an engagement/feedback programme with colleagues via a comprehensive engagement survey and a shorter follow up pulse survey.

The Chief Executive and other senior staff make regular visits and hold open meetings with our teams and volunteers across the organisation and throughout the UK. These visits and meetings are a valued opportunity for conversation and sharing knowledge.

Boosting the professional development of our caring services professionals

Our Career Development and Progression Frameworks (CDPF) are practical toolkits that support the learning, growth and career progression of clinical professionals such as our Nurses, Healthcare Assistants, Allied Health Professionals and Social Workers.

Developed in 2022, they were seen as a resource that could help us recruit and retain first-class caring professionals. However, recent staff feedback highlighted the need to make the CDPFs simpler and easier to use.

In spring 2025, we launched our revised CDPF for each group of our clinical professionals. Over the coming year, we'll evaluate their impact, but we expect them to support development conversations during performance reviews and encourage open discussions between staff and their line managers.



Restructuring our volunteer work to improve our volunteer experience

We greatly value people who generously give their time and energy to support our cause. This is why we're always looking for ways to ensure they enjoy the very best experience when supporting our work.

In 2024/25, we moved our volunteer work into our core Human Resources (HR) teams, rather than have a dedicated Volunteering team. This change is helping us recruit, manage and support our volunteers in a more consistent, effective and safe way. It's also helped to reduce the duplication of work and cut organisational costs.

As part of our volunteering restructure, we introduced a new automated joining process for our volunteers. Based on the successful model used for our employees, the new journey has delivered several important benefits. These include:

- reducing the time it takes for a person to become one of our amazing volunteers – an average of 16 days from receiving an application
- allowing new volunteers and staff to easily track progress throughout our joining process
- making it easier for new volunteers to ask questions during the joining process and improving the speed and quality of our responses.



Transforming our recruitment process to strengthen our workforce

We established a new Talent Acquisition Centre of Excellence in our HR department to increase our ability to recruit and retain first-class employees and reduce recruitment costs.

As well as saving us over £350,000 per year, the work of the centre has helped to increase our job offer acceptance rate from 80% in 2023/24 to 86% in 2024/25. This increase reflects our improved candidate experience; more appealing job offers and a stronger employer brand.

We also reduced the average time from advertising a role to making an offer to 35 days. Filling roles faster helps us build a strong team, boost morale and deliver timely, high-quality care to more people living with a terminal illness.

To attract a broader range of applicants to our staff and volunteer roles, we tailored recruitment campaigns to specific audiences and used new media channels. We also worked hard to better demonstrate how every role at Marie Curie – no matter the position – contributes to our organisational vision and makes a real difference to people living with terminal illness.



At the end of March 2025, we had 4,792 volunteers, including 1,259 recruited during the previous 12 months.

Protecting our employees, volunteers and the people we support

We're committed to ensuring a safe and supportive environment for our employees, volunteers and everyone we support or who we engage with through our work.

As part of this commitment, we did the following over the past year:

- Carried out a safeguarding audit of our hospices, Hospice Care at Home services, and Information and Support services. Overall, results were positive, and tailored action plans were developed for places where safeguarding improvements were needed.
- Developed a new safeguarding assurance framework to strengthen our compliance with legal and regulatory requirements across our organisation.
- Evaluated the effectiveness of our domestic abuse policy and online training module. These were launched in February 2024 to help staff recognise signs of domestic abuse and provide better support for people affected. Feedback was very positive, with 100% of survey respondents saying they found the training useful.

Helping staff and volunteers get their concerns heard

Creating a workplace where all staff and volunteers feel confident to speak up is essential to driving improvement and delivering excellent care for people living with a terminal illness. We want every member of our workforce to feel comfortable raising concerns about anything that doesn't feel right or align with Marie Curie's values, as well as sharing ideas for better ways of working.

In February 2025, we appointed our first dedicated Freedom to Speak Up Guardian to build on and strengthen our existing efforts in this area. This is an independent, impartial role that supports staff and volunteers to speak up, while helping leaders embed a 'speak up, listen up, follow up' culture at Marie Curie.

Supporting the Guardian is a diverse network of 29 Freedom to Speak Up Champions across our organisation. They help raise awareness and signpost colleagues to the different ways they can speak up.

This year, we also assessed what we need to do to create a workplace where everyone feels confident to speak up, and where we listen, learn and improve. Our findings are helping to shape our new Freedom to Speak Up strategy and improvement plan.

Turning feedback into meaningful change across our organisation

We're dedicated to listening to our employees and acting on their feedback, so everyone feels engaged, informed, supported and valued. To help deliver on this promise, we carried out our latest Marie Curie people survey in November 2024.

Key results from the survey included high scores for 'feeling work is meaningful', 'feeling confident to report concerns', and 'knowing what's expected of me'. Our most improved area was 'Communication of our strategy', reflecting our focus on this topic since our previous full people survey in October 2023.

Areas in need of improvement included 'the day-to-day presence and visibility of leaders', 'rewarding performance and achievements' and 'receiving recognition from colleagues and leaders'.

Based on what colleagues told us, our action plan going forward will focus on:

- turning our strategy into clear, actionable priorities at both organisational and directorate levels, and making sure all staff know them
- strengthening leadership presence by making leaders more visible, accessible and actively involved across the organisation
- increasingly embedding a culture of recognition where employees are regularly acknowledged, appreciated and celebrated for their efforts and achievements.

Taking care of our employees' wellbeing

Looking after the wellbeing of our employees can help protect and improve their physical and mental health and lead to greater job satisfaction. It can also benefit our organisation by driving higher productivity and performance, reducing absence, improving our reputation as an employer, and helping us retain staff.

During the past year, we carried out key activities to help boost the wellbeing of our workforce. These included:

- **Creating a new wellbeing hub on our intranet.** It features advice and resources on mental and physical wellbeing, financial wellbeing, spiritual wellbeing, bereavement and substance misuse, as well as guidance for managers to support the wellbeing of their team members.
- **Launching two e-learning courses for managers** to help them look after their own wellbeing and support team members effectively.
- **Supporting our Bereavement network and Working Parents and Guardians' network**, as well as delivering awareness sessions on a range of topics, including grief and autism.
- **Relaunching a new, enhanced employee assistance programme**, which offers staff members access to services and online applications that can support their physical and mental wellbeing.

Fair and transparent pay for all our employees

We make sure pay for all our staff is fair, consistent, and in line with national standards.

For most of our clinical and clinical support staff, pay follows the NHS *Agenda for Change* terms and conditions. For other roles, such as managers and support functions, salaries are set using the Korn Ferry independent job evaluation system, which helps us create fair pay structures and review them against similar roles outside Marie Curie every year.

For our Executive Leadership Team, pay is also set using this independent evaluation system and external comparisons. Each year, our Trustees' Nomination Committee reviews and decides pay for the Chief Executive and other executive leaders.

Addressing the gender pay gap

Closing the gender pay gap is an important step towards fairness and equality, which can support better recruitment, improve staff retention and morale, and boost overall organisation performance.

Taking this important action also strengthens our reputation as an employer and helps more women progress into senior roles, leading to more diverse leadership and decision-making.

During 2024 we saw encouraging progress:

- **6.6% pay gap median (12.5% in 2023)** – the difference in hourly pay between the middle-earning man and middle-earning woman when all employees' hourly wages are lined up from lowest to highest.
- **14.7% pay gap mean (15.4% in 2023)** – the difference between the average hourly pay of all male employees and all female employees.

Overall, these figures show our efforts to close the gender pay gap are having a positive effect. The significant drop in the median is particularly pleasing, as this is often seen as a more accurate reflection of the typical employee experience.

"It's my ideal job and everything about it is rewarding."

Your donations, fundraising and gifts in Wills are critical to Marie Curie having first-class volunteers and staff members like Healthcare Assistant Julie. Thank you for making our vital end of life care possible.

"I started volunteering for Marie Curie after my mum passed away from cancer. I just thought I wanted to give a wee bit back because I know what it's like not having support. You're exhausted, mentally and physically. I learned about the Marie Curie Companion service and thought this is what I want to do.

I volunteered for the Companion Service for five years and absolutely loved it. I'd recommend it to anyone. I'd go to people's homes once a week to do some arts and crafts or just sit and chat with a cup of tea. My time gave families a wee bit of respite and the chance to maybe go get prescriptions or shopping.

While doing the volunteering, I also started a new job doing home care in the community for my local HSCP [Health and Social Care Partnership]. Then, my volunteer manager at Marie Curie told me about a healthcare assistant job that had come up at the charity's hospice in Glasgow.

The role has been everything I expected and more. The staff come together and everyone supports each other. It's my ideal job and everything about it is rewarding.

In the ward, you could have a patient that's only got a couple of hours left to live. It's such a privilege to be able to look after them during that time. While downstairs, in the wellbeing centre, I speak to people who come in scared and anxious and help make them feel comfortable and at ease."



Healthcare Assistant Julie.

Grow our income and strengthen our finances



Throughout the past year, we looked in detail at how we could increase income, reduce unnecessary costs and increase efficiency to strengthen our financial resilience, now and for the long-term.

In this section, you can read about our efforts in these areas, including how we collaborated with wonderful volunteer fundraisers, supporters and partners to raise a fantastic £128.6 million.

Already, we’re using these vital funds to care for and support people living with any terminal illness and those close to them.



Great Daffodil Appeal

Our flagship spring fundraising campaign, the Great Daffodil Appeal, bloomed bright in 2025 – raising £3.9 million.

Over half of this amazing total came from local and community fundraising, donations made up 34%, and retail and trading activities contributed 10%.

Every daffodil pin worn, pound donated, and fundraiser held during the Great Daffodil Appeal helps provide expert care and support for people living with any terminal illness and those close to them.

Our special events

It was a record-breaking year for our special events, with a superb £2.5 million raised across ten events.

This year we were delighted to bring back our **Great Wine Dinner and Auction** for the first time since 2019. Hosted at the magnificent Two Temple Place in central London, it raised £431,000, helping us provide expert, compassionate care to more people living with a terminal illness and the people important to them.

Another standout moment from the year was being named, for the first time, a headline charity partner

of the **Care Sector Fundraising Ball**. Held at the Grosvenor House Hotel in London, this spectacular evening of entertainment raised an impressive £80,000 to support our vital work.

A huge thank you to all our patrons, committee chairs and members for making these wonderful achievements possible. We're truly grateful for your commitment, energy and generosity.

Gifts in Wills

In 2024/25, we received a superb £48.4 million in gifts in Wills – our highest total ever for a single financial year.

We were also delighted to hear from so many people who shared their intentions with us – whether they've already included a gift in their Will (a pledger), are planning to do so (an intender), or are interested in exploring the possibility (an enquirer).

In total, we connected with 25,156 pledgers, intenders or enquirers in 2024/25, which included a 33% increase in enquirers and a 15% rise in pledgers compared to the previous year.

These growing numbers show the deepening commitment people have to our mission and the lasting difference they want to make.



Retail activities

Despite a challenging retail environment and a decline in the quality of donated goods, our Marie Curie stores and other trading income raised an impressive £25.2 million – a 9% increase on the previous year.

Driving this growth were new goods sales surpassing £1 million for the first time, a record year for our eCard donations, and our Amazon store reaching its highest annual total to date.

We also introduced a ‘round-up donation’ initiative in our stores, inviting customers at the till to round up their purchase total to the nearest pound in support of our work.

To strengthen supporter engagement, we launched a new loyalty scheme for store customers, with over 400 customers signing up within the first month. The scheme allows us to offer rewards for our returning customers, and become the brand of choice on the high street.

In October 2024, we opened our first EDIT by Marie Curie store in Chapel Allerton near Leeds. The EDIT concept is to press pause on fast fashion, and offer quality, well made, ‘slow fashion’ clothing that is reused/shared to extend its lifespan and reduce global waste. We want to reach those sustainably conscious customers who wouldn't normally visit a charity shop: our EDIT store stands out as a fashion boutique operating for Marie Curie, with the money it raises supporting our cause.



Door-to-door fundraising

Our in-house door-to-door fundraising team is still in its early stages, having been established in 2024. As the team continues to grow, the majority of our door-to-door fundraising is carried out by professional fundraising agencies.

Last year, these face-to-face conversations made a real difference, with over 20,000 people signing up to support our work. This was a significant increase from around 16,000 new supporters in the previous year – a clear sign our message is resonating and inspiring action.

All professional fundraising agencies who work on our behalf receive comprehensive training, including how to recognise and protect vulnerable people. We reinforce this training through regular checks, reviews and mystery shopper visits.

Major donors

In a challenging year, we're deeply grateful to our major donors for their unwavering generosity. Their remarkable support helped us raise an outstanding £584,000 in major gifts.

This vital funding is helping us care for people living with terminal illness today and ensure we're here when we're needed most, now and in the future.

Trusts and foundations

Over the past year, we received over £5.4 million from trusts and foundations.

A major highlight was the Oak Foundation donating a grant of more than £1 million in March 2025. Over the next three years, we'll use this generous funding to embed Marie Curie nurses into primary care teams, with the aim of improving end of life care for around 760 people living in care homes.

We're deeply grateful to the Oak Foundation and all the other trusts and foundations that supported us during the past 12 months. The continued backing of organisations such as the Pears Foundation, The Albert Hunt Trust, The Syncona Foundation and The Harry & Mary Foundation helps us plan ahead with confidence, strengthen our services, and, ultimately, reach more people who need our support.

Delivering outstanding supporter experiences to increase our income

Throughout the past year, we worked hard to deliver an outstanding experience for everyone who supported us – from individual fundraisers to major partners.

We know that trust, respect and transparency are key to building lasting relationships with our supporters so we can grow our income and strengthen our finances.

Thanks to this effort, all areas of our fundraising performed strongly in 2024/25. This led to our fundraising income reaching a total of £110.4 million – a 18% increase on the previous year.

► Please see pages 64-66 for more information about how we manage our fundraising.

Our fundraising heroes

We're incredibly grateful for the dedication and generosity of every individual who raises money to support our work.

Fundraising heroes like those featured in this section make it possible for us to be there for thousands of people and keep improving end of life care across the UK.

Thank you to all our incredible fundraisers.

Mark Hanna

The Time Ball organised by Mark Hanna, a member of our Northern Ireland Development Board, raised an extraordinary £202,000.

Held in Belfast in November 2024, the Time Ball is a biannual gala event that features a silent auction with exclusive prizes generously donated by supporters and partner organisations.

Stephanie Wint

For over 34 years, Stephanie has been an absolute fundraising superstar. Every year, she uses two weeks of her annual leave to support our Great Daffodil Appeal.

Thanks to her passion and dedication, Stephanie has raised almost £30,000.

“My philosophy is: Do good and you will feel good.”

Stephanie Wint



Olivia Jenkins

In memory of her mother and brother, Olivia organised her second Walk and Talk event, which covers the 313km from Cardiff to London.

For parts of the walk, people joined Olivia to talk about the death of loved ones and support each other, turning the journey into a powerful space for reflection and healing.

Overall, Olivia's two Walk and Talks have raised over £23,000.

Jennifer and Donald John Morrison

Jennifer and Donald have literally gone to great lengths to raise thousands of pounds to support our work. Their incredible exploits include tackling The Great Glencoe Challenge, a 26.2-mile trek through some of Scotland's most dramatic landscapes, and hiking up Ben Nevis, the country's highest mountain.

More sedately, Jennifer and Donald have also taken part in our Walk Ten 10k event, Blooming Great Tea Party and many of our other community fundraising events.

Padstow to Rock Swim Team

Since 2011, over 4,000 people have fundraised for us by taking on the one-mile swim from Padstow to Rock, which crosses the beautiful Camel Estuary in Cornwall.

This year, the amazing Padstow to Rock Swim Team organised another thrilling event and helped to raise over £105,000. Wonderfully, this now takes the swim's overall fundraising total for Marie Curie to more than £1 million.

Chris Crook

Chris goes above and beyond every year to organise an annual golf event to help us provide our free expert care and support to more people. Held this year at Inverness Golf Club, the event raised a fantastic £28,000.

Thanks to his amazing commitment, Chris has now fundraised over £45,000 for Marie Curie – an outstanding achievement that's making a real difference to many families across the UK.

Jayne Cumming

Jayne began volunteering at the Marie Curie Hospice, Glasgow fundraising office after we helped fulfil her dad's wish to die at home.

13 years later, Jayne has raised thousands of pounds and volunteered at many of our fundraising events.

Her passion and commitment have helped many other people benefit from the same expert care that meant so much to her family.

Our fundraising groups and volunteers

Our inspiring fundraising groups play a vital role in growing our income by championing national campaigns like our Great Daffodil Appeal and other annual collections.

These passionate groups also organise local fundraising events and activities, raise awareness of our services, and encourage people, clubs and organisations from their communities to fundraise for Marie Curie too.

Highlights from the past year include:

- 327 Marie Curie fundraising groups raised an impressive **£2.3 million** through local activities such as collections, sponsored abseils and Christmas wreath making.
- Collection box coordinators, collection organisers and other individual volunteers raising a superb **£552,000**.
- Clubs, groups and associations such as Lions Clubs International and Rotary International coming out in force to support our work and raised **£450,000**.
- Fermanagh Fundraising Group in Northern Ireland smashed its way through the £1 million fundraised mark by raising a fantastic **£123,000** in the past year.

Corporate partnerships

Building mutually beneficial partnerships with local, regional and national companies is hugely important to us growing our income and strengthening our long-term financial sustainability.

Last year, our corporate partners had a truly fantastic year by fundraising or donating over £5.4 million to help everyone have a better end of life.

Thank you to everyone who got involved and supported our work. We couldn't care for so many people without you.

Superdrug and Savers

Superdrug and Savers had a phenomenal, record-breaking year – raising over £2.2 million for the first time. Fundraising initiatives that helped them reach this fantastic total included the Superdrug SuperCruise charity ball and Pennies, which invites customers to make small donations at the till when paying by card.

National Garden Scheme

We celebrated our twenty-ninth year working with the National Garden Scheme, which involves visitors gaining unique access to over 3,500 exceptional private gardens.

So far, our longest standing corporate partner has raised nearly £12 million to help us support people living with a terminal illness and those close to them.



KPMG UK

Our three-year partnership with the leading professional services provider came to a close in February 2025, and what a success it was, with a brilliant £1.8 million raised.

During the partnership, around 9,400 staff members at KPMG UK gave an incredible 92,950 hours to fundraise or support our work in another way. One standout initiative was the Top of the Shops challenge, where teams of colleagues took over a Marie Curie shop for a day and competed to see who could boost sales and stock the most.

SPAR UK

Our partnership with the convenience store chain celebrated a major milestone in the past year when its fundraising total hit an incredible £4 million.

Since 2017, in-store fundraising campaigns, community challenges, staff-led events and products that donate directly to Marie Curie have all helped to make this achievement possible.

Morrisons

In November 2024, we were delighted to be announced as the supermarket's charity partner. Over the next three years, this exciting partnership aims to raise an ambitious £15 million to help families across the UK receive the best end of life care possible.

Since the partnership began, Morrisons staff and customers have shown tremendous support. In just the first five months, they raised nearly £2 million through in-store fundraising, product sales, events and challenges.

“Our partnership will create more moments that matter for those living with terminal illness, and help fund more Marie Curie nurses in local communities.”

Rami Baitiéh, Chief Executive, Morrisons



AG Barr

Now in its third year, our partnership with AG Barr has continued to thrive.

A key driver of its success has been the enthusiasm and commitment of the company's staff. This year, they raised vital funds by undertaking a variety of fundraising activities including a daring zip wire across the Clyde.

Chivas Brothers

In July 2024, we began a new two-year partnership with Chivas Brothers, the renowned Scottish whisky producer.

As part of the partnership, the company has generously committed to donating £40,000 to help more people have a better end of life. Chivas Brothers also aims to donate a further £40,000 through employee-led fundraising activities, including staff members taking part in the Glasgow Kiltwalk and holding bucket collections during the Great Daffodil Appeal.

GAP Group

A committed corporate partner since 2015, the hire group donates 0.5% of its profits to charities from across the UK, including Marie Curie.

Thanks to the GAP Group's generosity over the past 10 years, it has helped us provide an incredible 1,964 hours of expert nursing care to families across the UK.



Greenbelt Group

The Greenbelt Group, which maintains and manages green spaces on residential developments, has been one of our valued corporate partners since 2020.

Over the past year, they continued their generous support for our vital work through employee fundraising activities and by attending special events such as our Glasgow and Yorkshire Brain Games.

How we strengthened our corporate partnerships

Employees from our corporate partners play a vital role in boosting our fundraising income, raising awareness of our services, and using their energy, skills and time to support our work.

To help grow our income and strengthen our financial resilience, we improved our offer to them by:

- Creating and testing new volunteering opportunities to engage more employees in supporting our work, for example, writing thank you cards at the Marie Curie Hospice, Bradford to help strengthen our engagement with supporters.
- Developing a new process to better identify where and when we need support from corporate volunteers and which of our corporate partners would be most suitable to meet a particular need.
- Expanding the number of ways that employees from corporate partners can freely share their expertise, ideas and networks to support our work.

Becoming even more efficient so we can reach and support more people

To save money and maximise the impact of our supporters' fundraising and gifts, we know it's critical that our organisation operates as efficiently and effectively as possible.

Throughout the past year, we took a close look at many areas of our work to improve systems, streamline processes and identify smarter ways of working.

Below are just some of the ways we successfully reduced costs and made our organisation more sustainable now and for the future.

Reducing our recruitment costs by 70%

During the past 12 months, we transformed our recruitment approach to further strengthen our organisation. One of the most significant achievements from this work has been a major reduction in our recruitment costs.

In the previous two years, recruitment spend averaged £500,000 annually. But by shifting to direct sourcing, increasing our internal capability and managing our recruitment suppliers more effectively, we reduced this to £150,000 – a 70% saving that frees up over £350,000 for other areas of our work.

IT costs cut by £1.2 million per year

As part of a major initiative, we successfully reduced our information technology (IT) budget from £8.5 million to £7.2 million – delivering annual savings of £1.2 million.

Key to this reduction were a strategic restructuring of our IT department, renegotiating terms with our IT partners, and identifying and eliminating unnecessary costs.

Automation technology saves £160,000 annually

In the past year, we continued to explore how automation technology could save our employees time, reduce organisational costs and help us reach and support more people.

As a result, we managed to automate 17 processes that were previously manual. These include electronic referrals from health and social care professionals, criminal record checks, and reviews of the IT systems, applications and data that employees can access.

Overall, these steps to increase efficiency will save us 1,200 days of staff time every year and £160,000 annually.



Managing our fundraising effectively

In another year of financial pressures and uncertainties, we remained focused on making sure our fundraising management and processes were as effective as possible.

Regulation

We're registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. Alongside other charities, we contribute to the costs of the regulator.

We review compliance and take corrective action where required. We also employ a dedicated Compliance Officer.

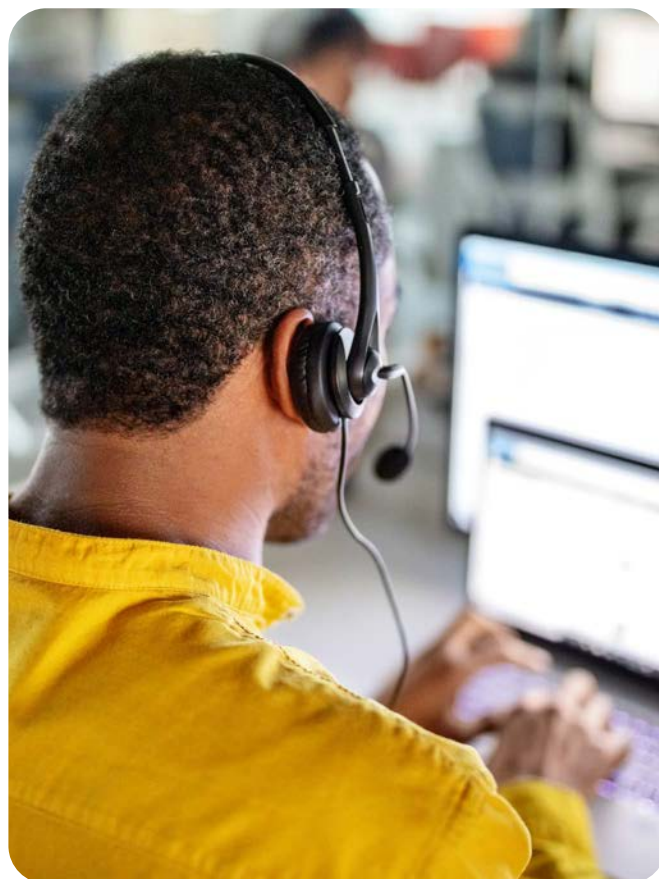
Standards and monitoring

We're committed to following the highest ethical standards and delivering a high-quality supporter experience. We have detailed policies and procedures in place, that in many cases go beyond the minimum requirements for the sector.

We also regularly monitor ourselves and our agencies through a range of methods, including regular internal audits, mystery shopping and call listening. This helps ensure all our fundraisers, and those who work on our behalf, are aware of, and are adhering to, our high standards.

To help us reach more supporters, we work with a small number of carefully chosen professional fundraising agencies. We don't use agencies for street fundraising, but we do work with the agencies to carry out door-to-door fundraising and telemarketing, as these are cost effective ways for us to manage the activities we undertake each year.

We also work with agencies to call existing supporters to talk about their donations and, on some occasions, to ask for a further donation. We work closely with our agencies to make sure they represent our work and our organisation to the highest standards.



Complaints and assurance

The number of complaints received in 2024/25 regarding fundraising was 939 (2023/24: 4,415). The largest proportion of those complaints related to door-to-door fundraising and direct mail appeals. These accounted for 750 complaints from the 6 million households and pieces of addressed mail sent.

All the complaints were resolved satisfactorily through our in-house procedures, and none were escalated to the Fundraising Regulator.

We received no complaint investigations via the Fundraising Regulator in 2024/25.

As part of our commitment to adherence with the Code of Fundraising Practice, we carry out quality checking and assurance of our practices and processes against the Code of Fundraising Practice. If there is any failure of any standards, or if we believe we can improve our adherence to the Code, we implement policies, strengthen processes and develop further training.

Managing communications

Most people who donate to us want to know how their money is making a difference. We ask whether they'd 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'd like to support us further – for example, by increasing their donation or by taking part in a particular event.

We ask supporters how they'd 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 don't sell or exchange lists of data with any other charities or companies.

Protecting the public

All our fundraisers, including agency staff acting on our behalf, receive detailed training on how to identify and protect people in vulnerable circumstances.

All fundraising staff receive dementia awareness training and have policies in place to help recognise and understand the impact of dementia on people.

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.

We also work with the Gambling Commission to ensure we offer self-exclusion for individuals who may have issues with gambling.

Raffles and lottery

We operate raffles and a weekly lottery as a means for people to support us. These activities are regulated by the Gambling Commission, and we regularly monitor our adherence to licence requirements. As of April 2018, the commission required all charities running raffles and lotteries to publicise the percentage of raffle and lottery income that goes directly to the cause.

To run a raffle or lottery legally, 20% of income must go to a good cause. However, last calendar year, we used 37% (previous year: 37%) of our income from raffles and our weekly lottery to support people living with a terminal illness. The remaining 63% (previous year: 63%) was reinvested into operating and developing our gaming and fundraising activities.

Our lottery and raffle activities also generated close to £878,000 in donations, all of which will be used to improve end of life care for more people.



Our fundraising promises

As a charity, we believe our fundraisers need to know we’re using our resources effectively. That’s why we make these promises to them:

- We promise to provide information about our work and our finances so you can see how your money is being spent and the 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 won’t 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 them.



“Every time I’ve come home after doing a collection, I’m genuinely beaming.”

Without wonderful supporters like Natalie, we couldn’t be there for families when they need us most and keep improving end of life care for all. Thank you to everyone who helps to power our vital services, campaigns, policy work and research.

“Dignity was everything to my grandad, so seeing the way the Marie Curie nurses cared for him at the Cardiff Hospice meant the world to my family. They made sure he was always clean, well-groomed and looked smart. It was truly wonderful to see.

Looking back at Grandad’s time at the hospice, it really didn’t feel like a miserable place. It almost felt happy, because it’s a place you can all go and feel the love for the person you’re about to lose. It was just a very, very comforting space throughout difficult times.

Doing collections for the Great Daffodil Appeal is all about giving back to the people who gave so much to my family in the first place. Marie Curie Nurses really do care deeply about the people they look after and their families.

Collecting out in the sunshine and rain is also about helping more people die with dignity, in comfort and with a few laughs along the way, just like my grandad did. Why wouldn’t you want to support an organisation that offers that kind of care to people?

And honestly, I always have a really great time when I’m wearing my big yellow hat and standing with my tray of daffodil badges. I get to chat to all types of people and sometimes offer a bit of comfort if a loved one has died.

Every time I’ve come home after doing a collection, I’m genuinely beaming. It makes you feel good doing something good.”



Natalie collecting with her work colleague Evan.

Improve our data management

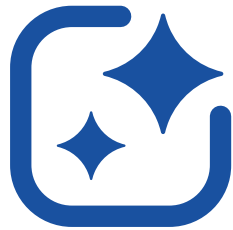
Advancing the way we collect, store, protect and use information and data.



Having easy access to accurate, secure information and data saves our employees time, improves how we deliver our services, and boosts our fundraising efforts.

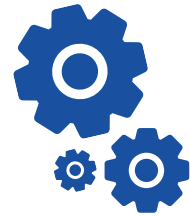
Ultimately, this helps us reach and support more people, grow sustainably, and protect the privacy and trust of the people we serve – and those who make our work possible.

In this section, we share some of the ways we advanced our information and data capabilities over the past year, making our organisation stronger and more resilient now and for the future.



7

AI tools launched to help efficiency and effectiveness.



200

services supported by our new management system for business and caring services.



2.3 million

people's data pulled together on our new Single Customer View platform.

Centralising how we store and manage service information to support more people

Previously, our Business and Care Services teams managed individual services separately. This made it difficult for staff to gain a clear overview of our services, hindered collaboration and limited overall efficiency.

To address this, we launched our new Places Relationship Management System last year. It's a centralised online platform that makes it easier for our Business and Caring Services teams to set up, manage and audit services effectively.

The new system also helps our Caring Services teams track leads, manage proposals and record interactions with service commissioners more seamlessly.

Ultimately, this work will support our ambitious growth strategy to reach and care for more people living with any terminal illness and those close to them.



Unlocking AI's potential in a safe and effective way

Artificial intelligence (AI) can help charities work more efficiently and reach more people in many ways, including automating tasks and analysing supporter data to develop more effective campaigns.

To take advantage of this technology in a responsible and safe way, we established an AI policy and AI working group during the past year.

We also launched seven AI tools to support our workforce. These include Marie Query, a chat service that helps staff quickly and easily search internal documents to find the information they need.

Improving our care services with high-quality information and data

A Quality Assurance Framework (QAF) is a structured system of policies, processes, standards and tools that help an organisation assess its performance, identify areas for improvement and demonstrate accountability.

Throughout the past year, we revised the QAF for our caring services to enhance how we measure, report and improve quality. In particular, we:

- Simplified and streamlined our clinical audit programme to enable a more intuitive, timely and responsive review of our care standards.
- Revised our experience of care questionnaire and forms for complaints, concerns, compliments and incidents. These updates have made the questionnaire and forms easier to complete and improved our ability to analyse and report on the information they provide.
- Improved our systems for monitoring and managing our services, ensuring they reflect best practice standards and meet all regulatory requirements.
- Identified the most effective tools and methodologies for quality improvement, forming a standardised toolkit that can be embedded into the daily practice of our care professionals.



Bringing data together to improve supporter experiences and increase efficiency

Last year, we launched our innovative Single Customer View online platform. It's a powerful tool designed to bring together data from multiple sources, including supporter information held by our Fundraising, Retail and Campaigns teams.

By merging these separate sources together, the platform provides a comprehensive and insightful view of each person's interactions with our charity. This will help our teams offer supporters even more rewarding experiences, personalise website content, and communicate more effectively and efficiently with our audiences.



Innovation rewarded

Our Single Customer View platform won the Best Not for Profit Project category at *Computing's 2024 Digital Technology Leaders Awards*.

“I have purpose for whatever time I have left with my family.”

As an organisation, we're constantly exploring how we can improve the way we collect, store, protect and use information and data. Every step forward helps us make smarter, more informed decisions and provide even better support to people like David and their families.

“I was diagnosed with COPD [chronic obstructive pulmonary disorder] and a heart problem, then they found the cancer. I ended up being rushed into hospital for heart surgery and they said I had lung cancer, so they wouldn't do the heart op. I had radiotherapy instead and a heart valve fitted.

The three or so years that followed were tough. I was offered palliative care, but I said, ‘No, thank you.’ I'd seen my brother die in a hospice aged 49, lying in a bed most days. That was my vision of palliative care. But at one of my lung consultations, they asked again, and I said, ‘What does it actually entail?’

Before the Marie Curie Nurses came, I hadn't moved in six months. I couldn't get up the stairs. But Emma and Michelle have got this method that works – that gets you moving. First, it was through the front door. Then a little down the drive. And eventually I was going round the bend of the road and halfway up the hill.

One time, I was walking back with Michelle and she was chatting to me all the way. When we got back home, she said to me, ‘Do you realise that you didn't stop for a breath? You were breathing normally.’ I hadn't thought about it because we were talking. But that was Michelle's plan. She knew what she was doing by distracting me.

Before Marie Curie came, I feel that I had given up on life. Now, I have purpose for whatever time I have left with my family. The support I've had has been fantastic, and it's made a huge difference to my wife, Mary, as well. She knows she can leave me to do things for myself, which frees her to do the things she enjoys, like getting out into the garden.”



David and his wife Mary.



Financial review 2024/25

The result for 2024/25 was a net deficit of £7.0 million (2024: £25.9 million deficit).

In the year, we saw an increase in income of 7% to £181.1 million (2024: £169.7 million). Income from charitable activities, ie from commissioners, decreased by £4.9 million, however in 2023/24 we received several large one-off grants from various government departments in England and Scotland which were not repeated to the same level in 2024/25. We also saw a reduction in investments and other income of £1.5 million due to listed investment funds being reinvested. This allows us to keep more money invested in our portfolio which in the long-term will return a larger yield. This was offset by an increase in fundraising and retail income. This was achieved despite the challenging fundraising environment and an economic backdrop of high inflation and a cost of living crisis. Despite these ongoing headwinds, we are pleased with our performance and delivery of fundraised revenue and ever grateful to our generous donors for all their support. This year, fundraising was further boosted by an increase of £12.3 million from gifts in Wills alongside several large one-off donations from trusts and foundations. So overall, in the context of a very challenging environment, our fundraising performance continues to be strong.

Alongside increased income, charitable activity spend decreased by 6% to £133.2 million (2024: £141.7 million). Action was taken during the year to increase pay for our hospice care at home, clinical and other staff to aide recruitment and retention whilst still enabling us to support and deliver growth in our services. This increased spend was more than offset by the reduction in one-off expenditure items in 2023/24 that related to the impairment of our Hampstead hospice assets (£5.4 million) and our rebranding (£2.3 million). In addition, there was a planned reduction in investment related to strategic priorities through our Impact and Innovation Fund of £5.0 million (£10.0 million in 2023/24).

The strength of our reserves has enabled us to absorb the deficit in the prior and current year, whilst continuing to invest in our caring services and grow our impact through our Information and Support service and policy and research work.

Whilst our general reserves are currently solid at £76.5 million (2024: £67.5 million), it is not sustainable in the medium term for Marie Curie to run an operating deficit. For 2026 we will continue to run a planned operating deficit so we can continue to invest in our services and impact. Looking at 2027 and beyond we aim to increase our income, continue to reduce our ongoing running costs, and return the charity to a financially sustainable model.

Income

Total income was £181.1 million, an increase of 7% from 2023/24 (£169.7 million).

Hospice income from the NHS was £18.5 million, a decrease of 16% from 2023/24. Whilst some of our commissioners in England, Scotland and Wales contributed towards the increased cost of NHS related pay awards in the year, several grants received from the NHS in 2023/24 were not replicated in 2024/25. Despite these financial pressures, during 2024/25 we cared for 7,978 patients in our hospices (2024: 7,275), an increase of 10%.

Income received from the NHS for our Hospice Care at Home services saw a decrease of 4% to £30.2 million. During 2024/25 we cared for 31,790 patients at home, which was a decrease of 3% on the number for 2023/24 (2024: 32,654). Alongside the NHS and other providers of care, we faced challenges during the year in retaining nurses and filling hospice care at home vacancies which impacted the support we were able to offer. We took positive action to address this during the year. With our now increasing Hospice Care at Home and clinical staff numbers we expect further growth in our charitable activity in 2025/26.

All figures in £m	2024/25	% change	2023/24
Income for Hospice Care at Home	30.2	-4%	31.6
Hospice income	18.5	-16%	22.1
Grants	3.1	0%	3.1
Fundraising income	110.4	18%	93.2
Retail income	18.2	4%	17.5
Investments	0.7	-65%	2.0
Other income	-	-100%	0.2
Total income	181.1	7%	169.7
Expenditure on fundraising and publicity	(38.4)	-6%	(40.9)
Expenditure on retail	(18.0)	8%	(16.6)
Amount available for our services	124.7	11%	112.2
Expenditure on charitable activities			
Hospice Care at Home	(63.9)	1%	(63.2)
Hospices	(54.7)	-3%	(56.5)
Companions (formerly Helper)	(1.4)	40%	(1.0)
Information and support	(4.0)	-11%	(4.5)
Policy and research	(9.2)	-17%	(11.1)
Hampstead hospice impairment	-	-100%	(5.4)
Total expenditure on charitable activities	(133.2)	-6%	(141.7)
(Deficit)/surplus before investment gain/losses	(8.5)	-71%	(29.5)
Gains on investments	1.5	-58%	3.6
Net movement in funds	(7.0)	-73%	(25.9)

Fundraising income was £110.4 million, an 18% increase from £93.2 million in 2023/24. This increase reflects the successful performance of our fundraising team against a deeply challenging macro-economic environment. We announced our exciting new corporate partnership with Morrisons in the year as well as our partnership with the London Marathon 2026. We also had a record breaking year for our legacies as well as a record year for regular and direct giving. All of this supports our charitable objectives to close the gap in end of life provision and care for more people.

Retail income continued to grow with an increase of 4% to £18.2 million from £17.5 million in 2023/24. With a very challenging year for the retail sector, we are pleased we were able to continue to grow our revenue year on year and maintain a strong presence across the UK.

Investment income and gains

Our investments have seen a total gain of £1.5 million during the year (2024: £3.6 million). Our appointed Investment Manager manages our portfolio and invests our funds on our behalf. All investments are made in accordance with our ethical standards and we closely monitor to ensure compliance with our investment policy. Our investment income decreased by £1.3 million from £2.0 million in 2023/24 to £0.7 million in 2024/25. Our investment income is now reinvested into our portfolio in order to maximise our return.

Expenditure on fundraising and publicity

Our investment in fundraising activities ensures we can continue to raise vital funds to support our charitable work. In the year, expenditure decreased 6% (£2.5 million) from £40.9 million in 2023/24 to £38.4 million in 2024/25. This was achieved through cost efficiencies, including a team restructure, a focus on non-pay costs and taking a more strategic approach to product and channel investment to maximise our return and help generate income.

Expenditure on retail

Our shops and trading activities exist to raise vital funds to support our charitable work, as well as to increase awareness of our organisation, through 131 shops across the four UK nations. The 8% increase is impacted by inflationary pressure on non-pay expenditure along with pay increases in line with the Living Wage Foundation rates.

In 2024/25 our retail activities made a net profit of £0.2 million (2023/24: £0.9 million profit). The reduction in profitability is a result of higher expenses such as increases in rent, utilities and staff costs. We continue to explore new opportunities to increase the profitability of retail activities.

Support costs

Support costs allocated to raising funds and our charitable activities have increased to £23.8 million from £23.0 million in 2023/24. This increase of 3.5% includes the impacts of cost of living pay awards and inflation across our support services, and enables us to maintain the necessary capacity to support the direct activities.

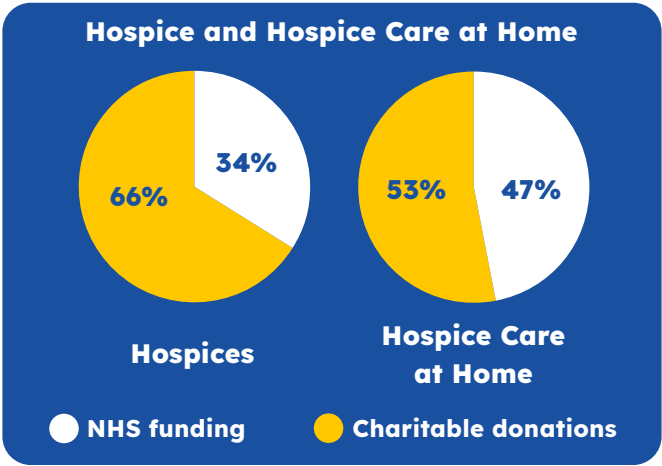
Overall deficit

We have an overall deficit this year of £7.0 million (deficit in 2023/24 was £25.9 million) reflecting the ongoing gap between income received from commissioners and the increasing costs of delivering care. Plans are in place to reduce the deficit in the coming year and return to sustainability in the medium term through ongoing investment in income generation and a focus on reducing the running costs of the organisation. We plan to run an operating deficit in 2025/26.

How we invest our charitable funds

Expenditure on Hospice Care at Home and Hospice services

On average in 2024/25, the NHS paid for £30.2 million (47%) of the cost of Marie Curie’s Hospice Care at Home service (2024: £31.6 million, 48%) and £18.5 million (34%) of the cost of Marie Curie’s Hospices (2024: £22.1 million, 39%). The remainder of the costs were funded by our generous supporters.



Companions

We have continued to improve our volunteer services in the community, including our new Wales Bereavement Information Support service. Expenditure increased by 40% from £1.0 million in 2023/24 to £1.4 million in 2024/25. This service continues to offer support through trained counsellors and Marie Curie volunteers, helping us to reach 2,073 people (2024: 1,683).

Information and support

We continue to invest in our valued and in demand information and support services, providing clear and accurate information on topics relating to end of life and our national support lines for bereavement and clinical support. Information and support costs have decreased by 11% from £4.5 million in 2023/24 to £4.0 million in 2024/25 through efficiency improvements.

Policy and research

Policy and research costs decreased by £1.9 million. We have continued to develop our policy and research work seeing this as essential to improvement in standards of care and experience at end of life, increasing our capacity to collect evidence and influence policy and practice across the four UK political jurisdictions.

The value this investment can bring is illustrated by the success of our #DyingInPoverty campaign to better support people living with terminal illness at the end of life; our #MakeCareFair campaign for a legal requirement for Integrated Care Boards in England to commission palliative care; our ongoing work to influence sustainable government funding for end of life care so we can continue to meet growing demand into the future; as well as our recent research grant rounds, and the achievements of our two research centres.

We’ve partnered with the Alzheimer’s Society for Call 13 of the Marie Curie Research Grants Scheme. The scheme invited proposals for new impact focused research that can improve the end of life experience for people living with dementia and those who care for and support them.

Our funds

Reserves

Total reserves as at 31 March 2025 were £119.6 million (2024: £126.6 million). These comprised:

All figures in £m	2024/25	2023/24
Restricted reserves	15.2	14.9
Designated reserves	27.9	44.2
Impact and Innovation Fund	–	15.8
Tangible Fixed Asset Fund	27.9	28.4
General reserves	76.5	67.5
Total reserves	119.6	126.6

Restricted reserves: £15.2 million (2024: £14.9 million). These are funds received for undertaking an activity specified by the donor when making the gift. It may also result from the terms of an appeal for funds for a specific initiative. £13.0 million of these funds represents the net book value of hospice assets purchased over time. As at March 2025, unspent funds are only £2.2 million (2024: £0.4 million).

Designated reserves: £27.9 million (2024: £44.2 million). These reserves represent funds that have been designated for a particular purpose by the Trustees.

In 2024/25 the board approved plans to transfer the remaining balance (£11.0 million) of the designated Impact and Innovation Fund into the general reserves. Any outstanding projects to which the fund had been allocated will be completed using the general reserves.

The Tangible and Intangible Fixed Asset Fund (£27.9 million at 31 March 2025), reflects the value of tangible and intangible fixed assets at cost less depreciation.

General (Free) Reserves: £76.5 million (2024: £67.5 million). These are the reserves remaining when restricted and designated reserves are excluded from the total amount. General Reserves are held so that the charity can continue its operations in the event of an unforeseen shortfall in voluntary income or increase in costs and to cover planned future operating expenditure. The remaining balance (£11.0 million) of the Impact and Innovation Fund has been

released into the general reserves to be used more broadly for the Charity’s needs.

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 which communities across the UK depend upon. To fund these services, we rely on several 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 Care at Home and Hospice services, we need to maintain a level of free reserves so that we can continue our operations in the event of an unforeseen shortfall in voluntary income or increase in costs. This is known as our target reserves.

The Trustees calculate the amount that is required to be held in target reserves based on the assessment of the risks affecting the income and expenditure of the charity on an annual basis. In assessing the amount of target reserves required, the Trustees estimate the risk of a shortfall in income or an increase in expenditure and a sum is held to cover the potential shortfall for each element of the charity’s income and expenditure. Based on our principal risks, the Trustees estimate that a total of £60.8 million of target reserves is required for 2025/26, this is £9.8 million higher than in 2024/25 where the target was £51.0 million. This provides a strong base to allow for increasing macro-economic risk and our plans to grow our scale and impact.

The Charity’s reserves policy states that if reserves exceed 115% of target, management should prepare a plan of action, to be approved by Trustees within three months, to restore them to the target level. Likewise, if reserves are lower than 85% of target, management should prepare a plan to be approved by the Trustees within three months, to restore them to the target level. The level of general free reserves (comprising the General Fund) at 31 March 2025 was £76.5 million, which is above the recommended range. The Trustees have approved a multi-year plan to maximise the impact of these funds in expanding our reach and impact for the long-term. This plan includes actions to:

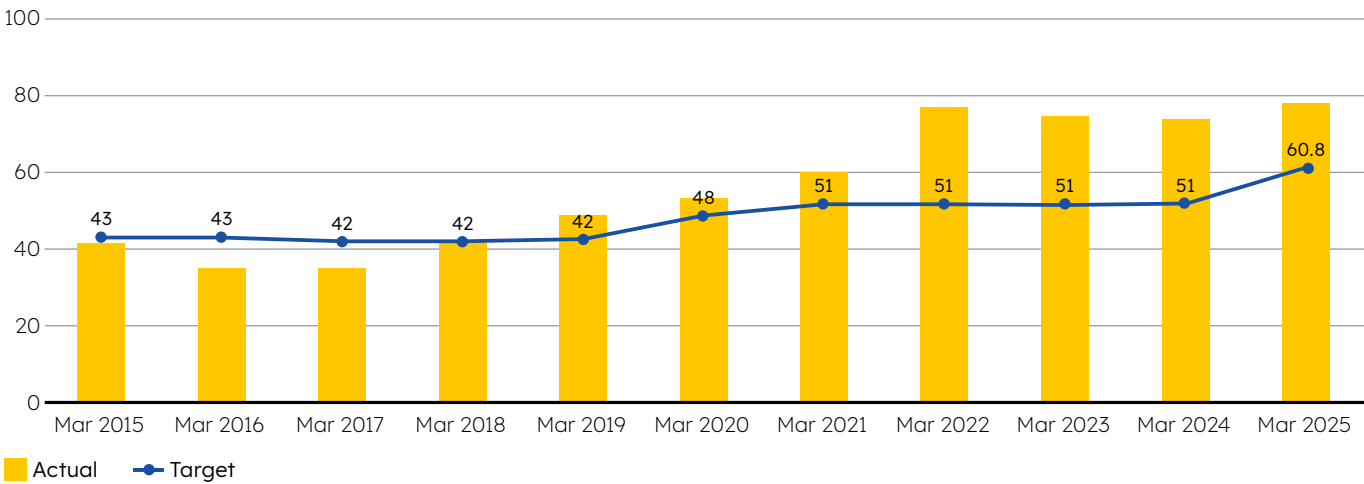
- grow our Marie Curie Hospice Care at Home and Healthcare Assistant staff base to enable us to increase our services
- grow our digital capability in order to further extend our reach and impact
- strengthen our operations to underpin our growth.

Given these actions we are planning deficits for 2025/26 and 2026/27 which will be funded from our general reserves.

How we invest our funds

The restricted and designated reserves (excluding the Tangible and Intangible Fixed Asset Fund) are invested in cash investments, unless the long-term nature of a specific element of the fund indicates that an investment can be made in risk assets for that element. Therefore, the General Fund is held in a variety of investments according to the policy below.

General reserves (£m)



Investment policy and investment management

The investment objective for the General Fund portfolio is to generate a return in excess of inflation over the long term with a maximum asset volatility rating and a maximum level of investments that can be placed in illiquid investments to manage risk and protect our ability to deliver our charitable mission. The benchmark level of return will be reviewed every three years.

SECOR Asset Management, as Fiduciary Manager, manage the Charity’s investment portfolio on a discretionary basis, in line with the Charity’s investment policy and monitor the performance of the portfolio. The Fiduciary Manager has been set a total return target in line with the investment policy to enable greater flexibility, so they can respond to market conditions and reshape our portfolio within the parameters they are given to generate net returns. Investments comprise UK equities, cash, private equity investment trusts, international equities and fixed interest securities.

The Charity has a right of veto over the use of investment funds in the portfolio with regard to the environmental, social and governance position of the funds in relation to the Charity’s policy position as set out in its investment policy.

An appropriate contract is in place with the Fiduciary Manager which clearly sets out the performance expectations which they shall be measured against and the principles they must follow in making investments on behalf of the charity. The Fiduciary

Manager will also follow the principles set out in the Charity’s investment policy when making investment decisions on behalf of the charity, and will regularly monitor compliance with the environmental, social and governance position of the funds.

The Fiduciary Manager has been instructed not to invest in any organisation directly or indirectly where more than 5% of turnover is derived from:

- the production and wholesale trading of tobacco or vaping products
- unconventional oil (tar/oil sands, shale oil, shale gas and Arctic drilling) and thermal coal exploration, mining, extraction, refining, transportation, production, or distribution of these products.

Nor will the Fiduciary Manager make any direct or indirect investments in Russia and Belarus. The Charity will monitor its holdings in companies that produce oil and natural gas at every quarterly meeting to ensure that its investments in this area comply with sector best practice. Any holdings which are considered to fall short will be sold. The Charity will also aim to employ Investment Managers who embrace best practice in environmental, social and governance (ESG) issues by

being signatories to the UN Principles for Responsible Investment (UNPRI) and who take ESG considerations into account in stock selection, voting decisions and engagement with companies.

Investment fund performance

Marie Curie’s investment portfolio decreased in value by £8.4 million from £59.9 million in 2023/24 to £51.5 million in 2024/25. This compared with an increase of £5.0 million the previous year.

The decrease comprised of £10.5 million withdrawal from the portfolio to support operational cash requirements, offset by an increase of £1.5 million on the market value (see note 8) and £0.6 million gain on listed investments (see note 3).

Grant-making policy

Grants to institutions and partner organisations are generally made to cover employment and development costs of Marie Curie post holders, for related service developments, and to assess and meet patient needs. This covers costs associated with health, financial, information and emotional and practical support developments, including buildings. All expressions of interest are reviewed by external peers who are experts in the area. After

this the application is then sent to the Marie Curie Research Funding Committee (RFC) which is made up of independent research experts and experts by experience. The RFC results are then sent to the Research and Policy Committee (RPC) who review and rank the applications before Board of Trustees do a final review and approve the applications. These applications are across all four UK nations.

Payment terms

The regulations under section 3 of the Small Business, Enterprise and Employment Act 2015 oblige Marie Curie to report on a half-yearly basis (30th April and 31st October) their payment practices, policies and performance. The information is published through an online service provided by the Government which is available to the public and is reported to the Audit and Risk Committee as per the table below.

Activity	01/10/24–31/03/25	01/04/24–30/09/24
Average time taken to pay invoices	23 days	24 days
Invoices paid:		
Within 30 days	89%	89%
In 31–60 days	7%	8%
In 61 days or more	4%	3%
Standard payment terms	30 days	30 days
Maximum contractual payment period agreed	30 days	30 days

Asset allocation as at 31 March 2025

	2024/25		2023/24
	Actual £m	Actual %	Actual £m
UK equities	13.8	26.8%	2.5
International equities	8.2	15.9%	22.0
UK Government Bonds	–	0.0%	9.9
Global Bonds	22.5	43.7%	13.3
Investment grade bonds	6.8	13.2%	11.7
Sub-investment grade bonds	–	0.0%	0.4
Cash	0.2	0.4%	0.1
Total	51.5	100.0%	59.9

Going concern

Our financial performance has enabled Marie Curie to incur a deficit in 2024/25 whilst maintaining liquidity and reserves at an acceptable level. Cash, investments and reserves are monitored closely, with regular forecasts prepared to assess financial needs. These forecasts, combined with an assessment of the future cash and reserves position, form the basis of our assessment of going concern.

Our forecasts are stress tested to assess the impact of several scenarios, their financial impact and probability are linked to our principal risks and include:

- reductions in NHS, fundraising, retail income and investment portfolio value linked to escalating macro-economic risk factors

- significant increases in operating costs from a high inflationary environment
- risk of reputational damage causing a significant and pro-longed reduction in donations.

Based on our cash flow, liquidity and reserves forecasts, alongside the results of our stress testing, we believe that the going concern basis of accounting remains appropriate for these financial statements. We have also considered whether there is any material uncertainty that may cast significant doubt over the use of that basis for a period of at least 12 months from the date of approval of the financial statements. The assessment has given our Trustees confidence that the Charity will have adequate resources to continue to operate for the foreseeable future.

Working with our stakeholders: S172 statement

Section 172 of the Companies Act 2006 requires Trustees to act in the way they consider, in good faith, would be most likely to promote the success of the charity to achieve its charitable purposes. The Act states that in doing so, the Trustees should have regard, amongst other matters, to:

The likely consequence of any decision in the long-term

The Board approved a long-term growth strategy to ensure that everyone in the UK has the very best end of life experience and care. The charity's mission for the next five years is on growth, to close the disproportionate gap in the provision of end of life care, and to support disadvantaged communities.

During the past year, regular updates were provided by the CEO and Executive Leadership team through various platforms to make sure that colleagues were kept up to date with the charity's revised strategy and strategic goals, including the financial and economic factors impacting the charity.

Following a comprehensive review, the Board approved the five-year Financial Outlook to enable the charity to pivot towards and develop a more agile service care model, to maximise the impact of patient care in line with the charity's growth strategy. The revised financial budget would ensure that the charity was best positioned to respond and adapt to meet changing economic circumstances.

The interests of the organisation's employees

The Board approved the implementation of the Annual Salary Review for the Marie Curie clinical and clinical support populations, aligned to the latest NHS salary increases in England, Scotland, Wales and Northern Ireland.

The Annual Salary Review realignment with the NHS has enabled the charity to attract and retain valued staff, to deliver vital care and support.

Both charity wide and local action plans were put in place following the employee engagement survey in March 2024, which had its highest participation rate. A people engagement pulse survey took place in November 2024 and showed improvement in areas raised by the previous survey. The survey achieved a record 67% participation rate, with an overall employee Net Promoter Score of 25%, which is above the external non-profit sector benchmark.

We continue to strengthen the capabilities of the Equality, Diversity, Inclusion and Wellbeing teams and actioned an organisational wide review of equality, diversity and inclusion, looking at identifying key priority areas for further improvements.

Our employee networks continue to feed into our EDI strategy and action plan, as we listen to employees' voices and lived experiences to inform our efforts in becoming an authentic employer of choice and inclusivity.

We relaunched the new Employee Assistance Programme (EAP) and created a new Wellbeing Hub on our intranet, which features advice and resources in the areas of mental and physical wellbeing, financial wellbeing, spiritual wellbeing, bereavement support, substance misuse information and additional guidance for managers.

We are committed to fostering a speak up, listen up, follow up culture, where all our people, including volunteers, are confident to speak up. To support us in achieving our commitment, we appointed our first standalone post of Freedom to Speak Up (FTSU) Guardian in February 2025. The FTSU Guardian role is independent and impartial, providing a confidential, alternative route for all our people to speak up.

The need to foster the organisation's business relationships with suppliers, customers and others

We are continuing to engage with NHS senior leaders to ensure that they deliver on their legal duty under the Health and Care Act, which became enforceable in law as a result of our Make End of Life Care Fair campaign.

The charity continues to expand and enhance existing services such as Rapid Response volunteer delivered services, dementia service and Single Point of Access (SPOA). SPOA reduces the complexity associated with navigating networks of healthcare services and providers for patients, their families and carers.

We continue to develop innovative services around hospital avoidance, such as Hospice Care at Home service, Responsive Emergency Assessment & Community Team (REACT) with virtual wards/virtual hospice. These services play a vital role in caring for and supporting palliative and end of life patients outside of hospital. Our services aim to tackle existing inequity in access to palliative and end of life care services.

Patient and user feedback across all services is actively sought through questionnaires, listening events and external engagement.

We have continued to build strong relationships with national government policy makers in each of the four nations, to ensure Marie Curie leads in shaping the end of life system.

We've partnered with the Alzheimer's Society for the Call 13 of the Marie Curie Research Grants Scheme. The scheme invited proposals for new impact focused research that can improve the end of life experience for people living with dementia and those who care and support them.

Recognising the needs from both people with lived and professional experience led to the decision to partner with the Alzheimer's Society. Understanding and addressing the unique needs of people with dementia and providing the right care and support to enable them to have the best possible experience at the end of their lives is clearly a pressing priority, but significant gaps in both evidence and service provision have been highlighted, along with insufficient focus on palliative and end of life care within the dementia research field.

We can only achieve our strategic vision with the generous contributions of our volunteers and supporters. In 2024/25, we welcomed 1,424 new volunteers. Along with existing ones, they donated 392,177 hours.

The impact of the organisation's operations on the community and the environment

We are currently sourcing a Green Tariff for Northern Ireland. We have added electric and hybrid vehicles to our company cars and continue to transition to electric vehicles for our nurse community vehicles. We are committed to moving to an all-electric fleet by 2030.

During the year we have taken actions which have a positive impact on our carbon footprint and use of natural resources, including:

- Implementation of a national waste contract across our office and hospice locations, with a focus on improving recycling rates and food waste segregation.
- Implementation of an energy management system to automate our energy and water data directly from our smart meters.
- Continued to track actions identified in our carbon management plan to monitor progress.
- Completion of seven building energy assessments at our hospices and the implementation of a number of energy saving recommendations.
- Increased engagement with staff to promote a culture of environmental awareness including conducting our third commuting and homeworking emissions survey.

The desirability of the organisation maintaining a reputation for high standards of business conduct

We collaborate with our suppliers to ensure that we have a mutually successful relationship, including account reviews, where appropriate. We work with our suppliers to ensure that they uphold the same high standards of security and operation (eg modern slavery) that we uphold.

We paid suppliers on average within 30 days. We implemented improvements during the financial year to reduce this period compared to the previous financial year.

We required all suppliers, partners, Trustees, employees and volunteers to accept the code of conduct which prohibits fraud, bribery and corruption.

The need to act fairly between members of the organisation

We have fair and transparent pay and reward structures, with opportunities to share ideas and make a difference. We respect colleagues' diversity and foster an inclusive workplace where all are treated fairly.

Principal risks and uncertainties

The Board of Trustees has overall responsibility for risk management and recognises the importance of establishing a culture of strong risk management, with effective systems and controls in place.

Risk Management Framework

Marie Curie (the charity) has established a comprehensive Risk Management Framework, which ensures every effort is made to identify and manage risks and opportunities to optimise outcomes and ensure strategic objectives are successfully achieved.

We are continuously looking for opportunities to improve our risk processes and capabilities, to improve the way we manage risk. This year we have completed the development of our Board Assurance Framework, are enhancing our risk reporting with key risk indicators, and have replaced our incident reporting system.

Our Risk Management Framework is regularly reviewed to ensure it is aligned with the UK Charity Governance Code and the principles of good risk practice. We are confident that our Risk Management Framework continues to support the effective and consistent evaluation of risks throughout the charity, and enables us to assess the impact of risks on our ability to deliver our strategy, objectives and plans.

Everyone at Marie Curie has a role to play in how risk is managed across the charity:

- The **Executive Leadership Team** is responsible for ensuring effective risk management is embedded throughout the charity in a consistent way, promoting a positive risk culture and driving continuous risk management improvement.

They maintain the Principal Risk Register, which captures the significant strategic risks and is reviewed at least monthly to ensure any remedial or preventative actions are being prioritised, and

to consider whether any emerging risks need to be added. This register is presented regularly to the Board of Trustees for review and challenge.

- Members of the **Executive Leadership Team** have individual responsibility for managing specific risks and are responsible for implementing policies and procedures to manage the risks within the approved appetite and reviewing them regularly, so they remain fit for purpose.

An important part of our Code of Conduct is the commitment by all **staff and volunteers** to respect all such policies. Everyone is encouraged to report any emerging risks or risk incidents they become aware of, either directly or using the protocols set out in the Freedom to Speak Up and Whistleblowing Policy.

Our enhanced Incident Management Framework, which was introduced in 2024, is working as intended. It standardises processes to ensure effective and timely incident reporting, management, investigation and learning – supported by strong governance, including centralised oversight.

- **Senior managers** maintain operational risk registers where appropriate throughout the charity, which are monitored through existing project or directorate governance arrangements. As part of the wider leadership team, their role is to be risk champions, supporting colleagues to become risk enabled and driving risk improvement to support us in achieving our strategy.

The Executive Leadership Team reviews all significant operational risks at least quarterly, and often seeks reviews of the operational registers to gain a greater understanding of the wider risks being managed throughout the charity, and to obtain reasonable confidence that risks are being appropriately managed and evaluated in a consistent way. Such assessments help keep the Principal Risk Register dynamic.

- The **Audit and Risk Committee** helps the Board to assess and monitor risk management across the charity, reviewing whether our risk management processes and controls are effective, and reporting its findings. The committee reviews the results of risk reviews carried out by the Executive Leadership team and approves an annual internal audit plan, which covers major risks to provide the Board with independent assurance.

The committee receives regular reports from the **Internal Audit function** on the effectiveness of controls, and progress made in meeting the audit plan and progress on its recommendations. The Internal Audit function is provided by an external advisor, and their contract has been extended for an additional 12 months.

- The **Board of Trustees** has overall responsibility for managing the charity’s resources responsibly, setting risk appetite, and ensuring that a culture of risk management is embedded throughout Marie Curie.

Risk appetite

Our risk appetite statement is an integral part of our Risk Management Framework and is reviewed periodically. The current statement was approved by the Board of Trustees in March 2025, and whilst the overarching statement has been updated to highlight the current challenges in our sector, the underlying risk levels remain unchanged. The overarching statement is provided below:

Marie Curie encourages and is open to risk in delivering our ambitious strategy for growth to ensure everyone will have the best end of life experience. We recognise that our risk appetite for risk varies according to the activity, opportunity, and the identified risks.

To be successful, Marie Curie must remain a robust and financially sustainable organisation. Therefore, we will have moderate appetite for risks in core areas (operations, business services, technology, people management) and ensure strong mitigation is in place.

However, we recognise the significant risks of the current business model of subsidising commissioned income – in reach and financial stability – and we

need, therefore, to take more open risks in service innovation in pursuit of our mission.

These innovations will aim to demonstrate significant and measurable benefits to enable us to optimise our ability to care for more patients and make a bigger impact on the socio-political environment. Whilst open to designing and establishing new innovative services, we will not compromise our quality and safety levels.

We are committed to creating a safe environment for all our people, which includes our staff, volunteers and all those who use or encounter our shops and services, and have a cautious risk appetite ensuring as far as reasonably practicable that we protect people from abuse or harm.

The overarching statement is supplemented by easy to understand definitions and is supported by 12 principal risk appetite statements.

Strategic risk overview

Over the last year, we’ve seen our portfolio of strategic risks continue to evolve, and the composition change, as we’ve faced significant challenges from an increasingly demanding environment. The combined impact on increasing costs, funding uncertainty and structural reform requires us to adapt with agility, and re-evaluate our service provision and funding models to remain sustainable and relevant. We consider, due to these external challenges that our overall level of risk remains high.

For all risks now considered managed, including change, going concern and ability to attract and retain people, they are regularly monitored to ensure that changes or trends are identified, and for continuous improvement.

The following table includes those risks currently identified as the most relevant or significant to Marie Curie, and which are being closely monitored by both the Board of Trustees and Executive Leadership team. Detailed mitigation plans are in place to reduce the risks and the Executive Leadership Team is satisfied that resources – in terms of people and funding – are being prioritised and allocated in the most effective way.

Principal risks

Principal risk and why it’s relevant	Key mitigations	Trend*	Risk appetite/ Risk (level)
Business model sustainability: There is a risk we have an unsustainable business model and strategy which are not resilient in the long term, and that we are not innovative or competitive and not considered the supplier of choice.	<ul style="list-style-type: none">• We continue to invest in our brand and to monitor awareness to ensure that our aspirations are clear, and these inspire others to support us.• We are developing new and fundable practical services that meet patients’ needs throughout the end of life and can be delivered to the maximum number of people.• We have created a Closing the Gap programme of works to create sustainable change.• We have continued to support colleagues to understand the strategy, the challenges and how we are one team, and all have an important role to play.• We have comprehensive monitoring in place and monitor our progress and regularly check strategic direction.• The flatter and leaner organisational structure in the enablement functions has been completed.	Increased	To enable us to optimise our ability to care for more patients and make a bigger impact on the socio-political environment, we have an open risk appetite for innovation (high) and are determined to maximise our impact on system change and deliver our strategic objectives.
Data: There is a risk we fail to manage all forms of data compliantly and effectively to minimise the potential for unauthorised data exposure and breaches. Easily accessible, well organised and accurate information supports good decisions and allows the potential to exploit opportunities that good quality data presents.	<ul style="list-style-type: none">• Our Chief Technology Officer has completed the architecture review of core systems and has developed a roadmap to simplify the estate and reduce data risk.• Robust cyber security is in place to protect digital data, and the Digital Strategy continues to be implemented to ensure we’re well equipped for the future. Marie Curie has also been granted certified Cyber Essentials accreditation.• Our Information Governance Framework to ensure all data is of high quality and properly protected, as long as we hold it, continues to be embedded and matured.• Our Data and Insights Strategy continues to be implemented and embedded. This includes extracting data from the source systems currently in use and integrating them into a data warehouse, which is then used to produce reports containing insights and analytics.	Reduced	We hold a significant amount of sensitive information and data, and the accidental or deliberate wrongful disclosure could erode trust and damage our reputation. As such, we have a cautious appetite (low) for such risks.
Transformational: There is a risk we may fail to deliver organisational change effectively and fail to implement innovation or new services and other key risks could be materialised.	<ul style="list-style-type: none">• Our Closing the Gap programme is following standard project principles and robust governance has been established.• We continue to monitor our change capabilities and where necessary will introduce specialised resources.• We are monitoring and evolving our enablement teams and our culture to ensure there is organisational effectiveness and sustainability.	Increased	We have an open risk appetite for innovation and continuous improvement that may drive the charity forward. However, we will always ensure that as many of the risks and benefits are understood at the outset and robust project governance is maintained throughout. We therefore have a cautious risk appetite to successfully delivering programmes to live.

* Since the approval of the last annual report in November 2024.

Our commitment to the environment

Marie Curie needs to operate in an environmentally sustainable manner. Environmental issues are having an increasing impact on the health and wellbeing of people in the UK as well as biodiversity, and it is vital that Marie Curie plays its part in improving this situation.

Caring for those we help means also caring for the environment they live in.

We want to protect our patients from the effects of climate change, enable them to enjoy nature in their last months of life, and play our part in protecting the planet for their loved ones after they are gone.

Carbon Management Plan

We recognise that there is a cost to the environment in the way we operate. Marie Curie’s policy is to conduct our business in an environmentally accountable manner, in compliance with all relevant environmental legislation and we are committed, where practicable, to minimising any adverse environmental impacts which may result from our services.

Not only must Marie Curie be prepared for the changing demands on its services, but we must also work to reduce our reliance on fossil fuels and finite resources and mitigate the impact of our own operations on the environment.

We do this through considering the direct environmental impacts of our operations (including those of our services, buildings, travel, the procurement of materials and services and our investments) and, where possible, implement low carbon alternatives. Recognising the importance of this and our desire to increase the pace of actions

to minimise our carbon footprint and use of natural resources we developed a Carbon Management Plan to outline an evolving implementation plan to achieve Net Zero by 2050 (2045 in Scotland).

During 2024/25 we have taken actions which have a positive impact on our carbon footprint and use of natural resources, including:

- Implemented an Energy Management System to automate our energy and water data directly from our smart meters and present this on a web-based dashboard.
- Increased engagement with staff to promote a culture of environmental awareness and encourage them to conduct their activities in an environmentally friendly manner.
- Conducted our third Commuting and Home Working Emissions Survey.
- Continued to replace our halogen and fluorescent lighting with LED bulbs as routine and in refurbishments and fit outs across shops, offices, and hospices.
- Commenced a REGO certified green electricity tariff in England, Scotland, and Wales.
- Implemented a National Waste Contract across our office and hospice locations, with the focus on improving recycling rates, improving internal and external bin set up, and engaging staff to manage waste correctly. We are continuing to roll out the national contract across our retail portfolio which will be complete in 2025/26.
- Implemented food waste segregation in all our hospices and offices and are undertaking a strategic review of our retail portfolio to determine opportunities for further roll out.

- Tracked actions in our Carbon Management Plan to monitor progress.
- Partnered with Focus Green to undertake building energy assessments, evaluating our energy usage, efficiency, and potential for future reductions in emissions and cost savings.
- Installation of boiler optimisation management units at three hospices which reduces the time the boiler is burning therefore consuming less fuel. We are continuing to roll this out to the remaining hospices in 2025/26.

Streamlined Energy and Carbon Reporting (SECR) statement

		2024/2025	2023/2024	2019/2020 (Baseline)
Energy Consumption (kWh)	Gas (Scope 1)	6,113,558	5,489,796	6,174,525
	Other fuels (Scope 1)	x	x	x
	Transport fuel (Scope 1 – Company fleet)	1,798,512	2,014,048	3,064,261
	Electricity (inc. company owned electrical vehicles (EVs)) (Scope 2)	4,976,707	4,567,394	6,218,681
	Transport Fuel (Scope 3 – Grey fleet)	3,387,343	2,701,907	3,631,573
	Total	16,276,120	14,773,145	19,089,040
Emissions (tCO2e)	Gas (Scope 1)	1,118	1,002	1,135
	Other fuels (Scope 1)	x	x	x
	Transport fuel (Scope 1 – Company Fleet)	411	460	743
	Electricity (inc. company owned EVs) (Scope 2)	1,030	945	1,589
	Electricity transmission and distribution (inc. EVs) (Scope 3)	109	100	135
	Transport fuel (Scope 3 – Grey Fleet)	776	608	872
	WTT (Scope 3)	286	411	118
	Transport fuel (Scope 3 – Category 6 business travel (rail, air and hotels))	139	218	475
	Commuting (Scope 3 – Category 7 commuting and homeworking)	1,163	1,782	x
Total (Gross scope 1 + 2)		2,559	2,407	3,467
Total (All scopes)		5,032	5,526	5,067

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of members of staff, we have chosen tCO2e/FTE (full time equivalent employee) as our intensity ratio.

	2024/25	2023/24	2019/20 (baseline)
Normalisation metric (FTE)	2,474	2,827	2,462
Intensity ratio (tCO2e/FTE)	2.034	1.955	1.548

The overall increase in our energy consumption for 2024/25 compared to 2023/24 is due to the implementation of our Energy Management System alongside the transition to smart metering. As a result of this change, meter readings and invoicing are automated based on actual consumption. This has removed the human element and given us a more accurate picture of our usage. Given the ongoing investment in capital projects such as LED lighting conversions and boiler optimisation works, we expect consumption to continue to fall in future years.

Scope 3 – Category 6 business travel for rail, air and hotels has decreased by 36% in 2024/25 compared to 2023/24. Rail, air & hotel travel is down by 35% from 184 tCO₂e to 120 tCO₂e (64 tCO₂e).

Commuting and homeworking (scope 3 – category 7), There has been a 37% increase in the number of colleagues who completed our annual commuting and homeworking emissions survey in 2024/25.

The number of colleagues who work hybrid or remote has increased by 15% since 2023/2024, at the same time active travel has also increased by 30%. This has resulted in a reduction in the tCO₂e of 42%.

Biodiversity

In our central London office, we have partnered with the building owner and have active honeybee hives on the roof that help to pollinate and increase biodiversity within the local ecosystem and at the same time produce honey for our colleagues. Proceeds raised from the sale of the honey goes back to Marie Curie.

Methodology

Methodology follows best practice and is based on HM Government Environmental Reporting Guidelines for Streamlined Energy and Carbon Reporting (SECR).

All emissions factors are from UK Government GHG Conversion Factors for Company Reporting, 2024 factors.

Scope 1 and scope 2 consumption data (gas and electricity) taken from our energy management system.

Scope 1 and scope 3 (transport) data taken from Marie Curie internal tracking systems incorporating company fleet data and grey fleet data. Company fleet classed as scope 1 emissions, with company electric vehicles classed as scope 2 emissions. Grey fleet (i.e. fuel and electricity used in employees' private cars for business trips) classed as scope 3 emissions.



How we're 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's constitution is its Articles of Association, which are available on our website.

Subsidiaries

The charity's principal subsidiary undertaking as at 31 March 2025 is wholly owned and registered in England and Wales. Details are included in Note 19 to the financial statements (see page 126). We raise some of the funds needed to run our services through the trading activities of Marie Curie Trading Limited.

Our Trustees

The charity is governed by the Board of Trustees, who are legally responsible for the charity. The Board determines the charity's long-term strategy and approves the annual business plan and budget. Specific responsibilities are delegated to five committees, which report back to the Board on a quarterly basis. The Board delegates management of the charity to the Chief Executive and through him the Executive Leadership team (ELT) and staff teams.

Marie Curie's Board of trustees have a wide range of skills, knowledge and experience, including clinical and commercial expertise. The Trustees are members of the charity.

As permitted by the Articles of Association, each of the Trustees has the benefit of an indemnity, which is a qualifying third-party indemnity, as defined by Section 234 of the *Companies Act 2006*. The indemnity covered the last financial year and continues to be in place. The company also purchased and maintained throughout the financial year Trustees' and Officers' liability insurance in respect of itself and its Trustees.

Following an open and competitive recruitment process, Kevin Parry OBE was appointed as Board Chair on 1 January 2025 and brings a wide range of leadership and financial experience gained in his previous roles of Chief Financial Officer at Schroders Plc. and as Managing Partner of KPMG, succeeding Vindi Banga, who retired as Board Chair after seven years of service. During the year, Trustees Richard Flint CBE and Patricia Lee and independent committee member Mark O'Donnell retired from their roles. We would like to thank them for their time and expertise during their tenures.

The Board meets regularly to review and direct Marie Curie's strategy, budget and performance. Certain matters are reserved for Board approval, including changes to strategy and budget. There were four Board meetings held in the year; the table below sets out individual attendance by Trustees.

Board composition and meeting attendance during 2024/25

Trustees	Meetings attended	Maximum possible
Kevin Parry OBE (Chair from Jan 2025)	1	1
Vindi Banga (Chair to Dec 2024)	3	3
Chrisha Alagaratnam	4	4
Dr Rachel Burman	4	4
Richard Flint CBE	3	3
Professor Richard Harding	4	4
Mary Hinds	4	4
Prerana Issar	3	4
Patricia Lee (SID)	4	4
Chris Martin	4	4
Luke Nunneley (from October 2024)	1	1
Maria McGill CBE	3	4
Seshashayee Sridhara	2	4
Ian Waller	3	4
Richard Wohanka CBE	3	4

The Board of Trustees appoints all new Trustees and independent committee members on the advice and recommendation of the Nominations Committee.

The Board of Trustees comprises 12 individuals, selected after interview by a subset of the Nominations Committee, followed by Nominations Committee discussions, recommendation and Board endorsement.

The Board believes that a balance of skills, experience, knowledge and diversity in the broadest sense is vital to providing a variety of different perspectives to its discussions and enhancing the Board's decision making. All new Trustee appointments are evaluated against the existing skills, experience and knowledge on the Board.

We offer a tailored induction programme to all new Trustees, including interaction with our services, and meetings with the Chief Executive, members of the ELT and other senior management, and provide further updates and training as needed. Trustees are not remunerated for their services. They are paid out-of-pocket expenses only.

Governance

The Board undertakes an annual collective evaluation of its performance, and Trustees are requested to comment on the operation and effectiveness of any committees of which they are members. The Trustees ensure that the Board is structured in such a way that each member of the Board is able to bring different experiences and skills to the operation of the charity. This is reviewed by the Nominations Committee.

All Trustees and independent committee members completed a skills audit to inform the recruitment programme for 2025. The independent members on each committee play a vital role in our governance structure and complement the skill sets of our Trustees. To see a full list of all members, please refer to pages 128–129.

Each Trustee is required to disclose potential or actual conflicts of interest to the charity as part of an annual review and at the start of every meeting. In line with Charity Commission guidance, details of positions held by Trustees outside of the charity are available to the public on request from the Company Secretary.

As previously reported, the Board has adopted the principles of good governance in the *Charity Governance Code*.

The triennial external Board and Committee Effectiveness Review was conducted in March 2024 by the organisation Socia. There were no concerns arising from the 2023/24 external review, which confirmed strong and effective Board and committees.

The Board continues to build on a solid foundation of good governance, with a strong commitment among ELT and Trustees for continuous improvement. There were a small number of recommendations for improvements in the review, which formed the basis of the action plan being monitored by the Nominations Committee and Board.

Board committees

- **Audit and Risk Committee** Responsible for strategic oversight of the effectiveness of systems and processes established by the charity to identify, assess, manage and monitor financial and non-financial risk and internal controls, and to oversee the annual audit.
- **Quality Committee.** Responsible for strategic oversight of the charity’s services to ensure they are safe, effective, caring, responsive and well-led and provide assurance to the Board on all aspects of the quality of clinical care, clinical risk management, clinical governance systems, compliance with clinical regulatory requirements and standards of quality and safety.
- **Finance and Resources Committee.** Responsible for strategic oversight of the effective use of the charity’s resources (finance, people, fundraising, retail, property and central services) and to oversee associated policy, strategy and performance.
- **Nominations Committee.** Responsible for Board governance arrangements and succession planning, and recommendations for the appointment and reappointment of people to governance positions, oversight of the performance of and recommendations on the remuneration of the Chief Executive and ELT.
- **Investment Committee.** Responsible for strategic oversight of the charity’s investment portfolio, investment returns and value for money. The committee aims to employ investment managers who embrace best practice in Environmental, Social and Governance (ESG) issues by being signatories to the UN Principles for Responsible Investment (UNPRI) and who take ESG considerations into account in stock selection, voting decisions and engagement with companies.

- **Impact and Innovation Fund.** Responsible for review and approval of business cases and budget from the Impact and Innovation Fund. The Impact and Innovation Fund was disbanded on 31 March 2025.
- **Research and Policy Committee.** Responsible for strategic oversight of the charity’s research and policy activities. It ensures that research is being undertaken to the highest possible quality standards and is being effectively leveraged to deliver impact across the four UK nations.

The Board of Trustees is also advised by National Advisory Boards (NABs) in Scotland, Wales and Northern Ireland, each of which is chaired by a Trustee.

Over the year, the Board and committee meeting cycle continues on a quarterly model, with ad hoc special purpose meetings as required.

Our Auditors

Pursuant to Section 485 of the *Companies Act 2006*, BDO LLP were reappointed as the charity’s Auditor following the conclusion of the AGM held in November 2024.

Board committee membership for the period 1 April 2024 to 31 March 2025

Trustees	Audit and Risk	Finance and Resources	Investment	Nominations and Remuneration	Quality	Research and Policy	Impact and Innovation (disbanded 31 March 2025)	National Advisory Boards
Vindi Banga (to December 2024)		Member		Chair			Chair	
Chrisha Alagaratnam	Member	Chair (from January 2025)	Member		Member			
Dr Rachel Burman					Member	Co-Chair		
Richard Flint CBE (to December 2024)		Chair	Member	Member			Member	
Prof Richard Harding						Co-Chair		
Mary Hinds					Chair (from March 2025)	Member		Chair (Northern Ireland)
Patricia Lee (to March 2025)	Member	Member		Member	Chair (to March 2025)		Member	
Chris Martin	Member	Member						Chair (Wales)
Maria McGill CBE					Member	Member		Chair (Scotland)
Luke Nunneley (from October 2024)		Member (from October 2024)	Member (from March 2025)					
Seshashayee Sridhara		Member						
Ian Waller	Chair	Member		Member			Member	
Richard Wohanka CBE			Chair	Member				

Please see pages 128-129 for a full list of Trustees and independent members of committees, which also shows movements since the year end.

Statement of Trustees' responsibilities

The Trustees (who are also the directors of the charity for the purposes of company law) are responsible for preparing the Trustees' Report (including the Strategic Report) and the financial statements in accordance with applicable law and regulations.

Company law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). 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 Charity and of the incoming resources and application of resources, including the income and expenditure, of the group for that period.

In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the applicable Charities SORP
- make judgements and accounting estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements
- prepare the financial statements on the going concern basis unless it's inappropriate to presume that the Charity will continue in business.

The Trustees are responsible for keeping proper and adequate accounting records that are sufficient to show and explain the Charity's transactions and disclose with reasonable accuracy at any time the financial position of the Charity and enable them to ensure that the financial statements comply with the *Companies Act 2006*, the *Charities and Trustee*

Investment (Scotland) Act 2005, and regulation 8 of the *Charities Accounts (Scotland) Regulations 2006* (as amended). They are also responsible for safeguarding the assets of the Charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Financial statements are published on the Charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The maintenance and integrity of the Charity's website is the responsibility of the Trustees. The Trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein. So far as each of the Trustees at the time this report is approved are aware:

- a. There is no relevant audit information of which the auditors are unaware.
- b. They have taken all the steps they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

The Trustees' Report, including the Strategic Report, was approved by the Board of Trustees and authorised for issue on 7 October 2025.


Kevin Parry OBE
Chair of the Board of Trustees

Independent Auditor's report

Opinion on the financial statements

In our opinion, the financial statements:

- give a true and fair view of the state of the Group's and of the Parent Charitable Company's affairs as at 31 March 2025 and of the Group's incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006, as amended.

We have audited the financial statements of Marie Curie ("the Parent Charitable Company") and its subsidiary ("the Group") for the year ended 31 March 2025 which comprise the Consolidated Statement of Financial Activities, the Balance Sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We believe that the

audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We remain independent of the Group and the Parent Charitable Company in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions related to going concern

In auditing the financial statements, we have concluded that the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Group and the Parent Charitable Company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Trustees with respect to going concern are described in the relevant sections of this report.

Other information

The Trustees are responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our Auditor's Report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Other Companies Act 2006 reporting

- In our opinion, based on the work undertaken in the course of the audit:
- the information given in the Trustees’ Report, which includes the Directors’ Report and the Strategic report prepared for the purposes of Company Law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
 - the Strategic report and the Directors’ Report, which are included in the Trustees’ Report, have been prepared in accordance with applicable legal requirements.
- In the light of the knowledge and understanding of the Group and the Parent Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic Report or the Trustees’ Report.
- We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities Accounts (Scotland) Regulations 2006 requires us to report to you if, in our opinion:
- proper and adequate accounting records have not been kept by the Parent Charitable Company, or returns adequate for our audit have not been received from branches not visited by us; or
 - the Parent Charitable Company financial statements are not in agreement with the accounting records and returns; or
 - certain disclosures of Directors’ remuneration specified by law are not made; or

- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Statement of Trustees’ Responsibilities, 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, and for such internal control as the Trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group’s and the Parent 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 the Trustees either intend to liquidate the Group or the Parent Charitable Company or to cease operations, or have no realistic alternative but to do so.

Auditor’s responsibilities for the audit of the financial statements

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 the Acts and relevant regulations made or having effect thereunder.

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 an auditor’s report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a 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 the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Extent to which the audit was capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Non-compliance with laws and regulations

Based on our understanding of the Group and the sector in which it operates we identified the principal laws and regulations that directly affect the financial statements. In completing this assessment, we held discussions with management, internal audit and those charged with governance.

We considered the significant laws and regulations to be The Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS102), the Statement of Recommended Practice (SORP) ‘Accounting and Reporting by Charities’ published in 2019, the Companies Act 2006, the Charities Act 2011, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006, Corporate and VAT legislation, Employment Taxes, and the Bribery Act 2010.

The Group is also subject to laws and regulations where the consequence of non-compliance could have a material effect on the amount or disclosures in the financial statements, for example through the imposition of fines or litigations. We identified such laws and regulations to be the Health and Social Care Act 2008 and health and safety legislation.

Our procedures in respect of the above included:

- Review of minutes of meeting of those charged with governance for any instances of non-compliance with laws and regulations;
- Review of correspondence with regulatory and tax authorities for any instances of non-compliance with laws and regulations;
- Review of financial statement disclosures and agreeing to supporting documentation; and
- Review of legal expenditure accounts to understand the nature of expenditure incurred.

Fraud

We assessed the susceptibility of the financial statements to material misstatement, including fraud.

Our risk assessment procedures included:

- Enquiry with management and those charged with governance regarding any known or suspected instances of fraud;
- Obtaining an understanding of the Group’s policies and procedures relating to:
 - Detecting and responding to the risks of fraud; and
 - Internal controls established to mitigate risks related to fraud.
- Review of minutes of meeting of those charged with governance for any known or suspected instances of fraud;
- Discussion amongst the engagement team as to how and where fraud might occur in the financial statements; and
- Performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud.

Based on our risk assessment, we considered the areas most susceptible to fraud to be:

- Management override of controls;
- The valuation of the legacy income accrual and existence of legacy income recorded pre-year end;
- The existence of events income recorded pre-year end; and
- The accuracy and existence of contract income.

Our procedures in respect of the above included:

- Testing a sample of journal entries throughout the year, which met defined risk criteria, by agreeing to supporting documentation;
- Reviewing and challenging management’ assessment of significant estimates and judgement for indications of bias;
- Testing a sample of legacy debtors to verify that they had been correctly recognised in the year and the valuation was in accordance with supporting evidence;

- Testing a sample of events during the year and around the year end to supporting evidence to confirm that income has been correctly recognised in line with the date of the event;
- Testing a sample of contract income to supporting evidence, including contract or correspondence with commissioners, to verify that the services were rendered within the financial year and that the income recorded is accurate; and
- Including an element of unpredictability in our testing.

We also communicated relevant identified laws and regulations and potential fraud risks to all engagement team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

Our audit procedures were designed to respond to risks of material misstatement in the financial statements, recognising that the risk of not detecting a material misstatement due to fraud is higher than the risk of not detecting one resulting from error, as fraud may involve deliberate concealment by, for example, forgery, misrepresentations or through collusion. There are inherent limitations in the audit procedures performed and the further removed non-compliance with laws and regulations is from the events and transactions reflected in the financial statements, the less likely we are to become aware of it.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at: [frc.org.uk/auditorsresponsibilities](https://www.frc.org.uk/auditorsresponsibilities). This description forms part of our Auditor's Report.

Use of our report

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 Charitable Company's trustees, as a body, in accordance with the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the Charitable Company's members and 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 Charitable Company, the Charitable Company's members as a body and the Charitable Company's Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

Jill Halford

Jill Halford (Senior Statutory Auditor)
For and on behalf of BDO LLP, statutory auditor
London, UK

BDO LLP is a limited liability partnership registered in England and Wales (with registered number OC305127).



Consolidated statement of financial activities

For the year ended 31 March 2025 (Incorporating the Consolidated Income and Expenditure Account)

		2024/25			2023/24		
	Note	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Income and endowments from:							
Donations and legacies	2	84,906	18,466	103,372	69,212	17,808	87,020
Other trading income	2	7,056	–	7,056	6,220	–	6,220
Retail sales of donated and purchased goods		18,155	–	18,155	11,192	6,321	17,513
Investments	3	714	–	714	2,010	–	2,010
		110,831	18,466	129,297	88,634	24,129	112,763
Charitable activities	4	51,797	–	51,797	56,742	–	56,742
Other income		7	–	7	161	–	161
Total income and endowments		162,635	18,466	181,101	145,537	24,129	169,666
Expenditure on raising funds							
Cost of generating voluntary and other trading income		34,275	735	35,010	32,739	4,220	36,959
Publicity		3,005	–	3,005	3,550	–	3,550
Expenditure on retail activities		17,957	–	17,957	12,573	3,989	16,562
Investment management costs		414	–	414	440	–	440
		55,651	735	56,386	49,302	8,209	57,511
Net income available for charitable application		106,984	17,731	124,715	96,235	15,920	112,155
Expenditure on charitable activities							
Hospice Care at Home		55,713	8,231	63,944	57,665	5,530	63,195
Hospices		46,338	8,307	54,645	45,589	10,864	56,453
Companions		1,403	16	1,419	975	10	985
Information and support		3,982	28	4,010	4,456	31	4,487
Policy and research		8,415	817	9,232	10,563	587	11,150
Hampstead hospice impairment	9a	–	–	–	5,374	–	5,374
Total charitable expenditure		115,851	17,399	133,250	124,622	17,022	141,644
Total expenditure	5	171,502	18,134	189,636	173,924	25,231	199,155

	Note	2024/25			2023/24		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Net expenditure for the year before investment gains		(8,867)	332	(8,535)	(28,387)	(1,102)	(29,489)
Gains on investments	8	1,551	–	1,551	3,620	–	3,620
Net expenditure for the year		(7,316)	332	(6,984)	(24,767)	(1,102)	(25,869)

Reconciliation of funds							
Total funds at 1 April	17	111,731	14,889	126,620	136,498	15,991	152,489
Total funds at 31 March		104,415	15,221	119,636	111,731	14,889	126,620

All of the Charity’s activities are continuing. There were no gains or losses other than those shown above. The notes on pages 106–126 form part of these financial statements.

Balance sheets

As at 31 March 2025

	Note	Group		Charity	
		2025 £'000	2024 £'000	2025 £'000	2024 £'000
Fixed assets					
Tangible assets	9a	36,754	37,047	36,754	37,047
Intangible assets	9b	4,159	5,640	4,159	5,640
Investments	8	51,464	59,864	51,795	60,195
		92,377	102,551	92,708	102,882
Current assets					
Stocks	10	464	482	–	–
Debtors	11	48,857	44,321	50,160	45,970
Current asset investments	12	2,660	5,307	2,660	5,307
Cash at bank and in hand		3,259	1,016	2,901	867
		55,240	51,126	55,721	52,144
Creditors:					
Amounts falling due within one year	13a	(25,070)	(23,292)	(25,871)	(24,629)
Net current assets		30,170	27,834	29,850	27,515
Total assets less current liabilities					
		122,547	130,385	122,558	130,397
Creditors:					
Amounts falling due after more than one year	13b	(2,189)	(2,764)	(2,189)	(2,764)
Provision for liabilities and charges	15	(722)	(1,001)	(722)	(1,001)
Net assets	17	119,636	126,620	119,647	126,632
Funds					
Restricted funds	17	15,221	14,889	15,221	14,889
Unrestricted income funds					
General funds	17	76,501	67,534	76,512	67,546
Designated funds	17	27,914	44,197	27,914	44,197
		104,415	111,731	104,426	111,743
Total funds		119,636	126,620	119,647	126,632

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*. Total income of the charity during the year, including investments, was £178.4 million (2024: £166.8 million) less resources expended of £186.9 million (2024: £196.3 million), leading to a deficit before gains and losses of £8.6 million (2024: deficit of £29.5 million) and a deficit after gains and losses of £7.0 million (2024: deficit of £25.9 million).

These financial statements for Marie Curie Ltd, Company number 00507597 were approved and authorised for issue by the Board of Trustees on 7 October 2025 and signed on its behalf by Kevin Parry OBE, Chair of the Board of Trustees.



Kevin Parry OBE, Chair of the Board of Trustees

The notes on pages 106-126 form part of these financial statements

Consolidated cash flow statement

for the year ended 31 March 2025

	Note	2025 £'000	2024 £'000
Cash flows from operating activities:			
Net cash used in operating activities	A	(7,476)	(28,006)
Cash flows from investing activities:			
Dividends received		575	1,359
Interest received		139	651
Capital expenditure		(3,593)	(3,451)
Purchase of investments		(549)	(5,395)
Proceeds from sale of investments		10,500	4,088
Cash withdrawn from property and unlisted investments		–	–
Net cash (used in) investing activities		7,072	(2,748)
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at 1 April		6,323	37,077
Cash and cash equivalents at 31 March		5,919	6,323
Net debt reconciliation			
Cash at bank and in hand		3,259	1,016
Money market and other deposits		2,660	5,307
		5,919	6,323

Analysis of net movements in funds	At 1 April 2024 £'000	Cash flows £'000	Other changes £'000	At 31 March 2025 £'000
Cash at bank and in hand	1,016	2,243	–	3,259
Money market and other deposits	5,307	(2,647)	–	2,660
Total	6,323	(404)	–	5,919

Note A:	2025 £'000	2024 £'000
Reconciliation of net expenditure to net cash flow used in operating activities		
Net expenditure for the year	(6,984)	(25,869)
Adjustments for:		
Depreciation	3,329	3,735
Impairment	-	5,374
Amortisation	2,022	2,422
Losses on disposal of fixed assets	16	234
(Gains) on investments	(1,551)	(3,620)
Dividends receivable	(575)	(1,359)
Interest receivable	(139)	(651)
Decrease in stocks	18	13
(Increase) in debtors	(4,536)	(5,972)
Increase/(decrease) in creditors and provisions	924	(2,313)
Net cash outflow from operating activities	(7,476)	(28,006)

The movement in net funds represents the decrease in cash balances during the year.
The notes on pages 106-126 form part of these financial statements.

Notes to the financial statements

For the year ended 31 March 2025

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 2019) (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 bid value.

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

In preparing the separate financial statements of the charity, advantage has been taken of the following disclosure exemptions available in FRS 102:

No separate Statement of Financial Activities (SoFA) has been presented for the Parent Charity. This is a exemption from the *Companies Act 2006* s408.

No cash flow statement has been presented for the Parent Charity.

No disclosure has been given for the aggregate remuneration of the key management personnel of the parent company as their remuneration is included in the totals for the group as a whole and are the same as note 6.

Going concern

Our financial performance has enabled Marie Curie to incur a planned deficit in 2024/25 whilst maintaining liquidity and reserves at an acceptable level. This planned deficit was part of Marie Curie’s short term strategy with a plan to return to surplus in the next 24 months.

As discussed in the financial review section of the Trustees’ Report, Marie Curie’s Senior Management team closely monitor the Charity’s cash, investments and reserves, with regular forecasts prepared to assess financial needs for at least the next 12 months. These forecasts, combined with an assessment of the future cash, investments and reserves position, form the basis of our assessment of going concern. Our forecasts are stress tested to reflect a number of possible scenarios. These have identified no material uncertainties that may cast significant doubt over the ability of the Group and Charity to continue as a going concern for a period of at least 12 months from the date of signing of the financial statements. The Trustees therefore consider it appropriate that our accounts continue to be prepared on a going concern basis.

(b) Group accounts

The charity owns 100% of the share capital of Marie Curie Trading Limited which has been consolidated with the financial statements of the Charity on a line by line basis.

The consolidated financial statements present the results of Marie Curie and its subsidiaries (“the Group”) as one entity. Intercompany transactions and balances between group companies are therefore eliminated in full.

(c) Investments

Investments listed on a recognised stock exchange are included in the balance sheet at bid price.

Valuations are updated on a monthly basis. All gains and losses arising during the year are included in the statement of financial activities.

The investments in subsidiary undertakings is recognised at cost less impairment.

(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) Tangible and intangible fixed assets

Tangible and intangible fixed assets costing more than £5,000 are capitalised and included at cost. Freehold land is not depreciated. Depreciation is not provided on assets in the course of construction or on investment properties. Depreciation and amortisation is provided on all other tangible fixed assets and intangible fixed assets (software costs) respectively using on a straight line basis as follows:

Freehold buildings: Major projects	50 years
Freehold buildings: Minor projects	5 or 10 years
Freehold buildings: Plumbing	15 years
Freehold buildings: Fixtures and fittings	15 years
Freehold buildings: Windows	25 years
Freehold buildings: Electrics	10 years
Freehold buildings: Alarms and communications	8 years
Office leasehold land and building	Over the period of the leasehold agreement or 10 years, whichever is shorter
Office equipment	5 years
Motor vehicles	5 years
Fixtures and fittings	5 years
IT hardware	2 years
IT software	3 years
Leasehold shops improvements	Over the period of the lease or 10 years whichever is the shorter

(e)(i) Impairment

Fixed asset residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting year. The effect of any change is recognised in the SOFA in the year in which it occurs. Fixed assets are also reviewed to

determine whether there is any indication that those assets have suffered an impairment loss. If there is an indication of possible impairment, the recoverable amount of any affected asset is estimated and compared with its carrying amount. If the estimated recoverable amount is lower, the carrying amount is reduced to its estimated recoverable amount, and an impairment loss is recognised immediately in the SOFA.

(f) Income

Income is recognised in the SOFA when the Charity is entitled to the income, the amount can be reliably estimated and receipt of the funds is probable.

Donations

Donations (including Gift Aid) are accounted for when received or when there is entitlement and the amount is measurable and receipt is probable. Income from trading in subsidiary undertakings is transferred to the Charity by making a qualifying charitable donation.

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

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 probate has been granted, the estate accounts, or other suitable information which allows the legacy to be measured with reasonable accuracy 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. See also (l) on accounting estimates and judgements.

Legacy income is not recognised on properties where there is a life interest or where there is reasonable risk of challenge.

Legacy income is not recognised where probate has not been granted and draft estate accounts or other suitable information are not available which allows the legacy to be measured with reasonable accuracy. These legacies are treated as a contingent asset.

Other trading income

Lottery and raffle income is recognised at the point the associated draw occurs.

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

Retail

Income (including goods donated for sale) is recognised at point of sale.

Investment income

Investment income is accounted for on an accruals basis.

Charitable activities

Income generated from charitable activities is recognised when it can be reliably measured, there is entitlement, and receipt is probable. Where received in advance of the activity to be performed then the income is deferred.

Income from government grants is recognised when the charity has entitlement to the funds and any performance conditions attached to the grant have been met.

(g) Resources expended

All expenditure, including irrecoverable VAT, is accounted for on an accruals basis and allocated to the appropriate heading in the accounts. The costs of functions which support more than one of the charity's activities have been allocated on a mixture of bases (see note 5). Specific accounting policies are as follows:

Grants payable

The total sum awarded during the year is expensed where a constructive obligation exists, notwithstanding that a proportion will be disbursed in subsequent accounting periods. Where a grant is recognised prior to the cash being disbursed, a creditor is recognised for the funds not yet distributed.

Expenditure on trading activities

Retail income, including income from donated goods, is accounted for when the sale takes place. Proceeds from the sale of goods belonging to supporters sold under the retail Gift Aid scheme are treated as sales of donated goods.

Fundraising and publicity costs

Fundraising and publicity expenditure have been shown separately. Fundraising expenditure represents the total costs of fundraising (donations and legacies), including fundraising staff costs and fundraising marketing costs. Publicity expenditure represents raising awareness of our campaigns and raising the Charity's profile.

Support cost

The costs of functions which support more than one of the Charity's activities have been allocated to those activities based on a appropriate cost driver.

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.

Investment managers costs

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

Grant commitments

Grants are recognised at the value at which they are awarded as any discount to fair value would be immaterial.

The full value of the charitable grant is recognised in the year in which the commitment is made and shown as a long or short-term creditor as appropriate. Commitments are recognised on the date the Charity formally notifies the recipient of the award. Long term grants are recognised in the first year and released as payments are made.

The total sum awarded during the year is expensed where a constructive obligation exists, notwithstanding that a proportion will be disbursed in subsequent accounting periods. Where a grant is recognised prior to the cash being disbursed, a creditor is recognised for the funds not yet distributed.

(h) Pensions

Multi-employer schemes

The NHS Pension Scheme and Universities Superannuation Scheme are accounted for as defined contribution schemes as the group is unable to identify its share of the underlying assets and liabilities on a reasonable and consistent basis.

Defined contribution schemes

For defined contribution schemes the amount charged 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.

The defined contribution scheme is made up of 100% unrestricted funds.

(i) Leased Assets

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

(j) Funds

Restricted funds comprise funds subject to specific restrictions imposed by donors and funders. The purposes and uses of the restricted funds are set out in note 17 to the financial statements.

Income received from capital appeals is included under restricted voluntary income, and the related costs, including depreciation, are charged against that income.

Designated funds comprise unrestricted 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 17 to the financial statements. Funds contained within the designated fund comprise:

- (1) Tangible and Intangible Fixed Asset Fund which represents the value of general funds invested in fixed assets.

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 the Charity has a present legal or constructive obligation as a result of a past event, it is probable that an outflow of resources will be required to settle the obligation and the amount can be reliably estimated.

(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 is recognised in accordance with the income recognition policy detailed in (f) above. The recognition of accrued legacy income requires judgement about the probability and timing of receipts of legacies. Pecuniary legacies are recognised at their full valuation. Residuary legacies are recognised at 88% (2024: 85%) of their aggregate valuation to reflect the uncertainty of any gain or loss on unrealised property and investment assets. Each year the measurement uncertainty factor is reviewed to ensure it continues to be supported by actual realisation rates. Management has reviewed the sensitivity of the calculations and a single percentage point movement in the legacy discount rate would create a £306,299 movement in other overall legacy accrual.

When calculating the accrued legacy income (see note 10) the key sources of estimation uncertainty are in relation to the estimated disposal value of underlying capital assets in residuary legacies, and the legal and professional fees and other liabilities, which are estimated based on the best information available at the balance sheet date. When calculating the estimated value of a residuary legacy, an estimated deduction for costs incurred in administering an estate of 4% (2024: 4%) is applied and a judgement decision is exercised for exceptionally large or small estates to vary this percentage. Due to the uncertainty associated with such estimates, there is a

possibility that, on conclusion of open matters at a future date, the final outcome may differ.

Hampstead hospice impairment

Following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) we were forced to close the Marie Curie Hospice, Hampstead which triggered an impairment review. This review was to calculate the higher of fair value of the asset less cost of sale and the value in use to determine the recoverable value of the hospice. Both calculations carried out in 2023/24 deemed this value to be nil. There has been no change to the assessment in 2024/25.

Cost allocation

Support costs are allocated across all activities. Dependant upon each type of support activity, costs are applied directly against a function, or appropriate cost drivers are utilised.

All support costs are allocated according to the share of support staff time spent supporting each activity. This is based on a survey of activity by function.

Estimate and judgement is exercised in applying cost drivers to cost categories.

(m) Cash and cash equivalents

Cash at bank and cash in hand includes cash and bank overdrafts. Bank overdrafts are shown within creditors in current liabilities. All cash and short-term deposits are basic instruments and are measured at amortised cost. Cash held with the Investment Manager is treated as part of the fixed asset investment balance and is excluded from cash and cash equivalents in the consolidated cashflow statement. Money market and other deposits, which make up the current asset investment balance, are included in cash and cash equivalents in the consolidated cashflow statement.

(n) Financial instruments

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

(o) Redundancy and termination payments

Redundancy and termination payments are recognised when there is a demonstrable commitment on an individual or group basis that cannot be realistically withdrawn.

2 Donations, legacies and other trading income

	2024/25			2023/24		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2025 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2024 £'000
Donations, events and other voluntary income	48,395	6,565	54,960	41,784	9,128	50,912
Legacies	36,511	11,901	48,412	27,428	8,680	36,108
Other trading income	7,056	-	7,056	6,220	-	6,220
	91,962	18,466	110,428	75,432	17,808	93,240

Other trading income is made up of event income £967k (2024: £934k), raffle income £1,732k (2024: £1,544k), auction proceeds £933k (2024: £551k) and lotteries £3,424k (2024: £3,191k)

3 Investment income

	2024/25			2023/24		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2025 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2024 £'000
Listed investments	564	-	564	1,341	-	1,341
Cash investments	139	-	139	651	-	651
Property fund	-	-	-	4	-	4
Other investments	11	-	11	14	-	14
	714	-	714	2,010	-	2,010

4 Charitable activities income

	2024/25			2023/24		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2025 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2024 £'000
NHS funding for Hospice Care at Home	29,032	-	29,032	30,184	-	30,184
NHS funding for hospices	18,533	-	18,533	22,070	-	22,070
Other NHS funding	861	-	861	1,088	-	1,088
Other income	310	-	310	299	-	299
Grants	3,061	-	3,061	3,101	-	3,101
	51,797	-	51,797	56,742	-	56,742

5 Expenditure

	2024/25			2023/24		
	Direct costs £'000	Support costs £'000	Total 2025 £'000	Direct costs £'000	Support costs £'000	Total 2024 £'000
Cost of raising funds						
Cost of generating voluntary and other trading income	31,875	3,135	35,010	33,259	3,700	36,959
Publicity	2,309	696	3,005	3,105	445	3,550
Expenditure on retail activities	15,489	2,468	17,957	14,911	1,651	16,562
Investment management costs	414	-	414	410	30	440
	50,087	6,299	56,386	51,685	5,826	57,511
Charitable activities						
Hospice Care at Home	56,284	7,660	63,944	55,237	7958	63,195
Hospices	46,819	7,826	54,645	49,303	7,150	56,453
Companions	1,078	341	1,419	903	82	985
Information and support	2,909	1,101	4,010	3,962	525	4,487
Policy and research (Note C)	8,632	600	9,232	9,663	1,487	11,150
Hampstead hospice impairment	-	-	-	5,374	-	5,374
	115,722	17,528	133,250	124,442	17,202	141,644
Total	165,809	23,827	189,636	176,127	23,028	199,155

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 2025 £'000
Hospice Care at Home	1,116	283	1,046	2,922	2,246	47	7,660
Hospices	704	179	726	2,756	3,324	136	7,825
Companions	29	7	29	-	270	6	341
Information and support	59	15	-	668	359	-	1,101
Policy and research	59	15	-	167	360	-	601
Total charitable activities	1,967	499	1,801	6,513	6,559	189	17,528
Fundraising	646	164	639	751	899	36	3,135
Publicity	59	15	-	84	538	-	696
Retail activities	264	67	465	1,002	303	367	2,468
Investment management costs	-	-	-	-	-	-	-
Total support costs allocated	2,936	745	2,905	8,350	8,299	592	23,827

Prior year allocation of support costs for comparison

	Executive, legal and strategy £'000	Governance (Note A) £'000	Finance £'000	HR and training £'000	IT £'000	Facilities and property £'000	Total 2024 £'000
Hospice Care at Home	1,488	282	1,035	2,510	2,593	50	7,958
Hospices	1,375	282	1,005	2,511	1,852	125	7,150
Companions	2	-	-	-	74	6	82
Information and support	45	8	30	72	370	-	525
Policy and research	278	56	207	502	444	-	1,487
Total charitable activities	3,188	628	2,277	5,595	5,333	181	17,202
Fundraising	513	105	384	932	1,704	62	3,700
Publicity	79	16	59	143	148	-	445
Retail activities	282	57	207	502	222	381	1,651
Investment management costs	-	-	30	-	-	-	30
Total support costs allocated	4,062	806	2,957	7,172	7,407	624	23,028

Support costs allocated to raising funds and our charitable activities have increased to £23.8 million from £23 million in 2023/24. This includes the impact of cost of living pay awards, growth in our digital and technology capability and the impact of cost inflation on our Information Technology services.

All support costs are allocated according to the share of support staff time spent supporting each activity. This is based on survey of activity by function.

Note A	2025 £'000	2024 £'000
Governance costs		
Internal audit	174	172
External audit fees (Note B)	221	201
Trustees' travel and meeting expenses (Note 18 iv)	-	-
Trustees' indemnity insurance (Note 18 iv)	42	56
Compliance	308	377
	745	806

Note B	2025 £'000	2024 £'000
Net expenditure for the year is stated after charging:		
Fees payable to the Charity's auditor for:		
the audit of these financial statements – charity	199	179
additional fees for prior year audit	6	-
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	6	12
	221	201
Amounts paid under operating leases:		
land and buildings	3,615	3,593
plant and machinery	1,194	1,240
	4,809	4,833
Depreciation and amortisation of owned assets	5,351	6,157
Impairment of owned assets	-	5,374

Note C	2025 £'000	2024 £'000
Policy and research costs		
Grant funding of activities:		
Marie Curie Palliative Care Research Department at UCL	–	28
Marie Curie Palliative Care Research Centre at Cardiff University	599	626
National grant programme	977	822
Other recipients	213	564
Other policy and research activity undertaken directly	6,843	7,622
Support costs	601	1,488
	9,233	11,150

6 Staff

i) Remuneration	2025 £'000	2024 £'000
Wages and salaries	106,589	106,958
Social security costs	9,780	10,040
Other pension costs	7,028	7,119
Total Marie Curie staff costs	123,397	124,117
Contracted staff	8,232	6,776
Total remuneration	131,629	130,893

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 for 198 employees was £2,889,317 (2023: £1,420,514 for 126 employees). There were no termination payments to senior management team members within the year (2024: £0 for 0 employees).

ii) Average number of employees	2025	2024
Hospice	723	760
Community	1,256	1,294
Caring Services Support	385	372
Caring Services Central Teams	95	95
Business Services	57	61
CEO and Policy	56	52
Governance and Legal	17	17
Innovation, Income and Engagement	332	351
People Services	109	120
Retail	443	431
Technology and Transformation	109	121
	3,582	3,674
Comprising		
Full time	1,526	1,606
Part time	2,056	2,068
	3,582	3,674

iii) Remuneration of higher paid staff	2025 Number	Restated 2024 Number
£60,000 – £69,999	56	59
£70,000 – £79,999	45	44
£80,000 – £89,999	12	21
£90,000 – £99,999	10	11
£100,000 – £109,999	6	6
£110,000 – £119,999	1	1
£120,000 – £129,999	2	3
£130,000 – £139,999	1	1
£140,000 – £149,999	1	2
£150,000 – £159,999	3	1
£160,000 – £169,999	–	–
£170,000 – £179,999	1	–
£180,000 – £189,999	–	–
£190,000 – £199,999	1	1
Included in the above are the following number of medical practitioners	14	13

Contributions of £415,667 (2024: £388,980) were made to the NHS Defined Benefit Pension Schemes for 32 (2024: 31) higher paid employees.

Contributions amounting to £531,883 (2024: £531,232) were made to defined contribution schemes for 113 (2024: 118) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any Employer Pension contributions and Employer National Insurance contributions were £1,703,861 (2024: £1,505,666). The increase compared to the prior year is primarily due to a role filled by a contractor. Other increases are due to roles that were previously unfilled now having permanent staff in place.

The salary of the Chief Executive in 2024/25 was £197,600 (2023/24: £197,600).

In the prior year the employees that had left the organisation were excluded from the remuneration of higher paid staff calculation. A restatement has been made to include these employees as well as a reclassification of the number of employees in each category.

iv) Trustees' expenses

No Trustees received any remuneration in the year.

The total of £736 was paid to or on behalf of two Trustees of the Charity as reimbursement of travel and subsistence expenses incurred in attending meetings (2024: £307).

In respect of overnight stays for 5 Trustees to attend meetings, a further cost of £2,042 was incurred (2024: £3,850 for 11 Trustees).

The Charity maintains liability insurance covering Trustees in their capacity as directors and other Officers of the Charity at a cost of £42,280 per annum (2024: £56,280).

7 Taxation

Corporation tax

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 all profits are transferred to the Charity as a qualifying charitable donation.

8 Investments

	Listed investments £'000	Group total £'000	Investment in subsidiaries (Note 20) £'000	Charity total 2025 £'000
Group and charity				
Market value at 1 April 2024	59,864	59,864	331	60,195
Additions	64,927	64,927	-	64,927
Disposals	(74,878)	(74,878)	-	(74,878)
Gains on investments	1,551	1,551	-	1,551
Market Value at 31 March 2025	51,464	51,464	331	51,795
Historic cost at 31 March 2025	50,019	50,019	331	50,350
Historic cost at 31 March 2024	54,925	54,925	331	55,256
Gains/(losses) on investments			2025 £'000	2024 £'000
Realised gains			4,109	29
Unrealised (loss)/gains included in market value			(2,558)	3,591
			1,551	3,620
Listed investments			2025 £'000	2024 £'000
UK			20,728	24,580
Non UK			30,736	35,284
			51,464	59,864
Analysis of investment class			2025 £'000	2024 £'000
UK equities			13,704	2,505
International equities			8,242	21,987
UK government bonds			-	9,874
Global bonds			22,494	13,297
Investment grade bonds			6,796	11,661
Sub-investment grade bonds			-	409
Cash			228	131
			51,464	59,864

Prior year investments for comparison	Listed investments £'000	Group total £'000	Investment in subsidiaries (Note 20) £'000	Charity total 2024 £'000
Group and charity				
Market value at 1 April 2023	54,938	54,938	331	55,269
Additions	5,395	5,395	-	5,395
Disposals	(4,060)	(4,060)	-	(4,060)
Gains on investments	3,591	3,591	-	3,591
Market Value at 31 March 2024	59,864	59,864	331	60,195
Historic cost at 31 March 2024	54,925	54,925	331	55,256

9a Group and charity tangible fixed assets

	Land and buildings £'000	Short leasehold land and buildings £'000	Furniture equipment and motor vehicles £'000	Total £'000
Cost				
At 1 April 2024	86,399	7,909	9,343	103,651
Additions at cost	1,744	46	1,261	3,051
Disposals at cost	(1)	(70)	(79)	(150)
At 31 March 2025	88,142	7,885	10,525	106,552
Depreciation				
At 1 April 2024	52,180	6,982	7,442	66,604
Provided in the year	1,970	336	1,023	3,329
Disposals depreciation	-	(66)	(69)	(135)
At 31 March 2025	54,150	7,252	8,396	69,798
Net book value				
At 31 March 2025	33,992	633	2,129	36,754
At 31 March 2024	34,219	927	1,901	37,047

Land and buildings consist of nine Marie Curie Hospices. The Marie Curie Hospice, Belfast is held under a 9,000 year lease that was created in 1894 and is subject to a peppercorn rent.

All other buildings in this category are freehold properties.

The cost of freehold land included within land and buildings is £1.6 million (2024: £1.6 million).

Short leasehold buildings consists of administrative offices and shops. All short leases are less than 50 years.

The impairment provision in 2023/24 of £5.4 million referred to in note 5b is included in expenditure on charitable activities on the SOFA

and relates to the write down of the Marie Curie Hospice, Hampstead. It was identified that the hospice contained Reinforced Autoclaved Aerated Concrete (RAAC) which meant it could not be used in its current form unless major alterations are made. Based on this discovery the hospice is currently not being used and is dormant. The decision was made to fully impair this asset due to substantial amount of funds needed to repair and bring it back to its purpose. Following the closure of this hospice we continue to explore options regarding the future of the property.

9b Group and charity intangible fixed assets

	Software £'000	Software development £'000	Total £'000
Cost			
At 1 April 2024	15,302	424	15,726
Additions at cost	41	501	542
Disposals at cost	(11)	–	(11)
At 31 March 2025	15,332	925	16,257
Amortisation			
At 1 April 2024	10,086	–	10,086
Charge for the year	2,022	–	2,022
Disposals	(10)	–	(10)
At 31 March 2025	12,098	–	12,098
Net book value			
At 31 March 2025	3,234	925	4,159
At 31 March 2024	5,216	424	5,640

Group capital commitments

At 31 March 2025, approved and contracted capital commitments amounted to £1.4 million (2024: £1.6 million) which will be funded from restricted and general funds.

All capital commitments at 31 March 2025 are planned for completion by 31 March 2026.

	2025 £'000	2024 £'000
Capital expenditure authorised and contracted for	1,433	1,588
Capital expenditure authorised but not contracted for	5,329	5,044

10 Stocks

	Group		Charity	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
Inventory for resale	464	482	–	–
	464	482	–	–

11 Debtors

	Group		Charity	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
Trade debtors	5,628	5,423	5,476	5,271
Taxation recoverable	2,670	3,549	2,670	3,571
Prepayments	4,306	3,360	4,306	3,360
Legacy debtors	30,607	24,935	30,607	24,935
Amounts due from subsidiary undertakings	–	–	1,532	1,939
Other debtors	5,646	7,054	5,569	6,894
	48,857	44,321	50,160	45,970

The charity has been notified of legacies with an estimated value of £11.6 million (2024: £10.4 million) which have not been recognised as income at 31 March 2025 because probate has not been granted and draft estate accounts or other

suitable information are not available which allows the legacy to be measured with reasonable accuracy. This amount has been treated as a contingent asset.

12 Current asset investments

	Group		Charity	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
At 1 April	5,307	32,573	5,307	32,573
Movements in deposits	(2,597)	(27,420)	(2,597)	(27,420)
Realised gains	–	154	–	154
Unrealised gains	–	–	–	–
Disposals	(50)	–	(50)	–
At 31 March	2,660	5,307	2,660	5,307

All funds were held either on fixed term deposits or in interest-bearing current accounts, with A grade banking institutions. The movement in

deposits is due to a 12 month fixed term deposit maturing and general movement of our bank accounts.

13 Creditors

	Group		Charity	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
(a) Amounts falling due within one year				
Trade creditors	6,862	6,232	6,699	6,046
Palliative care research grants	3,757	3,044	3,757	3,044
Taxation and social security	2,298	2,412	2,298	2,412
Accruals	8,766	8,895	8,755	8,883
Deferred income (Note 14)	1,661	1,591	1,620	1,559
Other creditors	1,726	1,118	1,726	1,117
Amounts due to subsidiary undertakings	–	–	1,016	1,568
	25,070	23,292	25,871	24,629
(b) Amounts falling due after more than one year				
Palliative care research grants	2,189	2,764	2,189	2,764
	2,189	2,764	2,189	2,764

14 Deferred income

Group	At 1 April 2024 £'000	Amounts released in the year £'000	Amounts deferred £'000	At 31 March 2025 £'000
Caring services	433	(433)	383	383
Fundraising events	1,158	(1,158)	1,278	1,278
Other	–	–	–	–
	1,591	(1,591)	1,661	1,661

Caring services deferred income includes amounts received in advance in respect to services being provided which had not taken place by the balance sheet date.

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

Charity	At 1 April 2024 £'000	Amounts released in the year £'000	Amounts deferred £'000	At 31 March 2025 £'000
Caring services	433	(433)	383	383
Fundraising events	1,126	(1,126)	1,237	1,237
Other	–	–	–	–
	1,559	(1,559)	1,620	1,620

15 Provision for charges and liabilities

Group and charity	At 1 April 2024 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2025 £'000
Dilapidations	408	107	(161)	(193)	161
Staff costs and other liabilities	593	4	(418)	(136)	43
Home REIT investment	–	130	–	–	130
VAT	–	388	–	–	388
	1,001	629	(579)	(329)	722

Dilapidations

Dilapidations relate to properties where there is a legal responsibility to pay for these costs before the end of the lease period.

Staff costs and other liabilities

These include provisions for restructuring and redundancy costs, as well as costs associated with the planned closure of a small number of shops.

Home REIT investment

The provision for potential losses related to a shareholding in Home REIT the shares in which were suspended since January 2023 and is currently subject to a regulated inquiry and shareholder litigation.

VAT

The provision for potential VAT costs relates to a liability relating to VAT that has been recovered in relation to Marie Curie's exempt activities. A payment will be made in 2025/26.

16 Financial instruments

Marie Curie has the following financial instruments:

Group and charity	Note	2025 £'000	2024 £'000
Financial assets at fair value through statement of financial activities			
Long-term investments	8	51,464	59,864
Short-term investments	12	2,660	5,307

Risk management

The group is exposed through its operations and investments to the following financial risks:

- market risk
- foreign currency exchange rate risk
- credit risk
- liquidity risk

Market risk, including foreign currency exchange rate risk

Market risk is the risk that the fair value of a financial instrument will fluctuate due to changes in market prices. Market prices are influenced by movements in interest rates, currency movements and other market factors. The Charity manages

this risk by employing professional investment managers and aims to hold a widely diversified portfolio of investments.

94% of our investments are held in sterling, with the remaining balance held in foreign currencies. We therefore have limited exposure to any risk of changes in foreign currency rates.

Credit risk

Credit risk in the Charity's investment portfolio as at 31 March 2025 relates to the risk that funds in which the Charity has an investment would fail to process a request for redemption of the investment. The Charity manages this risk by employing professional investment managers and holding a widely diversified portfolio of

investments ensuring that risks taken are carefully managed, monitored and controlled.

The nature of the Charity's non-investment assets and customer profile means that the Charity is not exposed to significant credit risk on these assets.

Liquidity risk

The Charity's liquidity policy is framed to ensure there is no substantive liquidity risk. Under the

policy, the Charity's target is to retain £60.8 million in investments and cash which are capable of being liquidated at relatively short notice to ensure cash is available to meet liabilities as they arise. Within the £60.8 million target the Charity will also hold cash and other liquid funds to meet regular cash flow requirements.

17 Funds

Group and charity

	Note (see below)	At 1 April 2024 £'000	Income £'000	Expenditure £'000	Gains and losses £'000	Transfers £'000	At 31 March 2025 £'000
Restricted Funds (Group and Charity)							
Hospices – Capital Fund	i	14,325	–	(1,428)	–	103	13,000
Hospices – Revenue	ii	483	7,388	(7,232)	–	(103)	536
Hospice Care at Home	ii	71	8,581	(8,584)	–	–	68
Companions	ii	3	23	(16)	–	–	10
Information and support	ii	–	28	(28)	–	–	–
Palliative care research		–	587	(566)	–	–	21
Other projects		7	1,859	(280)	–	–	1,586
Total restricted funds		14,889	18,466	(18,134)	–	–	15,221
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	15,836	–	(4,878)	–	(10,958)	–
Tangible and Intangible Fixed Asset Fund	iv	28,361	–	(3,923)	–	3,476	27,914
Capital Investment Fund		–	–	–	–	–	–
Total designated funds		44,197	–	(8,801)	–	(7,482)	27,914
General Funds (Group)							
General Fund	v	67,534	162,635	(162,701)	1,551	7,482	76,501
Total general funds		67,534	162,635	(162,701)	1,551	7,482	76,501
Consolidated Funds							
		126,620	181,101	(189,636)	1,551	–	119,636
General funds (Charity)		67,546	159,883	(159,950)	1,551	7,482	76,512

The above funds carried forward at 31 March 2025 represent:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(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.</p> | <p>(ii) Funds restricted for Marie Curie Hospices, Hospice Care at Home, Companions and Information and Support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

- (iii) The Impact and Innovation Fund was created in 2020/21 to invest in transforming the future of end of life experience in the UK by delivering on the strategic initiatives described within this report. This fund is to be used only for one-off investment to support change, innovation of service delivery and to invest to save. In the event of increased financial risk or if no longer required, funds can be undesignated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to general reserves. In total the Impact and Innovation fund has financed £23.8 million of strategic change projects. In 2024/25 the Board approved plans to return the

undesignated Impact and Innovation Fund back to General Funds (£10,958k). Any outstanding projects would be completed using the General Funds.

- (iv) The net book amounts already invested in tangible and intangible fixed assets, other than those covered by restricted funds (see (i) above). The transfer of £3,476k comprises additions amounting to £3,595k less the net book value of disposals of £16k and less the restricted Hospices capital fund £103k.
- (v) The General Fund represents the net amount that the Trustees have available to meet planned and unexpected shortfalls in future funding and increases in costs.

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

	2025 £'000	2024 £'000
The Charity	(8,516)	(27,269)
Intra-group profit	1,532	1,400
	(6,984)	(25,869)

Prior year funds for comparison

Group and charity

	Note (see below)	At 1 April 2023 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2024 £'000
Restricted Funds (Group and Charity)							
Hospices – Capital Fund	i	15,620	–	(1,428)	–	133	14,325
Hospices – Revenue	ii	329	16,535	(16,248)	–	(133)	483
Hospice Care at Home	ii	42	6,941	(6,912)	–	–	71
Companions	ii	–	13	(10)	–	–	3
Information and support	ii	–	31	(31)	–	–	–
Palliative care research		–	133	(133)	–	–	–
Other projects		–	476	(469)	–	–	7
Total restricted funds		15,991	24,129	(25,231)	–	–	14,889
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	25,804	–	(9,968)	–	–	15,836
Tangible and Intangible Fixed Asset Fund	iv	35,382	–	(10,104)	–	3,083	28,361
Capital Investment Fund		–	–	–	–	–	–
Total designated funds		61,186	–	(20,072)	–	3,083	44,197
General Funds (Group)							
General Fund	v	75,312	145,537	(153,852)	3,620	(3,083)	67,534
Total general funds		75,312	145,537	(153,852)	3,620	(3,083)	67,534
Consolidated Funds							
		152,489	169,666	(199,155)	3,620	–	126,620
General funds (Charity)		75,324	142,661	(150,976)	3,620	(3,083)	67,546

The above funds carried forward at 31 March 2024 represent the funds numbered i to v on pages 122 and 123.

Analysis of net assets between funds (Group)

	Unrestricted funds £'000	Restricted funds £'000	Total 2025 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2024 £'000
Tangible fixed assets	23,754	13,000	36,754	22,722	14,325	37,047
Intangible fixed assets	4,159	–	4,159	5,640	–	5,640
Investments (fixed and current)	51,903	2,221	54,124	65,171	–	65,171
Stocks	464	–	464	482	–	482
Debtors	48,857	–	48,857	44,321	–	44,321
Cash at bank and in hand	3,259	–	3,259	452	564	1,016
Creditors	(27,981)	–	(27,981)	(27,057)	–	(27,057)
Total net assets	104,415	15,221	119,636	111,731	14,889	126,620

Analysis of net assets between funds (Charity)

	Unrestricted funds £'000	Restricted funds £'000	Total 2025 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2024 £'000
Tangible fixed assets	23,754	13,000	36,754	22,722	14,325	37,047
Intangible fixed assets	4,159	–	4,159	5,640	–	5,640
Investments (fixed and current)	52,234	2,221	54,455	65,502	–	65,502
Debtors	50,160	–	50,160	45,970	–	45,970
Cash at bank and in hand	2,901	–	2,901	303	564	867
Creditors	(28,782)	–	(28,782)	(28,394)	–	(28,394)
Total net assets	104,426	15,221	119,647	111,743	14,889	126,632

18 Lease commitments

The Charity has total future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2025 £'000	2024 £'000
Land and Buildings		
Within one year	3,172	3,253
Between two and five years	8,438	9,563
Over five years	1,240	1,818
	12,850	14,634
Other		
Within one year	572	506
Between two and five years	562	873
	1,134	1,379

19 Subsidiary undertakings

The Charity has the following subsidiary undertaking which is wholly owned and registered at One Embassy Gardens, 8 Viaduct Gardens, London SW11 7BW:

Marie Curie Trading Limited – The company undertakes trading activities for the benefit of the Charity that it cannot carry out itself as an registered charity, including the sale of new goods

such as Christmas cards and certain events. The company made a profit of £1.5 million for the year ended 31 March 2025 (2024: £1.4 million) which will be paid to the Charity by means of a payment as a qualifying charitable donation.

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

Marie Curie Trading Limited	2025 £'000	2024 £'000
Turnover	4,285	4,276
Cost of sales	(1,621)	(1,761)
Gross profit	2,664	2,515
Other expenses	(1,107)	(1,091)
Interest payable	(25)	(24)
Payment to the Charity under Gift Aid	(1,532)	(1,400)
Retained profit for the year	–	–
Net current assets	320	320
Liabilities – debenture held by the Charity	(320)	(320)
Net assets	–	–

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

Marie Curie Trading Limited company number 02292795.

20 Related party transactions

Marie Curie Trading Limited owes the Charity £1.5m (2024: £1.4m) being the current year profits which will be paid to the Charity by means of a payment as a qualifying charitable donation and £432,000 (2024: £515,000) of recharges relating to management and support costs.

The Charity owes Marie Curie Trading Limited £1.0m (2024: £1.6) relating to income received in the Charity but relating to Marie Curie Trading Limited activities.

There were no other transactions with Trustees or other related parties in the year.

21 Post balance sheet events

There are no adjusting or non-adjusting post balance sheet events.



Who's who*

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His Majesty the King, Charles III

Life Vice Presidents

Sir Peter Davis LLD, FRSA
Sir Thomas Hughes-Hallett

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Kevin Parry OBE (Chair from January 2025)
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Dr Rachel Burman FRCP MA
Richard Flint CBE (to December 2024)
Professor Richard Harding
Mary Hinds
Prerana Issar
Patricia Lee (to March 2025)
Chris Martin OBE BPharm (Hons) FRPharmS
Maria McGill CBE
Luke Nunneley (appointed from October 2024)
Seshashayee Sridhara
Ian Waller
Richard Wohanka CBE

Bankers

The Royal Bank of Scotland PLC,
280 Bishopsgate, London EC2M 4RB

Solicitors

Bates Wells & Braithwaite,
10 Queen Street Place, London EC4R 1BE
CMS Cameron McKenna Nabarro Olswang LLP,
Cannon Place, 78 Cannon Street, London, EC4N 6AF

Auditor

BDO LLP,
55 Baker Street, London W1U 7EU

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Chrisha Alagaratnam
Patricia Lee (to March 2025)
Chris Martin BPharm OBE (Hons) FRPharmS

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Vindi Banga (to December 2024)
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Chris Martin BPharm (Hons) FRPharmS
Luke Nunneley (from October 2024)
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Ian Waller

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Ian Waller
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Maria McGill
Jamilla Hussain (Independent Committee Member)
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Kate O'Donnell (Independent Committee Member)
Tim Peters (Independent Committee Member)
Kathy Seddon (Independent Committee Member)

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Dr Rachel Burman FRCP MA
Mary Hinds
Maria McGill
Harry Bunch (Independent Committee Member)
Tanya McCance (Independent Committee Member)

Executive Leadership Team

Chief Executive

Matthew Reed

General Counsel and Company Secretary

Kelly Young (to January 2025)

Interim General Counsel and Company Secretary

Luscinia Brown-Hovelt (from January 2025)

Chief Technology Officer

Mike Cadden

Chief Financial Officer

Matthew Tyler

Chief Innovation, Income and Engagement Officer

Maria Novell (to February 2025)

Chief Innovation, Income and Engagement Officer (Acting)

Jacqui Wooley (from February 2025)

Chief Nursing Officer

Annette Weatherley

Chief Medical Officer

Dr Sarah Holmes

Chief Place and Service Delivery Officer

Andrew Wilson-Mouasher

Chief Research and Policy Officer

Dr Sam Royston

Chief People and Transformation Officer

Nina Vendemiati (to September 2024)

Chief People Officer

Cathryn Richardson (from September 2024)

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Richard Baker (to July 2024)
Susannah Brown (from September 2024)
Harry Bunch
Duncan Campbell
Anna Devine (to March 2025)
Liz Forbat
Diana Hekeram
Jo Hockley
Sarah Mills (from March 2025)
Mairi O'Keefe
Katharine Ross (from March 2025)

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Corrina Grimes (from March 2025)
Kieran Harding (to September 2024)
Wendy Magowan
Tanya McCance
Ed McClean
Heather Monteverde
Phelim Quinn

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Ellen Donovan
Owen Evans
Joanne Ferris
Anish Kotecha (to March 2025)
Esyllt Llwyd
Amanda Morgan Thomas (from March 2025)
Vicki Spencer-Francis
Peter Max

* 1 April 2024 to 31 March 2025

A huge thank you

Our heartfelt thanks to all our supporters, volunteers, partners and colleagues for making our vital work possible over the past year.

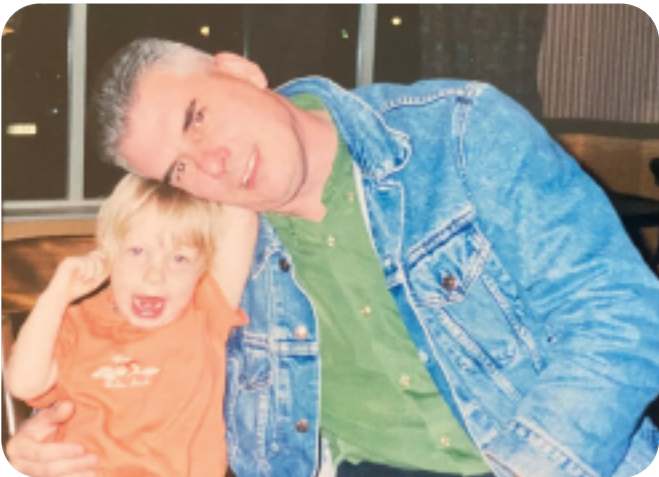
Your kindness and generosity help us provide expert care and support that make all the difference to people like Blaise and the loved ones they hold dear.

“If we hadn’t had Marie Curie hospice care, I think it would have been a case of my dad going into hospital, which he would not have liked. It was too loud and invasive for him.

At the West Midlands Hospice, the nursing team were so attentive and so loving – nothing was too big of an ask for them and they were always on hand. We never had to wait long if we needed something. They were always there, even just for a hug, which I think is so important.

That kind of care doesn’t just happen – it’s thanks to Marie Curie and all their supporters. You made it possible for my dad to stay comfortable and keep his dignity at the end of his life, and that was incredibly important to all of us.”

– Blaise



A young Blaise with his dad, Paul

Below are our patrons and some of the individuals, organisations and companies who have played a significant role in supporting our work over the past year. Thank you.

- Adam Gosling

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- The Albert Hunt Trust
- The Alice Elen Cooper Dean Charitable Foundation
- The Bluston Trust
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- The Castansa Trust
- The Duchess of Northumberland, Marie Curie Hospice, Newcastle
- The Gannochy Trust
- The Harry and Mary Foundation
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- Tom and Sheila Springer Charity Trust
- Toni McDermott
- Tony & Linda Bloom
- Vicountess Petersham, Aberdeenshire
- Warren Cannon

For more information

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

Call us for free on **0800 716 146**

Or email us at **info@mariecurie.org.uk**

Looking for support?

Call our free Support Line on **0800 090 2309***

Or visit **mariecurie.org.uk/support** for online information, guidance and web chat.

* Calls are free from landlines and mobile phones.

Your call may be recorded for quality and training purposes.

Want to make a donation?

Call **0800 716 146**

Visit **mariecurie.org.uk/donate**

Or send a cheque to one of our offices (addresses to right).

Our offices

Registered office

One Embassy Gardens
8 Viaduct Gardens
Nine Elms
London SW11 7BW

Scotland

14 Links Place
Edinburgh EH6 7EB

Northern Ireland

60 Knock Road
Belfast BT5 6LQ

Wales

Bridgeman Rd,
Penarth CF64 3YR

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and makes our work possible.**

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