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What we do

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

Marie Curie Nurses
We are best known for our network of Marie Curie Nurses, who work in the homes of terminally ill patients across the UK, providing practical care and support.

Marie Curie Hospices
We run nine Marie Curie Hospices across England, Scotland, Wales and Northern Ireland. We are the biggest provider of hospice beds outside the NHS, and we are expanding outpatient and day services at all our hospices.

Research
We conduct palliative care research to find better ways of caring for terminally ill people. We also fund seven scientific teams at UK universities investigating the causes and treatments of cancer.

Our funding
All our services are always free to patients and their families, thanks to the generous support of the public.

Around 70 per cent of the charity's income comes from the support of thousands of individuals, membership organisations and businesses, with the balance of our funds coming from the NHS.

Volunteers
We depend on an army of volunteers to support our work in both care and fundraising – and we have exciting plans to expand and develop volunteering opportunities.

Our emblem is the daffodil – wear one to show that you support Marie Curie Cancer Care.
We publish this report every year to show how we have made an impact for the patients and families we serve and how we have performed against our targets. It identifies many successes, as well as some areas where further work is needed. We have also included the personal stories of some of the people we helped and some of our supporters and volunteers.

This has been another good year for our charity. Despite the difficult economic environment, we succeeded in providing home nursing care for more patients at the end of their lives. Our nine hospices – centres of excellence in specialist care for terminally ill people – are reaching ever more people, especially through their expanding outpatient and day therapy services.

We launched a major programme of palliative care research, opened a state-of-the-art hospice in Glasgow and obtained planning permission to replace our outdated hospice in Solihull.

The effect of the recession on NHS spending has forced us to delay our ambition to double the size of the Marie Curie Nursing Service by 2013. But by providing innovative services, focussed even more closely on the needs of patients and families, we have been able to increase the impact of our work.

Marie Curie ended the year in a strong financial position, meaning that we can continue to develop our services, reaching out to more people and constantly improving the quality of our care.

That financial success is based on the strong public support that we continue to enjoy, right across the UK. Our Great Daffodil Appeal 2010 was our most successful ever, and a record number of people put the kettle on for our Blooming Great Tea Party. Even when times are hard, and money is tight, people still think of Marie Curie, and our care for terminally ill people in their local community. We are very proud of this support – and we are determined to make every penny count.

To find out how we are doing this, please read the rest of the report.
‘We all want the right thing for the patient’

As a nurse with Marie Curie Cancer Care, John Kane feels he has found his vocation. "As long as you have a caring heart and hands-on experience, you will not look back," he says. "It is a serious role, but if you approach it with an open mind and heart it will encompass you 10 times over. It gives me my purpose to get out of bed in the morning, and to enjoy my kids. All I can ever say is a very big thank you to Marie Curie Cancer Care – it's not just my job, it's my way of life."

Dublin-born John, 46, lives in London with his wife and three children, and works what might be seen as an exhausting four night-shifts a week, with a fifth on standby. Yet when asked what strain this puts on him, his unhesitating response is: "It doesn't."

John’s long-standing experience with severely disabled youngsters and in residential care homes stood him in great stead for the work he’s been doing for the past two years as a Marie Curie Nurse.

While John’s experience bears witness to the fact that most people don’t mind whether their nurse is male or female, his gentle and sensitive approach nevertheless helps iron out any potential issues before they arise – calling the patient before he arrives, for instance, so they know he is male. And of the men that he cares for, quite a few have requested that he come back if possible. "In these cases I call our referral centre in Pontypool and ask if I can be sent back in order to provide continuity of care, and the good thing about Marie Curie is that it will try to meet this kind of request," he says.

Currently just 4% of Marie Curie Cancer Care nurses are male (92 in total). According to John, the fairly small number of potentially tricky issues they may face range from reluctance on the part of some female patients to have personal care from a man to the lack of latex gloves big enough to fit men’s hands. "Two seconds after I put on the ones the District Nurses leave for me, they split!" says John.

John says that both sexes bring particular strengths to caring - and male nurses can sometimes find it easier to chat to the male relatives of patients reaching the end of their lives. "Sometimes we chat about the World Cup – it's doesn't make the problems go away, but it eases things along," explains John. "We can also do things like teach female carers to give a proper shave to men. There's no right or wrong - we all do things differently, but we all want the right thing for the patient."
Impact report

This impact report shows our overall aims for the three year period from 2008 to 2011 along with our targets for the financial year 2009/10 and whether we achieved them.

Each area of our work is broken down, showing our overall aims for the three year period and targets for the last year for that area. We then show our achievements against those targets.

As in our strategic plan we have grouped our activities into four headings:

- **Delivering growth**
- **Improving lives**
- **Securing the future**
- **Our finances**
Delivering growth

By 2011 we will care for more people with cancer and increase significantly the care we provide for people with other illnesses.

Three year aim 2008-11

• We will be on track to double the number of patients we care for at home to 35,000 by 2013.
• We will be on track to double the hours of care we provide for patients at home to 2 million by 2013.

Target 2009/10

• We will increase the hours of care by 20% over the previous year.
• We will increase the number of patients cared for by 20% over the previous year.
• We will launch a volunteer-based service to support patients, carers and families at home.
• We will increase the take up of our new services.

Achievements 2009/10

The hours of care provided at home to patients by the Marie Curie Nursing Service increased by only 1% over the total in 2008/09.

The number of patients cared for by the Marie Curie Nursing Service increased by 12% over the total in 2008/09.

We launched a pilot of the new volunteer-based service, Marie Curie Helper, in Somerset in May 2009.

12% of the home nursing activity in 2009/10 was generated by new services including Rapid Response teams and Multi-visit and reactive nursing.

Analysis

Marie Curie Cancer Care's ability to grow the activity of its nursing service is dependent on securing agreement with the NHS in each area of the UK on how much nursing should be provided. The cost is shared equally between the NHS and Marie Curie.

We set our ambitious growth plans of a 20% annual increase back in 2007, before the onset of the recession. Our experience has been that the NHS has been reluctant to increase its commitment to new services and has been carefully managing its expenditure on nursing services.

Our new Rapid Response and Multi-visit services have cared for many more patients, even though the total number of hours of care provided has only increased by 1%. Both Multi-visit and Rapid Response services enable a nurse to support more than one patient in a single shift, which has meant that the reach of the Marie Curie Nursing Service has continued to increase significantly.
Delivering growth

* By 2011 we will care for more people with cancer and increase significantly the care we provide for people with other illnesses.

Three year aim 2008-11

- We will increase the number of patients using our hospices by 50%.
- We will increase the number of people supported at our hospices by 50%.

Target 2009/10

- We will increase the number of patients using our hospices by 15%.
- We will increase the number of people supported by our hospices by 15%.
- Our hospices will be able to demonstrate links with the local community.
- We will complete the construction of a new hospice in Glasgow, and commence construction on the development of a new hospice in Solihull to serve the West Midlands.

Achievements 2009/10

- Our hospices cared for 8% more patients than the previous year.
- Daycare, homecare and outpatient services increased by 63% over the activity of the previous year.
- All hospices have projects working with their local communities.
- The new Glasgow hospice was completed in January 2010 on schedule and on budget. We obtained planning permission for a new hospice in Solihull, and the development is underway.

Analysis

There has been very significant growth in daycare, homecare and outpatient services at our hospices, with the number of patients increasing as well as the care provided to each person. This has been achieved by the hospices with virtually no increase in funding.

January 2010 saw both the completion of the new Marie Curie Hospice, Glasgow and the achievement of planning permission for a new hospice in the West Midlands.
Delivering growth

By 2011 we will identify and harness new sources of income, and achieve growth in the most cost effective way.

Three year aim 2008-11

- We will be on track to increase our fundraising contribution to £65 million.
- We will increase our income from organisations, trusts and major donors.
- We will double the number of people who give regularly to 120,000.
- We will increase statutory funding by 55% to £41 million.

Target 2009/10

- We will increase our net fundraising total to £57.5 million.
- We will increase the number of people who give regularly to 100,000 by March 31, 2010.
- We will increase the NHS contribution to the Marie Curie Nursing Service to 55% of the cost of providing a nurse.
- We will increase the NHS contribution to the hospices to 50% of the cost of caring for a patient.
- We will increase the net profit from shops.

Achievement 2009/10

- Net fundraising income was £52.4 million, which was below our target.
- A total of 86,272 donors were recruited by March 31, 2010.
- Income from the NHS for the Marie Curie Nursing Service reached 51%, which was below our target.
- Income from the NHS for Marie Curie Hospices reached 46%, which was below our target.
- Sales of donated goods increased by 5% on a like for like basis, and the net profit from shops increased by 13%.

Analysis

Both fundraising income and NHS income have been affected by the recession. The objective of £57.5 million was set in 2007 prior to the recession, and the charity was on target after achieving its highest ever fundraising income in 2008/09. However the impact of the recession has meant that our fundraising income has fallen. The total achieved - £52.4 million - is very creditable in the circumstances and is higher than the revised budget that we set before the start of the year.
Mum loved being at home

Rhiannan Henton says the support and care of Marie Curie Nurses was the greatest comfort at the most difficult time.

Standing beside my mum, Malayne, as she opened the door to her 60th birthday party, I took in all the smiling faces that greeted her. It was clear that she meant a lot to so many people. Down to earth, bubbly and big hearted, she was an exceptional person and a truly fantastic mum.

The party was intended to be a big celebration – of Mum, her life and her birthday – but also of the fact that she’d recovered from ovarian cancer and been given a second chance. However, myself, my dad Paul and my sister Sian all knew that in fact the cancer had returned and Mum had been given just a matter of weeks to live.

Mum loved people and could chat to anyone, usually about shopping! She doted on her grandchildren, and us, and we knew that whenever we went to my parents’ house in Leicester, she’d make an extra special effort.

In 2003, I moved to Surrey with my husband Johnny, but I visited Mum as often as I could. Her and Dad still lived in the same four bedroomed house I’d grown up in, and its beautiful big garden was the perfect place to find some peace. Shortly after our move, Mum began to complain of having a swollen tummy. When she started feeling exhausted, she was referred to Leicester Royal Infirmary for a scan. There she was diagnosed with...
ovarian cancer and given a hysterectomy. Mum also had several months of chemotherapy, which really took it out of her. However, she remained upbeat throughout her treatment, and by the time of her last session, we were all convinced she’d make a complete recovery.

Overjoyed that it was all over, we began planning a big party for her 60th birthday. However, in the months that followed, she began feeling unwell again. Concerned, she went to her doctor and was referred for tests. When Mum was called to see a consultant, Dad and I went with her. He told us that Mum had developed untreatable secondary cancer and had an estimated six weeks to live. I was aghast, but Mum was serene. I think she already knew that the outlook wasn’t good.

The consultant asked if she wanted to stay in the hospital or if she’d like to go home. She wanted to go home, where she could see her family whenever she liked and hear the birds singing in the morning.

The hospital arranged for a Marie Curie Nurse, Rita, to visit my parents’ house a few days later. She sat with Dad and I, and we chatted about Mum and us. The next time we saw her, it was as if we’d known her for years. She fitted right in, but knew when to take a step back.

As I live a couple of hours’ drive away from my parents, had one-year-old Fraser to look after, and was expecting my second child Ollie, I couldn’t be around to help out as much as I wanted. It was a great comfort to know Rita was there for both my parents. As the weeks went on, Mum’s illness worsened, and the support we got from Rita and Marie Curie increased. I don’t think we would have coped without them.

Mum passed away quietly, with Dad holding her hand. It was a tremendously emotional day, but knowing that Mum had spent her last days surrounded by happy memories at home eased some of our heartache. It wouldn’t have been possible without the help of Marie Curie. They allowed Mum to have her wish and to die with dignity at home, a priceless gift at such a difficult time.
New hospice spreads its wings

The artwork is the finishing touch. A flock of bronze birds cast from the hands of patients, staff and local people is set to take flight at the brand-new Marie Curie Hospice, Glasgow. Springburn Hens - sculptor Sioban Coppinger’s unique work - is the final stage of a huge project to give the city a modern hospice to replace the charity’s old building. It took over 18 months of work to transform a hole on a hillside into a building completely designed around the needs of patients. The new hospice opened its doors at the beginning of 2010.

"We have a beautiful environment," Hospice Manager Aileen Eland says. "There’s a great buzz to the new building, and there’s so much more space. Patients have their own rooms, meaning they have more dignity and privacy. Families can have time with their loved ones without overhearing others.”

All patient rooms have direct access to the outside – and the hospice gardens are much appreciated by patients and relatives. "One patient said: 'I haven’t got a garden, and I just want to sit outside and enjoy your garden.' It’s a sunny day today, and some patients have had their beds moved outside to enjoy the view," Aileen says.

The building has been designed to make it easier to care for people. All the rooms have piped oxygen and suction, and there is space for hoists around beds and toilets. It also has a medication room, where nurses can prepare syringe drivers and complex medication without being disturbed.

"It’s also much brighter, lighter, and easier to clean," Aileen says.

The new hospice can care for up to 30 in-patients. But it reaches far more people through its day services and specialist home nursing. People from all over Glasgow visit the hospice every day for a huge range of clinics, classes and support groups.

"We have lots of different activities going on at once," Aileen says. "We have 21 patients in at the moment for our Stepping Stones group – they’ll be relaxing with people in a similar position, and taking part in art and craft activities, chair-based exercises and games.

"As part of that, we’ll be assessing their physical and emotional needs, and the needs of their carers. While they are here, they will also have a relaxation session and end up in the dining room. We have similar groups doing baking or reminiscence,"
having complementary therapies or getting their hair done. It gives them some normality, and it gives them a break.

“We have a session called HOPE – Helping Optimise People’s Energy – where people do gentle exercise, and give themselves targets. It gives them the confidence to walk to the shops, and there’s a good social element to the group.”

Patients at the hospice are supported by a highly experienced team of professionals, including doctors, nurses, physiotherapists, occupational therapists, social workers and a chaplain.

The hospice is also reaching out to local people – its Community Clinical Nurse Specialist service visits patients in their homes, and provides specialist advice and support.

Springburn Hens was funded by a donation from Tesco specifically for artwork.
Improving lives

By 2011 the quality of life of patients, carers and families will continue to be improved.

Three year aim 2008-11

• We will increase significantly our investment in palliative care research and development.
• We will increase adoption of our innovations in end of life care throughout the UK.
• We will increase the number of patients who are able to die at home.
• We will increase the number of collaborative activities we undertake.

Target 2009/10

• We will increase our investment in palliative care research and development.
• We will make an annual assessment of the impact of our development work on end of life care practice in the UK.
• The Marie Curie Delivering Choice Programme will support 15 NHS trusts across the UK in the development of their services.
• We will be working on three significant collaborative activities.

Achievement 2009/10

😊 A significant increase was made in palliative care research with the commitment to provide grant funding of £3 million to researchers over three years.

😢 We are still preparing to make an assessment of the impact of our development work on practice.

😄 So far 18 sites have agreed to implement the Delivering Choice Programme with support from the charity.

😊 We have collaborations underway with the British Heart Foundation, The King’s Fund and St Mungo’s.

Analysis

Marie Curie Cancer Care’s trustees have committed significant additional funds totalling £3 million to palliative care research. This should have a major impact nationally.
We will campaign for patients and communities experiencing inequity in end of life care and lack of choice in place of care and place of death.

Three year aim 2008–11
- We will work together with commissioners to achieve a 10% reduction in hospital deaths nationally for cancer patients.
- The amount of government funding available for all end of life care in England, Northern Ireland, Scotland and Wales will be increased.

Target 2009/10
- We will ensure that Marie Curie is engaged in all relevant developments affecting end of life care.
- We will campaign to increase the amount of government funding available for end of life care in England, Northern Ireland, Scotland and Wales.

Achievement 2009/10
- Marie Curie Cancer Care has successfully influenced the development of end of life care policies in England, Northern Ireland, Scotland and Wales. Organisations and commentators regularly turn to Marie Curie for expert advice.
- The Department of Health strategy included additional funding of £286 million. Around £3 million has been allocated in both Scotland and Wales.

Analysis
Marie Curie has been influential in establishing End of Life Care Strategies in each of the home countries and helped secure additional funding. It will be a challenge to ensure that this funding is maintained with the expected squeeze on public finances.
Improving lives

⭐ We will make sure that patients and their families have a better understanding of all services to which they are entitled.

Three year aim 2008-11

• We will widen access to our services.
• There will be a 30% increase in awareness of our services amongst patients, families, carers and healthcare professionals.
• We will increase public knowledge of our hospices in their catchment areas.
• We will ensure that the patients we care for in our hospices reflect their local population.

Target 2009/10

• We will launch a project to change the way our services are accessed.
• We will secure a 15% increase in public awareness levels compared with 2007/08.
• Our hospices will develop marketing activities to improve local awareness of their work.

Achievement 2009/10

😊 We launched a pilot project for Marie Curie Helper, a new volunteer based service, in Somerset in April 2009.

😊 Following our advertising campaign in the spring, public awareness is over 44% higher than in 2007/08.

😢 Hospice impact reports were published for a number of our hospices.

Analysis

Spontaneous awareness of Marie Curie has increased significantly in the last two years.

The Marie Curie Helper project is a major initiative to assess the effectiveness of volunteers supporting end of life patients.
Building for the future

When Marie Curie Cancer Care canvassed local support for a planning application to replace its hospice in Solihull, 11,000 people signed a petition backing the bid.

The current Marie Curie Hospice, Solihull currently operates from converted prep school built in the Victorian period. While staff provide outstanding care, the restrictions of the building mean that it is not always possible to give patients and families the privacy and dignity they need.

Now, with planning permission confirmed, architects and engineers are writing detailed specifications for the new hospice. Hospice Manager Liz Cottier said: “We were over the moon with the support we had from local people for our successful planning application.

“Now, we are looking at how each service at the hospice works, so that the building fits around patients and services, rather than having to fit the services around the building.

“This is a huge step towards providing the community with a world-class hospice, and we’re looking forward to getting started.” Hundreds of detailed drawings are now being made, pinning down exact specifications for each part of the hospice – from what will be on the walls and floors, to air conditioning, and considerations such as how the hospice – inside and out – can be cleaned.

“Getting the information for the specifications means talking to ward staff, day care staff and fundraisers about how they do what they do, and giving this to a design team to interpret in the best way possible,” project manager Simon Whelan said.

Once these plans are complete they will be sent out to tender, with the best contractor being selected in 2011.

www.mariecurie.org.uk
Wendy Minett talks about her daughter and the care she received from the Marie Curie Hospice, Liverpool.

“It was an oasis of calm”

Helen receives her award

“Helen, 20, was always busy. She divided her time between her many friends, studying for her A levels and playing netball for a local team. Strong, healthy and always upbeat, she bounced back from everything, so when she started suffering with indigestion in November 2006, I thought nothing of it. But when it persisted, we went to see our GP, who prescribed antacids.”
“However, a few days later, in the middle of a netball match in a sports centre near our home in Hunts Cross, Liverpool, she collapsed. I was there and ran to her side. She went straight to the Royal Liverpool Hospital, where my husband Paul met us. There, Helen underwent tests that revealed that she had only a third of the amount of blood she should have, which meant she urgently needed a transfusion.

“A few hours later, Helen was transferred to a ward, where we were told the devastating news that she had a large cancerous tumour in her gastrointestinal tract. She would need to have most of her stomach removed to stop it spreading further.

“Helen's surgery was scheduled for two weeks later, in January 2007. After the operation Helen was keen to get her life back together, but in May 2007, she took ill again, and had to return to hospital. There, we were told the cancer had spread throughout her liver and was inoperable. Helen was given a maximum of just two years to live.

“Helen was determined to carry on as normal. She passed her A levels with flying colours and started a teaching degree at John Moores University, Liverpool, in October 2007. However, in January 2008, she was readmitted to hospital. The cancer had spread again.

“Although she remained determined to live as normal a life as possible, things became increasingly difficult for her. She was exhausted and in pain. With no care experience, we felt we needed some help. Our GP recommended the Marie Curie Hospice, Liverpool, and we went to an open afternoon there in May 2008. It was like an oasis of calm. Shortly after, Helen stayed there for a few days and after that she saw the hospice doctor fortnightly.

“Despite being increasingly poorly, Helen put all her energy into fundraising for the hospice and, in raising over £8,000, became its biggest ever individual fundraiser. Helen also received an inspiration award from our local radio station in November 2008.

“We had a wonderful Christmas, but as the New Year came, Helen started struggling to breathe. Marie Curie arranged for us to have oxygen at home and we moved her bed into the lounge. On January 24, 2009, we watched TV together and chatted as normal before I gave her a kiss goodnight and left her and Phillip in the lounge. A few hours later I was woken by him shouting. Helen had passed away.

“We're still heartbroken. We organised a ball in Helen’s memory, with all the funds going to Marie Curie. We can’t thank them enough for how they helped our inspirational daughter.”

Wendy and Helen’s story appeared in the November 2009 edition of Candis. Story and photos by kind permission of Candis magazine.
Securing the future

Our patients, families, staff, supporters, volunteers, commissioners and other stakeholders will be able to access the information they need, simply and directly.

Three year aim 2008–11

- We will identify and deliver all the information our staff need to enable them to work effectively.
- We will develop a wide range of online services for the public and healthcare professionals.
- We will attract 100,000 unique visitors a month to our website.

Target 2009/10

- We will research the information our staff need to do their jobs.
- Targeted information will be available to patients, staff and volunteers through our website.
- Our website will remain in the top 10 of the league table of charity websites.

Achievement 2009/10

😊 Staff have been surveyed and a number of initiatives launched.

➡️ Our new website, which will incorporate a range of new information, will be launched in 2010/11.

😊 The number of unique visitors to our website has increased by 20%, to almost 90,000 in 2009/10.

Analysis

A major upgrade to the Marie Curie website will be completed shortly. This will improve the information provided to patients, healthcare professionals, staff and volunteers.

An increase of 11% in unique visitor numbers is needed in 2010/11 to reach the target of 100,000. This looks likely given the recent growth and the impact of the new website.
Securing the future

★ We will show how we value our people by improving their working lives.

Three year aim 2008–11

• We will be an employer of choice and ensure that staff turnover continues to be lower than that of other national charities.
• We will increase access to learning opportunities, including e-learning, for our staff and volunteers.
• We will continue to develop our volunteer network.

Target 2009/10

• We will respond to areas for improvement identified by staff in our national staff survey.
• Over 50% of our training will be delivered online.
• We will implement a volunteer database across the charity.

Achievement 2009/10

😊 We have completed most of the work needed to improve our performance in areas highlighted by staff, including communications and difficulty getting things done.

😊 50% of the charity’s training is now able to be delivered online.

😊 Data covering 60% of all volunteers has already been loaded onto our database.

Analysis

In the most recent staff satisfaction survey 82% indicated that they were satisfied with their job which compares favourably with the benchmark of 41%.

A number of initiatives are underway to recruit, retain and train volunteers to provide a cost effective way for the charity to increase its activities at a time when resources are constrained.
Our finances

Three year aim 2008–11
Increase income to fund our planned growth in core services and our capital investment programme.

Target 2009/10
• Our income will grow to meet the expenditure requirements of the strategic plan.
• Our capital appeal in Glasgow will raise funds towards the target.

Achievement 2009/10
😊 Our income from the NHS towards the cost of the hospices and Marie Curie Nursing Service has grown by 5% over the amount received last year. Our fundraising income fell by 4% from the exceptionally high amount raised in 2008/09. The funds raised were sufficient to meet our expenditure requirements as economies had been made in a number of areas of the budget.

😊 Funding from the capital appeal in Glasgow is close to target with some further activities planned in the early part of the next financial year.

Key statistics

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Our finances

Income 2009/10
£ million

- NHS funding - nurses: 17.7
- NHS funding - hospices: 17.4
- Community fundraising: 28.5
- Legacies: 24.9
- Direct mail: 15.1
- Corporate/trusts: 6.8
- Retail shops: 15.3
- Other income: 0.5
- Investment income: 3.1

* Excludes capital appeals

Expenditure 2009/10
£ million

- Hospices: 37.9
- Nursing: 34.6
- Research and development: 10.0
- Governance: 0.7
- Retail shops: 14.6
- Fundraising and publicity: 29.9
- Investments: -0.1
Investing in knowledge

Marie Curie Cancer Care’s Director of Research and Innovation Steve Dewar produces a two-inch thick pile of paperwork – initial applications for the charity’s new £3 million grants programme.

“Our call for expressions of interest was enthusiastically received,” he says. “We’ve had 40 applications, and all the major academic institutions connected with palliative care research are represented.”
The grants programme is part of a major expansion of the charity's work in palliative care research, which investigates how care for terminally ill patients and their families can be improved.

"If you look at investment in healthcare research overall, palliative care research doesn't necessarily get a good deal compared with biomedical research into treating cancer and other illnesses," Steve says. "The new grants programme means significantly more resources available to researchers. It signifies our ambition and aspiration to play a major role in palliative care research."

Now, Marie Curie is in the process of selecting five or six of the best, most relevant, and urgently needed proposals to fund. To make the decision, the charity's independent funding committee is working closely with the research charity Cancer Research UK. "They are very experienced in running this process. It makes us very confident that we will be able to direct funds to the best and most relevant work," Steve says.

The charity is also expanding the work of its two Marie Curie Palliative Care Research Institutes, at University College London and the University of Liverpool, and further investing in palliative care research carried out by the Cancer Trials Unit in Wales. "Half of the institutes' income will be core funding, giving them the opportunity to develop partnerships and pursue opportunities that present themselves. For the other half of the money, we will ask our researchers to set out a plan that the charity and our experts agree is a credible, high-quality programme of research," Steve says.

At the same time, Marie Curie Cancer Care is introducing a process of rigorous independent peer review, which will be administered by Cancer Research UK. A panel of experts will scrutinise all aspects of the charity's palliative care research. "They will help with everything from the questions we are asking to the selection of researchers to find out the answers. They will also review the work as it proceeds and afterwards," Steve says. "Research is expensive to undertake, and we need to know that we're going to get it right."

Steve insists that the increase in investment in palliative care research is all about improving patient care. He is determined to ensure that care for patients reflects the latest research findings – whether carried out by the charity or elsewhere. "It's all part of creating a culture in which we are more research aware," he says.

Key facts:
- Palliative care research is about investigating how care for patients and their families can be improved.
- Marie Curie Cancer Care recently launched a £3 million grants programme funding palliative care research.
- The charity has launched a new joint research fund with Dimbleby Cancer Care.
- There are two Marie Curie Palliative Care Research Institutes, at University College London and the University of Liverpool.
- Marie Curie funds palliative care research carried out by the Cancer Trials Unit in Wales.
I was very interested in trying to improve care for patients, and I wanted to continue having patient contact – I enjoy that part of my work," Research Nurse Sarah Davis says. Her role as Research Nurse at the Marie Curie Palliative Care Research and Development Unit enables her to combine both these interests.

She spends a good deal of her time working directly with patients – whether she is advising them on research studies so that they can give informed consent to take part, or running focus groups and interviews as part of specific studies.

The work has a direct impact on care for patients. One aspect of a study on Survivorship has involved a series of focus groups to find out how patients experience being referred from the Royal Free Hospital to the Marie Curie Hospice, Hampstead. It is being used to change referral procedures – Sarah describes it as a “plan-do-study-act” process.

"We're trying to develop a clear patient pathway from the time that patients are referred from hospital to hospice," she says. "The hospice is involved in the project as a test site for the NHS improvement programme."

As well as dealing directly with patients, Sarah spends a good deal of her time working closely with fellow healthcare professionals, looking at the practicalities of carrying out research in a busy hospital and hospice.

She is involved in looking at clinical problems that might be suitable for research, and in writing research protocols with senior colleagues (formal statements laying down how a piece of research will be carried out).

Another research project that she is currently involved in includes an investigation into whether seriously ill patients have particular difficulties in dealing with and managing negative and unwanted thoughts.

"We're assessing patients by doing two questionnaires looking at their acceptance and their psychological status as well as carrying out two physical tests – a sit and stand test and a two minute walking test. "The study aims to find out whether there is an association between acceptance and patients' psychological and physical functioning," she says.

Sarah enjoys the varied work in the research unit, and finds it challenging.

"I like learning and I want to develop new skills – I am doing that all the time here," she says.
Senior House Officer Dr Indu MunasiwaHF at the Marie Curie Hospice, Hampstead
Measuring belief

“I believe there is a personal God.”
“The human spirit is immortal.”
“There is nothing beyond my material existence: I was born and I shall die.”
The extent to which somebody agrees or disagrees with these statements – and 17 others – provides a measure of their spiritual belief.
They are part of a questionnaire – the Belief and Values Scale – which was developed by Marie Curie Cancer Care’s palliative care researchers to evaluate how patients think and feel about spiritual matters.

"We were particularly interested in this area because when people are unwell, they often evaluate and review the way they look at the world. Spiritual beliefs, which are irrespective of religious practice, are all about your world view – and about what happens to you after you die," says Dr Louise Jones, Head of the Marie Curie Palliative Care Research Unit at University College London, which carried out the work. Recently her team has been using the questionnaire to look at whether levels of anxiety and depression in terminally ill cancer patients are linked to a person’s level of spiritual belief.

"Anxiety and depression are both common in people with a terminal illness, and have a negative effect on people's quality of life," Dr Jones says. "We hope this research will enable us to help people get spiritual care that's appropriate to them and to help them manage their spiritual issues."

The original questionnaire was developed by drawing up draft statements based on focus group interviews with 47 people. The researchers then evaluated them with 372 people and, following further refinement, another 284 people.

"The final questionnaire is reliable from test to test, and measures spirituality across a religious and non-religious perspective," Dr Jones says.

The techniques the team used are typical of palliative care research, which relies on taped interviews and statistical analysis, rather than laboratories and test tubes. "We often visit patients and carers in their own homes, and spend an hour or so with them, usually asking deep and penetrating questions to get to the heart of the matter."

"We try to ask about things in an open-ended way and often tape-record the answers. People have to agree to this, of course, and know what sort of things we are likely to bring up. Then we analyse their answers and extract themes – quite often these are unexpected."

"From this information, you can develop questionnaires, and carry out research with more people. You can use statistics and modelling techniques to analyse their answers – and find out whether things are connected," Dr Jones says.

Other areas currently being examined by Marie Curie researchers include terminally ill patients' quality of life; measures to help terminally ill patients who are depressed; and care of patients with dementia.

Reference
Alexandre Constante started volunteering at her local Marie Curie Shop in Haringey, London, in April 2008. Previously, she had experience of running a shop in her native Equador. "I enjoy working here," she says. "I do steaming, sorting and pricing, and sometimes work on the till. The shop is busy, and it never stops."

"I studied here, and have an NVQ Level 2 qualification. I enjoy learning new things. I try to help people, and I’m pleased to be raising money for Marie Curie Nurses."
Meet our vital volunteers

Whether they’re handing out daffodils in the street, visiting patients in their homes or helping ensure the smooth running of charity offices, volunteers play a vital part in the work of Marie Curie Cancer Care. And there are plans for them to play a bigger role in future.

“Right across the charity, we are concentrating on supporting volunteers to take on more and to have a greater impact, whether they are raising funds or working with patients,” Director of Volunteering Ruth Bravery says.

“We are delighted with the success of new roles, like the Marie Curie Helpers (see page 46). We are aiming to recruit more volunteer fundraising groups, and recruit even more volunteers to work in our shops. We offer people opportunities to use their professional skills, learn new skills, and get more involved with the community, all while helping a great cause.”

‘It’s a rewarding journey’
Tommy Haynes started volunteering at the Marie Curie Hospice, Belfast in 2009. Initially, he was involved in administering research projects.

“A year on, I have conducted data analysis and literature reviews, and been involved in several research projects to improve care for those affected by life limiting illnesses and their families,” he says. “My role has developed significantly to becoming a co-author in a published article, an agency report, and a poster presentation at a Marie Curie palliative care research conference.

Whilst it has been a steep learning curve, the level of support from Marie Curie has been outstanding. I am on one of the most satisfying and rewarding journeys that I have ever experienced.”

‘People are amazing’
Jo Thompson (pictured with shield) is Chairperson of Marie Curie Cancer Care’s Penarth and District Fundraising Committee.

“There are 12 active members, and we aim to organise four or five events a year; all the money goes directly to the hospice for a wish list,” she says. “There is wonderful local support – people help with raffle prizes and donations. We started running quiz nights in 2004. We hold two a year – with a large raffle, we manage to raise over £1,000 each. People are amazing – they really want to support the charity, and it’s gone from strength to strength. Long may it continue.”
Caring for someone who is terminally ill in their own home for a full nine hour nursing shift has been a core part of Marie Curie Cancer Care’s work since the 1950s. Until recently, the charity concentrated on providing a planned service – predictable shifts booked several days in advance. But sometimes what patients and families really need is a short visit to help someone to get to bed, or a team of nurses who can turn up quickly in an emergency.
Now, in some areas, the charity is also offering shorter shifts, reactive shifts at short notice, more flexible hours and new services – all of which are enabling Marie Curie Nurses to see more patients.

Marie Curie Reactive Nurse Georgina Clue covers the area around Dover. "I get called in at the last minute, in reaction to a sudden deterioration in a patient," she said. "With cancer and other terminal illnesses, a patient’s condition can change very suddenly. There are so many patients that need us, but not always enough nurses to go round. Having me on standby means nobody gets left out."

Georgina works for a full shift in a patient’s home – but can be called on to provide care at very short notice.

For patients who need care quickly, Marie Curie Cancer Care also runs several Rapid Response teams. These nurses can travel out to a patient’s home in a crisis, or provide help and advice over the phone.

Registered Nurse Isabel Abrahams works in the Rapid Response team that covers a large area in Hertfordshire. "We went to five different patients last night," she said. "All the patients except one needed immediate help with medication for pain."

"We stay as long as we feel is necessary to make sure the medication and care we have given is effective – we can stay a whole night with a patient, although if we get another call-out, we will temporarily leave them and come back."

"If it wasn't for the Rapid Response team, many patients would be unable to be cared for at home."

"We can also check if the family members are coping and not getting too exhausted, in which case, a referral for Marie Curie overnight care will be made."

Registered Nurse Heather Foakes works as part of Marie Curie Cancer Care’s Multi-Visit service in Chelmsford. She cares for patients during the day – either as a five hour shift for one patient, or as a series of visits to different patients. "I’ll usually give care for an hour or so, and then move on to the next patient," she said. "As a Registered Nurse, I’m often asked to help with drugs and syringe drivers."

"I also provide a lot of personal care – helping patients with washing, changing and so on. The short day visits make it possible for more people to be supported in their own homes, rather than go into a hospital or hospice. It also means that relatives can get on with their lives – holding down a job or looking after children as well as caring for a loved one."

Gaynor Radford, an experienced Marie Curie Nurse in the Hertfordshire area, recently took on the role of Discharge Liaison Nurse. She assesses patients in hospital, so they can be assigned a Marie Curie Nurse to be with them the same day they are discharged. As a result, patients that want to die at home are more likely to be able to do so, because the process becomes quicker. "It’s my job to enable end of life care patients to achieve their preferred place of care," she says. "I help make patients’ wishes a priority."
A marathon effort

Running just one marathon is a huge undertaking. But Marie Curie supporter Hugh Williams-Preece wanted to go an extra mile for the charity – or rather an extra 1,284 miles.
Hugh (pictured with Marathon Dog, who joined him for the last leg) completed 50 marathons in 50 days, running from Lisbon, Portugal to London. “Ninety per cent of the challenge was mental, and I genuinely enjoyed it, apart from a couple of days,” he said.
Hugh was just one of thousands of individuals who raised money for Marie Curie Cancer Care. Right across the UK, thousands of people have run, danced, swum, made cups of tea, organised pub quizzes, bought raffle tickets and collected on the street to ensure that the charity can carry on its vital work.
Many have banded together in fundraising groups to organise a series of events to support their local nursing service or hospice.
Director of Fundraising Fabian French said: “We need to raise almost £9,000 every hour of every day so that we can keep on providing our services for patients and their families.
“Fortunately, Marie Curie Cancer Care enjoys enormous support from the British public. So many of our supporters have seen the work of their local Marie Curie Nurses or local Marie Curie Hospice first hand.
“I am continually amazed by the fantastic effort people make on our behalf – and we are grateful for every penny raised.”

Marie Curie Cancer Care was the nominated charity – and received nearly £3,000 – from Edinburgh’s Loony Dook – in which 600 supporters jumped into the chilly River Forth at South Queensferry on New Year’s Day.
Supporters at Simpsons Garden Centre in Inverness raised £1,500 from a monthly raffle – and proved that money does sometimes grow on trees.
Bolton couple Judith and Sam Leigh made their 50th wedding anniversary a golden event for Marie Curie Cancer Care. They asked family and friends to donate to the charity instead of giving presents, raising more than £250.

Saveera Sumathipala and Faiza Syeda (pictured with Daffy) were amongst thousands of supporters who turned out for street collections for Marie Curie Cancer Care’s Great Daffodil Appeal. Street and store collections raised nearly £1.7 million, and the appeal as a whole brought in £5.6 million.
Crook Hall and Gardens, Durham City, was one of 3,700 gardens in England and Wales that took part in the National Gardens Scheme, in which gardens are opened to the public to raise money for nursing and gardening charities. Marie Curie Cancer Care received £550,000 raised by the National Gardens Scheme in 2009/10.

A convoy of vintage and classic tractors completed a 500 mile trek in seven days for Marie Curie Cancer Care. Supporter Bernard Simpson, 81, was joined by 15 other drivers as they snaked their way along a specially chosen route along the boundary of North Yorkshire.
Spiritual care at Marie Curie Hospices

Marie Curie Cancer Care recognises that spiritual care is an essential part of the holistic care that its hospices provide to patients, carers and families. The charity is a secular organisation and offers care to people of all faiths and none.
Marie Curie Cancer Care’s new Hampstead Hospice Chaplain is Markus Lange, a Rabbi who brings a wealth of expertise in multi-faith chaplaincy to his new role, providing spiritual and religious care.

Born in Germany, he studied theology, philosophy and languages, and later undertook rabbinical training in London and New York, where he trained with the HeathCare Chaplaincy.

Markus volunteered at the Marie Curie hospice before becoming its resident Chaplain, offering support to staff, nurses and volunteers. “From day one, when I started to volunteer, I felt that the warm and caring nature of everyone made the hospice a very special place, and I wanted to be a part of that,” says Markus.

“One important part of my role is working with patients and their families, with nurses, doctors, social workers, counsellors and therapists at the bedside. I have the time to sit and listen, to reflect on the big questions and help people come to terms with difficult and painful news, and to pray when asked.”

Markus works closely with local faith leaders to ensure that patients and families have the support they need from their own religious traditions. “I assess patients and make referrals to, for example, local Catholic and Anglican churches, the Synagogue and the Mosque,” he says.

“Recently, when a Chinese patient died, we as a team wanted to make sure her faith and cultural background were respected, and the family requested a Buddhist priest. In that situation it was my task to find out more about the patient’s affiliation within Buddhism, and to invite a priest from her tradition to come and perform the traditional chanting and prayers. The sister of the deceased happened to be Christian, and it was important to offer her comfort and support too. This illustrates how diverse and interfaith my work can be.”

Like all Marie Curie Chaplains, Markus is very clear that his role is not to advocate a faith position, but to help patients and families find meaning in their lives, whether or not they have a religious faith.

“On one occasion, I introduced myself to a patient, and he said: ‘I’m afraid you’re talking to the biggest atheist in town.’ That turned into a wonderful half-hour conversation about his life,” Markus says.

“I offer to be present with people of any religion or faith, staying in the moment, gently opening a door to their loneliness, bringing compassion and companionship. People seem to understand that I’m here for their questions – and that I’ve spent a lot of time thinking about many aspects of life and the beyond. I don’t have to have the answer, but we can explore the questions and search for meaning together.”
Familiar faces and famous names have supported Marie Curie Cancer Care over the year, helping publicise the charity’s vital work for patients and the fundraising that supports it. Celebrities have joined in with fundraising events, taken part in photocalls, presented advertisements and, of course, spoken from the heart about their personal experience of Marie Curie Cancer Care’s work for terminally ill patients.

Stars shine for Marie Curie

Actor Stephen Mangan was seen collecting for Marie Curie Cancer Care in an online video calling on members of the public to support the Great Daffodil Appeal. Also in the video were Stephen Fry, Tony Blackburn, Lynda Bellingham, Jon Culshaw, Alison Steadman and Sir Ranulph Fiennes.

Stephen Fry and Jane Horrocks recorded a radio advertisement calling on the public to support the Great Daffodil Appeal. The charity recruited a record number of volunteer collectors for this year’s appeal – and raised a record £5.6 million.

Marie Curie ambassador Hugh Grant announced the results of an awareness survey he commissioned to identify awareness levels of the Marie Curie Nursing Service across the UK. He said: “I know from my own experience how important access to the Marie Curie Nursing Service is to patients at the end of their lives and to their families.”
Comedian, presenter and bridge fan Clive Anderson supported Marie Curie Cancer Care’s 15th Annual Bridge Tournament, appealing to enthusiasts to play their favourite card game for the charity.

Broadcaster Louis Theroux presented the travel round at the Marie Curie Brain Game – the charity’s glittering corporate quiz. Louis joined a galaxy of star presenters, including Chris Tarrant, Ainsley Harriott, Anneka Rice, Penny Smith, Fay Ripley and Susie Amy.

Pop Star to Opera Star winner Darius is pictured with Marie Curie Nurse Debbie Ventham at Music for Mums in support of Marie Curie Cancer Care – a one-off gig to celebrate Mother’s Day at the Covent Garden Market building in London.

Pop legend Lulu performed an exclusive gig in aid of the Marie Curie Hospice, Glasgow. The Glasgow-born singer performed for 100 guests at the city’s 29 Private Members Club, raising £101,000. Previously, Lulu had visited Glasgow’s old Marie Curie Hospice, and met staff and patients.
HomeServe Heroes join Marie Curie Nurses Catherine Le Roy and Ann Brady

HomeServe aims to raise £1 million and is giving Marie Curie patients free access to HomeServe engineers and tradesmen.
“Our work is all about understanding companies,” Marie Curie Cancer Care’s Head of Corporate Fundraising Arun Sharma says. “We work out how to engage them in partnerships that are beneficial to the company and to Marie Curie Cancer Care. If we engage a company’s staff, they will potentially have a more motivated workforce. And if we can help them sell more products or services, that’s a direct financial benefit to them as well.”

The team’s approach to fundraising paid off throughout the 2009/10 financial year, through hugely successful partnerships with Nestlé UK, Thales, Mitchells & Butler plc, AXA and Standard Life.

“We were Nestlé’s first ever Charity of the Year,” Arun says. “Their original fundraising target was £250,000, which was pretty ambitious. But Nestlé staff were so enthusiastic that they raised well over £430,000.

“We learned a lot from working with other big companies in the past, and we were able to use this to really make the most of our partnership with Nestlé.”

More recently, the charity kicked off a major fundraising drive with the Rank Group, which operates Mecca Bingo, G Casinos, and Rank Interactive. Other major partners for the new financial year include HomeServe, leading insurance specialist BGL Group and The Football League.

Marie Curie also continues to benefit from long-standing supporters including Candis Club, Coca-Cola HBC Northern Ireland, Leeds Building Society and Barclaycard.

One major new success of the year has been the introduction of a corporate volunteering programme – in which staff at a company take on practical challenges and skill-based initiatives for the charity. Popular events have included taking over Marie Curie Shops for a day of competitive sales and gardening at the homes of Marie Curie patients.

"Corporate volunteering has been a big hit with companies and staff,” Arun said. “The feedback from companies taking on these challenges and patients who receive the support is really priceless.”
Anne Phipps is a Marie Curie Helper – a specially trained volunteer who visits patients in their homes to provide one-to-one support. Marie Curie Helpers work as part of a pilot service run by Marie Curie Cancer Care in Somerset. Ann, a retired nurse who has herself recovered from cancer, got involved after losing her husband. She says: “I think it is very worthwhile because you are not just helping the person who is poorly, but the family and carer too. Although they are with somebody they care about, they’re unable to get out and it can be quite lonely. They want somebody reliable to look after their family member.

“It can help to make their life as normal as possible if they can go out shopping or go swimming or just go to the library. If someone goes in for two or three hours to sit with the person they are caring for it can be a real help.”

Ann recently supported Andrew, who made a self-referral to the Marie Curie Helper service while caring for his wife. He says: “Ann came to me on two occasions to sit with my wife. My son brought me a leaflet and said: ‘I think this might be a good idea because it will give you an opportunity to have a break.’

“When Ann came down and gave me some time on the first occasion, it was a beautiful day and I managed to have a nice walk. On the second occasion I got my car washed and did some shopping at Tesco. Shopping had become difficult as I only had an hour in the morning when I could go. Otherwise in the day it was impossible. Just by Tesco, there is a lovely park and it enabled me to have a nice walk on a fine day again as well.

“When you are looking after somebody at home, it can take over your whole life. You don’t think about much else really. I would recommend the scheme because I found it very beneficial. I knew my wife was in good hands and it was very reassuring.”

The Marie Curie Helper service recently celebrated its first birthday.

More help in Nottingham

Marie Curie Cancer Care has secured Big Lottery funding for a second Marie Curie Helper pilot scheme in Nottingham – a project that will benefit from the valuable lessons learned from the Somerset pilot. The impact on clients of both the Somerset and Nottingham pilots will be evaluated by the researchers from the Marie Curie Palliative Care Research Unit in London (see pages 26-31). If proven successful, the helper scheme could be introduced in other parts of the country.
I called Pam my angel

Legacies are a very important part of Marie Curie Cancer Care’s income – Gifts in Wills make it possible for one in three Marie Curie Nurses to carry on providing their vital care. Mrs Enid Ramsden volunteers to collect for Marie Curie Cancer Care’s Great Daffodil Appeal and is treasurer of the charity’s Bolton fundraising group. She explains why she has also chosen to leave the charity a gift in her will.

“When my husband Ernest (Ernie) was told that his condition was terminal, we carried on our lives as normally as possible. On many days Ernie would work in the house and garden, but he would often over tire himself. Eventually, he was unable to leave his bedroom.

“Pam, a Marie Curie Nurse visited us and explained to us her duties and care plan. She was to come to our house in the evening and stay with us until morning. Ernie took to her lovely manner immediately and I know that he put his full trust in her.

“I called Pam my 'Angel'. When she had settled Ernie to sleep we would sit and talk into the early hours.

“In the morning, I would wake up with someone holding my hand and speaking in a soft voice saying ‘Enid - a cup of tea for you’. No amount of money could ever replace those kind and gentle words.

“Pam gave wonderful care to Ernie. He had always been a very strong character and he never lost this, but with Pam he was a softie. She took away any fears we had.

“Ernie died on February 17, 1996, and I was very upset to lose him. However, knowing that he had had the most wonderful care and comfort from Pam made it easier for me.

“I will always be grateful to Marie Curie. I thoroughly enjoy doing the daffodil collections, and I love to talk to people when they ask me about the charity. That’s why I decided to leave a gift in my will to Marie Curie Cancer Care.

“I have always held the belief that there is something after death and I know that when I again meet Ernie the first thing he will say is ‘How is Pam?’"

To find out more about leaving a gift in your will, call 0800 716 146.
## Summary Consolidated Statement of Financial Activities

For the year ended March 31, 2010

### INCOMING RESOURCES

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### Net incoming resources available for charitable application

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### Net income for the year

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### Summary Consolidated Balance Sheet as at March 31, 2010

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</tr>
<tr>
<td>Investments</td>
<td>69,260</td>
<td>56,076</td>
</tr>
<tr>
<td>Net current assets</td>
<td>7,828</td>
<td>15,491</td>
</tr>
<tr>
<td>Provisions and creditors due after one year</td>
<td>(9,211)</td>
<td>(9,426)</td>
</tr>
<tr>
<td>Defined benefit pension scheme liability</td>
<td>(3,701)</td>
<td>(4,200)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>107,340</strong></td>
<td><strong>92,087</strong></td>
</tr>
</tbody>
</table>

### FUNDS

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restricted funds</td>
<td>12,878</td>
<td>10,822</td>
</tr>
<tr>
<td>Designated funds</td>
<td>50,197</td>
<td>41,754</td>
</tr>
<tr>
<td>Defined benefit pension scheme liability</td>
<td>(3,701)</td>
<td>(4,200)</td>
</tr>
<tr>
<td>General funds</td>
<td>47,966</td>
<td>43,711</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>107,340</strong></td>
<td><strong>92,087</strong></td>
</tr>
</tbody>
</table>
We have examined the summary financial statement of Marie Curie Cancer Care for the year ended March 31, 2010 which comprises the Summary consolidated statement of financial activities and the Summary consolidated balance sheet contained within the charitable companies non-statutory Impact Report (“Impact Report”). The summary financial statement is a non-statutory account prepared for the purpose of inclusion in the Impact Report.

This statement is made, on terms that have been agreed with the charity, solely to the charity, in order to meet the requirements of Accounting and Reporting by Charities: Statement of Recommended Practice (revised 2005). Our work has been undertaken so that we might state to the charity those matters we have agreed to state to it in such a statement and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity for our work, for this statement, or for the opinions we have formed.

**Basis of opinion**

We conducted our work in accordance with Bulletin 2008/3 The auditor’s statement on the summary financial statement in the United Kingdom issued by the Auditing Practices Board. Our report on the charitable group’s full statutory annual financial statements for the year ended March 31, 2010 describes the basis of our statutory opinion on those financial statements.

**Opinion**

In our opinion, the summary financial statement set out on page 48 of the Impact Report is consistent with the full statutory Report and Accounts for Marie Curie Cancer Care for the year ended March 31, 2010.

for and on behalf of KPMG LLP,
Statutory Auditor
Chartered Accountants
1 Forest Gate
Brighton Road
Crawley RH11 9PT
August 6, 2010

AH Doggart,
Honorary Treasurer

These summarised financial statements are a summary of information extracted from the statutory Annual Report and Accounts for the year ended March 31, 2010. They may not contain sufficient information to allow for a full understanding of the financial affairs of the charity. For further information, the full annual accounts, the auditor’s report on these accounts and the Report of the Council should be consulted. Copies of these can be obtained from the Company Secretary at 89 Albert Embankment, London SE1 7TP.

The annual accounts were approved on July 6, 2010. The accounts have been audited by a qualified auditor, KPMG LLP, who gave an audit opinion which was unqualified and did not include a statement required under section 498 (2) and (3) of the Companies Act 2006.
Our thanks

Our heartfelt thanks go to all supporters who helped to make our work possible over the year. A selection of companies, organisations and individuals who made substantial contributions is listed below.

The 3 Ts Charitable Trust
The John Armitage Charitable Trust
Ashley House plc
Atkin Charitable Foundation
AXA
BAE Systems Surface Ships
The BAND Trust
Barclaycard Plc
The Bartholomew Charitable Trust
Roisin and Damian Barton
Dr Christopher Beels
Betterware
BHSF Limited
Big Lottery Fund
Bloomberg
Anthony Bolton
The Liz and Terry Bramall Charitable Trust
Brewin Dolphin Limited
Bristol International Balloon Fiesta
The E F Bulmer Benevolent Fund
Mr and Mrs Bernie Burgin
Cabot Circus Bristol
Calypso
Carols in the City Committee
Caterleisure Group
Stephen Gordon Catto Charitable Trust
CC, Austin Reed Group
Charityadventure.org.uk
Christie’s Committee
City Link Ltd
Bob Cleghorn
The Cleopatra Trust
The Clore Duffield Foundation
Coca-Cola HBC Northern Ireland
The Co-operative pharmacy
The Alice Ellen Cooper Dean Charitable Foundation
Copley May Foundation
Coventry General Charities
The Crystal Committee
Mike and Liz Davies
Peter and Janet Davies
Mr Michael Dawson OBE
Department of Health - Section 64
Department of Health - Third Sector Investment Fund
The Walt Disney Company Ltd
DLA Piper UK LLP
Stephen Docherty
Driven Worldwide
The Houghton Dunn Charitable Trust
The EBM Charitable Trust
The Edinburgh Woollen Mill
The Epigoni Trust
Euro RSCG Riley
Paul Evans
Evening Times
Everyclick.com
The Eveson Charitable Trust
Sir Ranulph Fiennes
Gwyneth Forrester
The Hugh Fraser Foundation
Cllr Elaine Garland, Lord Mayor of Hull
Mrs Yassmin Ghandehari
Raisa Gorbachev Foundation
Hugh Grant
Greener Solutions
Grosvenor Committee
The Hampstead Wells and Campden Trust
Hampton Fuel Allotment Charity
Peter Harrison Foundation
Paul and Fiona Healey
Help the Hospices
Hesco Bastion Fund
Homebase
HomeServe plc
The Horne Foundation
The Dorothy Howard Charitable Trust
The Albert Hunt Trust
The Incorporation of Coopers of Glasgow
Every year, more than 3,700 gardens open to the public as part of the National Gardens Scheme (NGS). The NGS has supported Marie Curie Cancer Care for 13 years, and donated £550,000 to the charity raised by garden openings in 2009.

For more details see www.ngs.org.uk
Marie Curie Cancer Care is a UK charity, dedicated to the care of people with terminal cancer and other illnesses.

**Marie Curie Nursing**
There are more than 2,000 Marie Curie Nurses and Healthcare Assistants across the UK, providing free end of life care for patients at home and support for their families.

**Marie Curie Hospices**
There are nine Marie Curie Hospices across the UK offering specialist care for in-patients and outpatients, along with day services.

The hospices are in: Belfast, Bradford, Edinburgh, Glasgow, Hampstead (London), Liverpool, Newcastle, Penarth (near Cardiff), and Solihull.

**Marie Curie Research**
We conduct palliative care research to find better ways of caring for terminally ill people. We also fund seven scientific teams at UK universities investigating the causes and treatments of cancer.

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

Freephone: 0800 716 146
Email: info@mariecurie.org.uk
Visit: www.mariecurie.org.uk

Charity reg no. 207994 (England & Wales), SC038731 (Scotland)   N254

www.mariecurie.org.uk