

MARIE CURIE

England & Wales · Charity number 207994

Details

Other names	MARIE CURIE CANCER CARE, THE MARIE CURIE MEMORIAL FOUNDATION, MARIE CURIE NURSING SERVICE, MARIE CURIE RESEARCH INSTITUTE
Status	Registered
Legal form	Charitable company
Company number	00507597
Registered	1962-09-22
Register	View on the Charity Commission register

Contact

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Activities

Objects: THE CHARITY IS ESTABLISHED AS A MEMORIAL TO THE LATE MARIE CURIE IN LASTING TRIBUTE TO HER LIFE'S WORK, AND IN PARTICULAR TO HER DISCOVERY OF RADIUM AND ITS CONTRIBUTION IN FIGHTING THE DISEASE OF CANCER. THE CHARITY EXISTS TO SERVE ALL THOSE WITH A TERMINAL DIAGNOSIS, FROM CANCER OR OTHER CAUSES, THEIR FAMILIES AND CARERS. THE OBJECTS FOR WHICH THE CHARITY IS ESTABLISHED FOR THE PUBLIC BENEFIT ARE:2.1.1 TO PROVIDE AND DEVELOP CARING SERVICES, OFFERING SUPPORT, CARE AND COMPASSION THROUGH PALLIATIVE CARE, ADVICE AND ASSISTANCE FOR THE BENEFIT OF PEOPLE SUFFERING FROM TERMINAL CANCER AND OTHER TERMINAL ILLNESSES AND THEIR FAMILIES AND CARERS;2.1.2 TO UNDERTAKE AND FUND RESEARCH INTO ANY ASPECT OF THE CARE AND SUPPORT OF PEOPLE SUFFERING FROM TERMINAL CANCER AND OTHER TERMINAL ILLNESSES AND THEIR FAMILIES AND CARERS; AND2.1.3 TO PROVIDE INFORMATION, EDUCATION AND SUPPORT TO PATIENTS, THEIR FAMILIES, CARERS, THOSE WORKING IN MEDICAL AND OTHER CARING FIELDS AND THE PUBLIC REGARDING THE CARE OF PEOPLE SUFFERING FROM TERMINAL CANCER AND OTHER TERMINAL ILLNESSES

Activities: Marie Curie is a UK charity dedicated to the care of people with terminal illnesses:Provide specialist care for the terminally illHelp and support families and carers of the terminally illResearch the best ways to care for the terminally illCampaign for the terminally ill to be able to die in their place of choice

Classification

- **How:** Provides Services, Sponsors Or Undertakes Research
- **What:** The Advancement Of Health Or Saving Of Lives
- **Who:** Elderly/old People, The General Public/mankind

Geography

- **Area of benefit:** NATIONAL
- Northern Ireland
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£181,101,000	£189,636,000	£119,636,000	3582
2024-03-31	£169,666,000	£199,155,000	£126,620,000	3674
2023-03-31	£167,252,000	£175,910,000	£152,489,000	3843
2022-03-31	£165,838,000	£154,224,000	£161,265,000	3721
2021-03-31	£170,016,000	£145,349,000	£145,667,000	3883

Trustees

Name	Role	Appointed
Charles David StJohn Penney		2026-02-06
Chrishanti Alagaratnam		2021-09-20
Dr Mary Miller		2025-10-27
Ian Waller		2021-09-20
Keith William Hayward		2025-11-18
Kevin Parry OBE		2025-01-01
Luke Nunneley		2024-10-08
Mary Hinds		2022-01-04
Peter Corfield		2025-10-27
Prerana Issar		2022-10-01
Professor Richard Harding-Swale		2019-09-24
Rachael Erskine		2025-12-16
Rachel Pearce		2025-10-27
Richard Leslie Martin Wohanka CBE		2021-07-13
Rupert Norman Rolfe Nottidge		2025-07-16

MARIE CURIE

England & Wales - Charity number 207994

Accounts

**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.

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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.

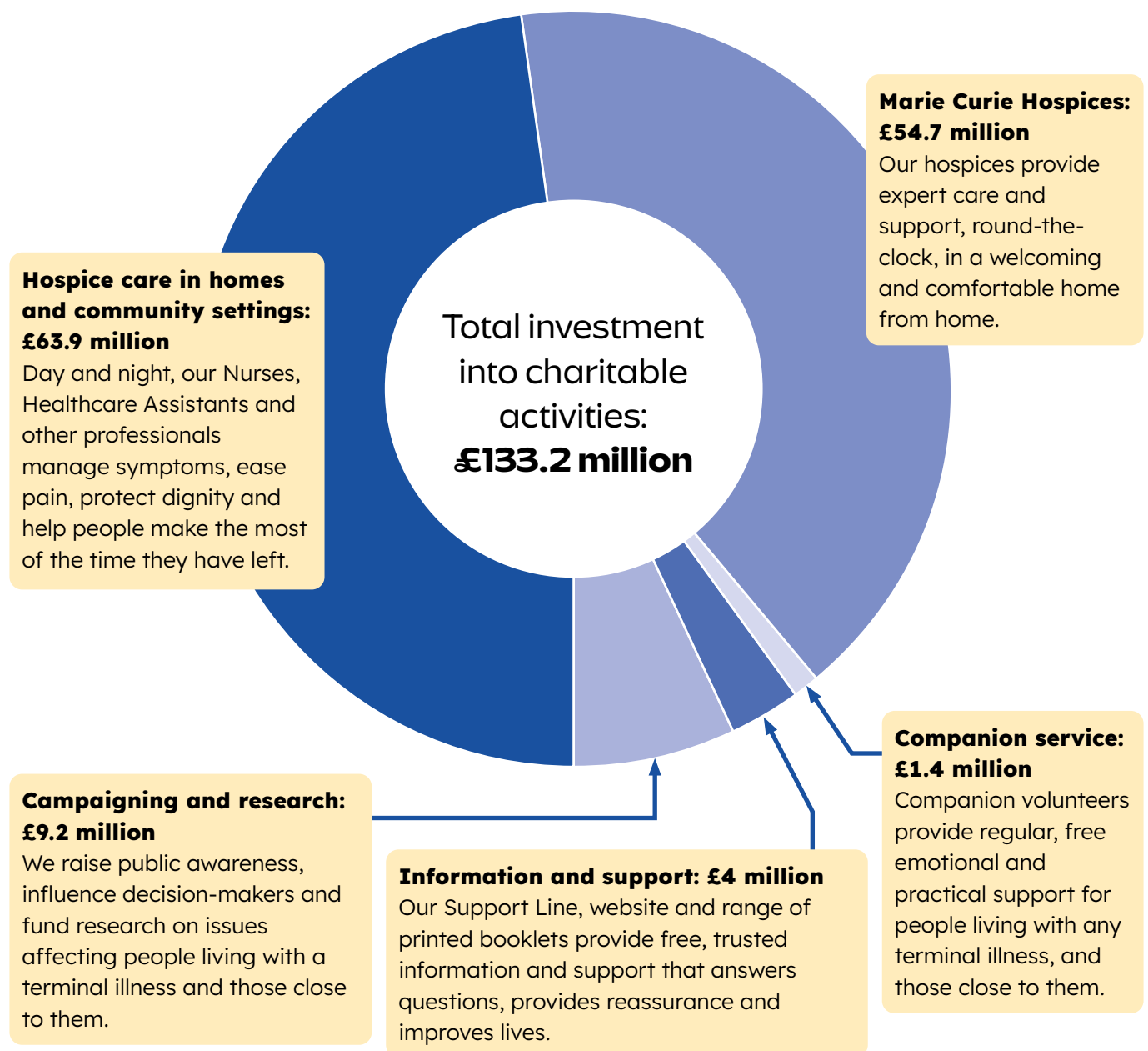
Matthew.

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.

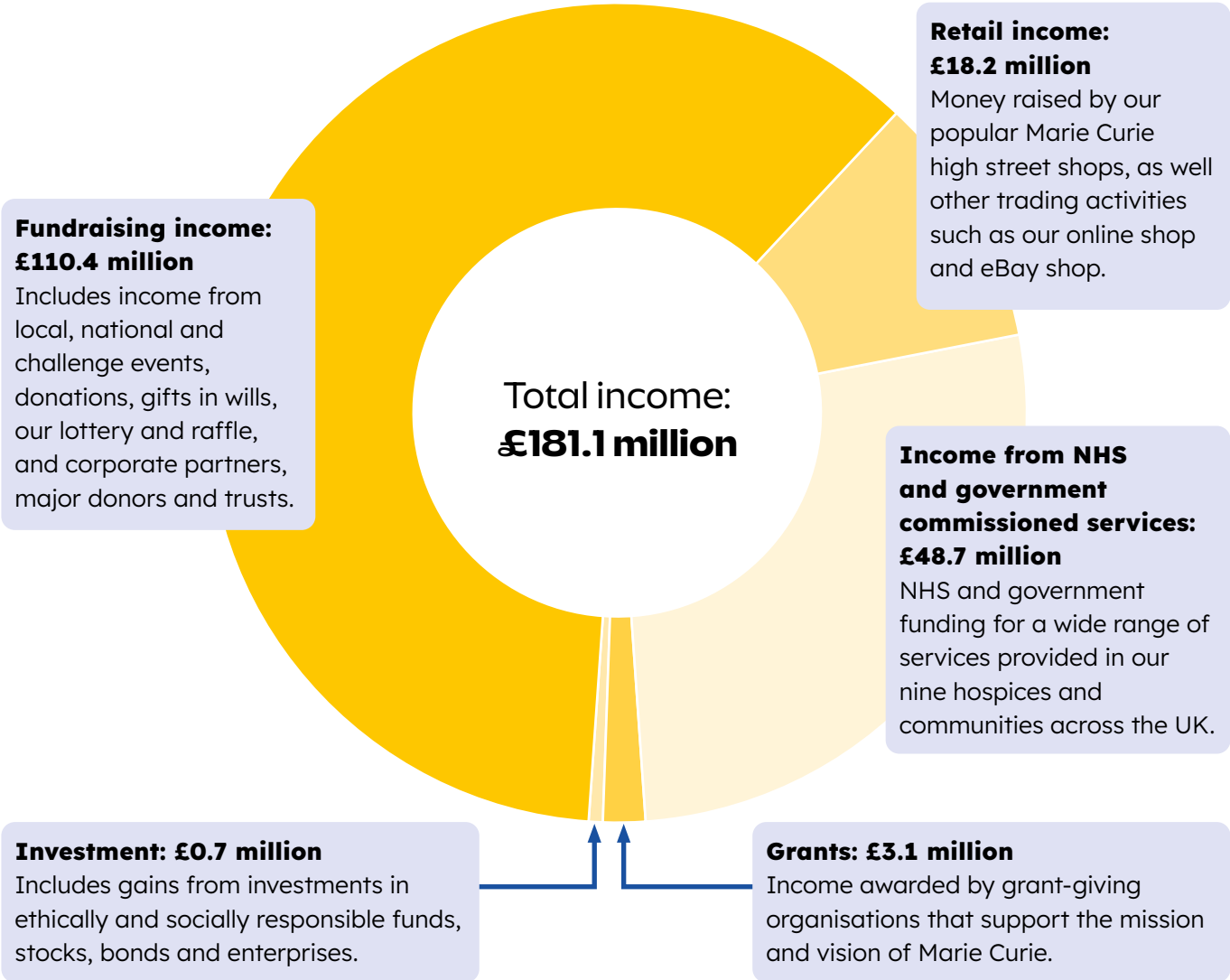


We also invested £56.9 million to raise more money for our services.

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.

“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.



► 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.



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.



982,000
people are living with a
dementia diagnosis today.



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.



1.4 million

people will be living with dementia by 2040.



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.

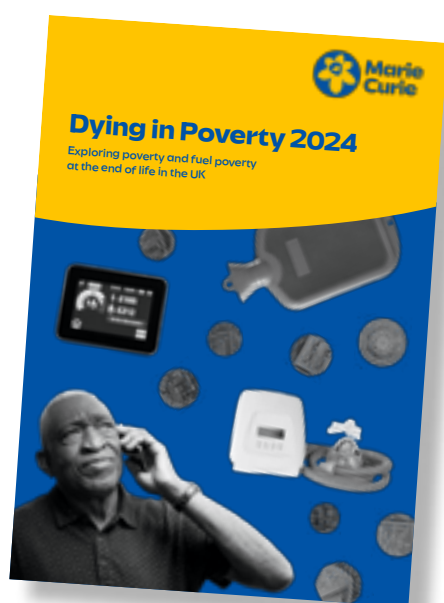
The main goal of CHELsea II is to assess whether giving fluids via a drip in the last days of life can help prevent delirium, which typically involves sudden, severe confusion.

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.



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



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.

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.

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.

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.

“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.



£128.6 million

income from fundraising activities
and retail initiatives.



£3.9 million

total raised by the Great Daffodil Appeal,
our flagship fundraising event.



£1.2 million

estimated annual savings on IT costs
following optimisation initiatives.

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 Baitié, 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.

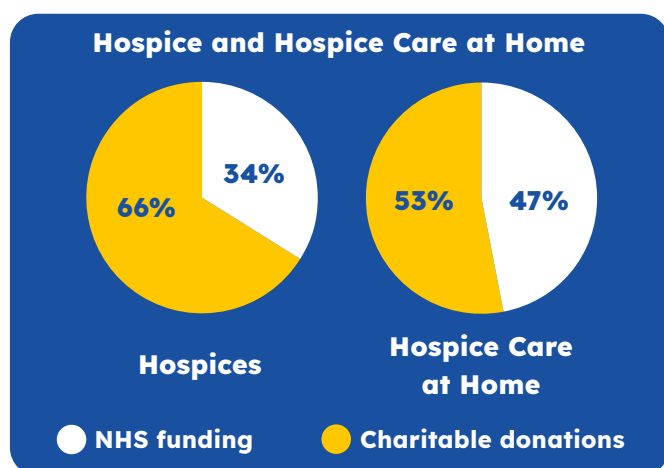
Overall deficit

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:

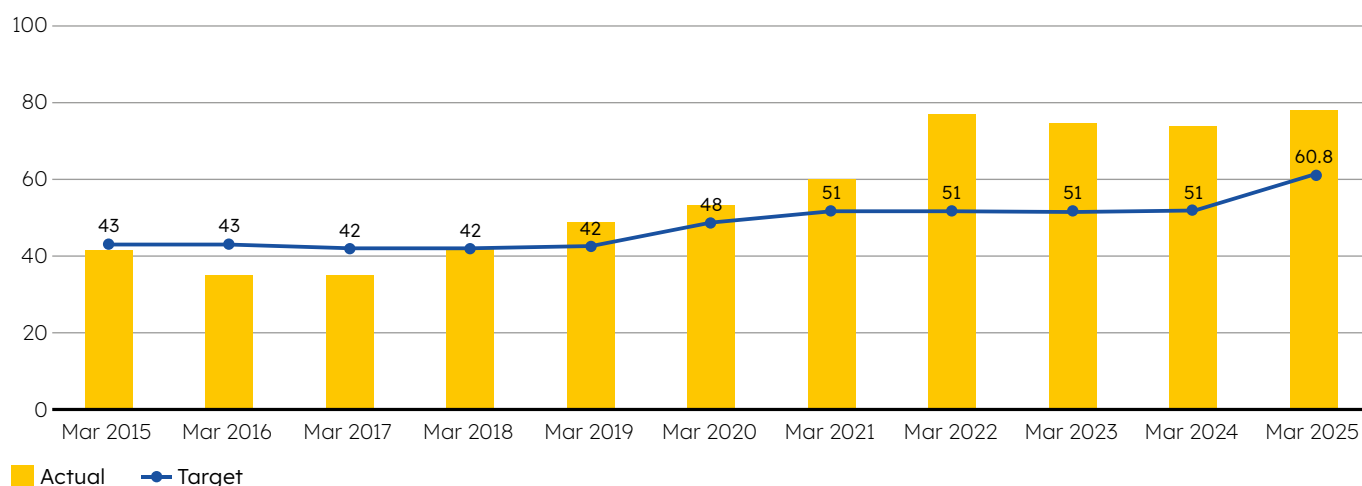
- grow our Marie Curie Hospice Care at Home and Healthcare Assistant staff base to enable us to increase our services
- grow our digital capability in order to further extend our reach and impact
- strengthen our operations to underpin our growth.

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

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

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

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.	- 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.	- 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.	- 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 (tCO ₂ e/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	
Chrishia 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's 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		(404)	(30,754)
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	7,958	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

	Group		Charity	
	2025 £'000	2024 £'000	2025 £'000	2024 £'000
(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:

- (i) Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- (ii) 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.

- (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*

Royal Patron

His Majesty the King, Charles III

Life Vice Presidents

Sir Peter Davis LL.D, FRSA

Sir Thomas Hughes-Hallett

Vice Presidents

Major General Sir Michael Carleton-Smith CBE DL

John Carson CBE

Pauline Clarke

Dr Jane Collins MSc MD FRCP FRCPCh

John A Cooke MA

Sir Ranulph Fiennes OBE

Baroness Finlay of Llandaff FMedSci

Christine Hamilton Stewart MBE

Dame Deirdre Hine DBE FRCP

Sir Martyn Lewis CBE

Bill Midgley FCIB MIMgt

Members of Board of Trustees

Vindi Banga (Chair to December 2024)

Kevin Parry OBE (Chair from January 2025)

Chrisha Alagaratnam

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

Audit and Risk Committee

Ian Waller (Chair)

Chrisha Alagaratnam

Patricia Lee (to March 2025)

Chris Martin BPharm OBE (Hons) FRPharms

Finance and Resources Committee

Chrisha Alagaratnam (Chair from January 2025)

Richard Flint CBE (Chair to December 2024)

Vindi Banga (to December 2024)

Patricia Lee (to March 2025)

Chris Martin BPharm (Hons) FRPharms

Luke Nunneley (from October 2024)

Seshashayee Sridhara

Ian Waller

Investment Committee

Richard Wohanka CBE (Chair)

Chrisha Alagaratnam

Richard Flint CBE (to December 2024)

Luke Nunneley (from March 2025)

Catherine Cripps (Independent Committee Member)

Pankaj Shah (Independent Committee Member)

Nominations Committee

Kevin Parry OBE (Chair)

Patricia Lee (to March 2025)

Ian Waller

Richard Wohanka CBE

Research and Policy Committee

Dr Rachel Burman FRCP MA (Co-Chair)

Professor Richard Harding (Co-Chair)

Mary Hinds

Maria McGill

Jamilla Hussain (Independent Committee Member)

Mark O'Donnell (to March 2025) (Independent Committee Member)

Kate O'Donnell (Independent Committee Member)

Tim Peters (Independent Committee Member)

Kathy Seddon (Independent Committee Member)

* 1 April 2024 to 31 March 2025

Quality Committee

Patricia Lee (Chair to March 2025)
Chrisa Alagaratnam
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)

Scottish Advisory Board

Maria McGill CBE (Chair)
Bryan Anderson (to September 2024)
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)

Northern Ireland Advisory Board

Mary Hinds (Chair)
Corrina Grimes (from March 2025)
Kieran Harding (to September 2024)
Wendy Magowan
Tanya McCance
Ed McClean
Heather Monteverde
Phelim Quinn

Wales Advisory Board

Chris Martin OBE BPharm (Hons) FRPharmS (Chair)
Amanda Davies
Ellen Donovan
Owen Evans
Joanne Ferris
Anish Kotecha (to March 2025)
Esyllt Llwyd
Amanda Morgan Thomas (from March 2025)
Vicki Spencer-Francis
Peter Max

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.

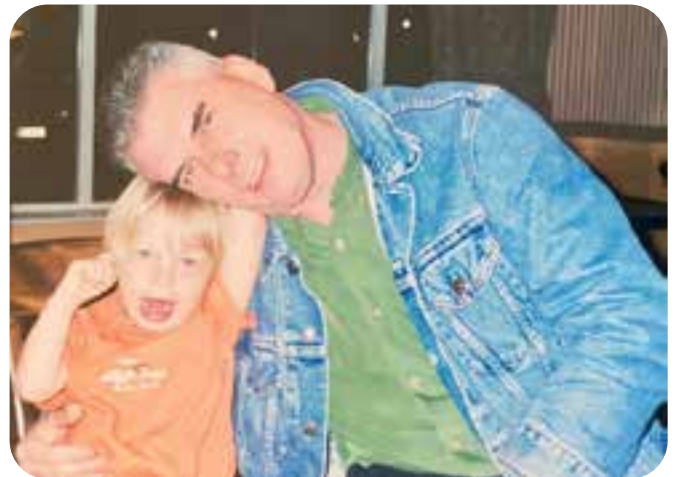
Your kindness and generosity help us provide expert care and support that make all the difference to people like Blaise and the loved ones they hold dear.

“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 some of the individuals, organisations and companies who played a significant role in supporting our work over the past year. Thank you.

Adam Gosling	James Hanifin
AF Blakemore & Son Ltd	James Sackett
Appleby Westward Group Ltd	John Holden, Marie Curie Hospice, Bradford
Atkin Charitable Foundation	John James Bristol Foundation
Baron Davenport's Charity	John Pearce Foundation
Bellway Homes	John Phillipou
Bob Ruthven	Kate Corbett-Winder, Powys
Brian Ashby, Derbyshire	KPMG
Cadent Gas, Northern Gas Networks, SGN and Wales & West Utilities	Lady Bolitho, Cornwall
Chris Badham	Lady Carleton-Smith
Christine Hamilton Stewart MBE, Marie Curie Hospice, Bradford	Magill Family Charitable Trust
Christopher Rawstron	Major William Peto, Kirkcudbrightshire
Constance Travis Charitable Trust	McLaughlin & Harvey
Copley May Foundation	Monagh Developments Ltd
Cruden Foundation Ltd	Mr and Mrs Winterbone
David Logue	Mrs Michael Forbes-Cable, Grampian
Diana Orr Ewing, Wigtownshire	Mrs Petra McMillan, Dundee and Angus
Dr Donal Denvir	Mrs Veronica Maclean, Moray
EBM Charitable Trust	Ms V Davey
Eddie Dinshaw Foundation	Murdoch Forrest Charitable Trust
Edith Baumgarten	NHBC
Emma Mackenzie, Highlands – Badenoch and Strathspey	Northern Ireland Development Board
Forteviot Charitable Trust	Oak Foundation
Frank and Maggie Marshall	Ofenheim Charitable Trust
Garfield Weston Foundation	Owen Verrier Jones
GF Trust	Paul Healey
Graham Clarke	Paul Thandi
Ian Jarvis, East Yorkshire	Paula Fenwick
James Hall Co & Ltd	Pauline Clarke
	Peacock Charitable Trust
	Pears Foundation

Prue MacLeod
Richard Finlay
Richard Knight, Houlihans
Richard Roberts
Ronald Maclean
Savers
Serendipity Foundation
ShareGift
Simon Gibson Charitable Trust
SPAR UK
Stuart Boyd
Superdrug
The 3T's Charitable Trust
The Albert Hunt Trust
The Alice Elen Cooper Dean Charitable Foundation
The Bluston Trust
The Borrowes Charitable Trust
The Castansa Trust
The Duchess of Northumberland, Marie Curie
Hospice, Newcastle
The Gannochy Trust
The Harry and Mary Foundation
The Hayton Charitable Trust
The John Horseman Trust
The Keith Coombs Charitable Trust
The P F Charitable Trust
The Sherling Charitable Trust
The Sir James Reckitt Charity
The Syncona Foundation
The Tolkien Trust
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

**Thank you to everyone who supports us
and makes our work possible.**

mariecurie.org.uk



mariecurieuk



MARIE CURIE

England & Wales - Charity number 207994

Accounts



Annual Report and Accounts 2023/24





“

It's an honour to put on my Marie Curie uniform each day, knowing I'll be playing my part in supporting terminally ill people and their families at the most difficult and vulnerable time of their lives.

Sanny, Registered Nurse at Marie Curie Hospice, Cardiff and the Vale.

”

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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'.

Welcome

This year we celebrated our 75th birthday, looking back on Marie Curie's rich history of delivering expert hospice care to those who need it most. While we celebrated our past, we also used our big birthday as an opportunity to look forward and plan for our future.

We're proud to be the UK's leading end of life charity, and the only provider working across all four nations of the UK. In the face of growing financial pressures, we've been working collaboratively with the NHS and other organisations to develop and deliver new models of care. Two outstanding CQC ratings this year are testament to the quality of our services. We're also proud of the real-world impact of our policy and research work. Over the course of the year, we contributed to 27 changes to policy and practice, delivering approximately 280,000 positive impacts on people at the end of life, and those close to them. Too many people are still missing out on the care they deserve. But we can and should play a significant role in changing that, because of our size, our expertise and the public's confidence in us. It's an exciting time to be part of Marie Curie.

Relaunching our strategy

During 2023/24, we relaunched our organisational strategy, further sharpening our future ambitions and crystallising what we want to achieve over the next five years.

We've taken time to look at our strengths, the improvements we've made and to consider what we need to change to grow our impact and build our capability to respond. Our strategic approach involves making sure the right care, support and systems are in place for more people in their final months, weeks, days and hours. Our vision is of a world where this is available to all and we're working hard to develop innovative new models for providing direct care in ways that work for local communities throughout the UK.

We currently support 2.7 million people through our Information and Support services. We'll continue to invest in these services to give us the opportunity to reach people at scale remotely, so they can be supported wherever they are and whenever they need us.

We also continue to prioritise strong research, gathering evidence of what provides the best possible experience in this chapter of life, driving changes in clinical practice and influencing policies that bring about the changes needed. We're the UK's leading charitable funder of palliative and end of life research and we're proud of our research programme and how this is converting into public policy interventions.

A challenging environment

All charities are currently experiencing challenges. Fundraising is becoming increasingly difficult as individuals and businesses navigate and balance the economic pressures of the cost of living crisis with their desire to donate their money and volunteer their time.

Good provision of end of life, health and social care is as disrupted as it has ever been and is failing many people. We need to double down to make sure that, while we are facing the current challenges, people at the end of life can get the care they need.

This environment has resulted in us, like many other charities, reporting an operating deficit this year. We've been focused on keeping care provision at previous levels and looking at ways to reduce our operating costs to safeguard care into the future.

When things are most challenging, there are often huge opportunities for change we're so grateful for the plans our teams have put in place all around the UK. We will be working with all the UK governments to ensure that we collectively work for a society where everyone can have the care and support they need at the end of their life.

It has been incredibly inspiring and energising to visit, hear and see the innovations and drive in our teams across the UK, and to see this coming through in both the plans we are delivering right now and those we have for the next five years.

Looking ahead

In 2024/25 and beyond, we'll continue to focus our efforts to ensure we deliver on our ambitious plans for the public throughout the UK. Everyone within the organisation is working towards this aim, allowing us to serve the public and make sure they have the very best end of life care. That is our mission, our purpose, and our focus. We're looking forward to realising the exciting plans we've developed to make it all happen.

This is all backed up by stronger systems and advanced technologies within our organisation and, of course, a sustainable financial performance. We're pleased that, through intelligent investments, cost control measures, and some unexpected one-off income, we've had a better than budgeted financial year (2023/24).

Our ongoing and deepest thanks to everyone pulling together and working tenaciously with us to make our vision a reality – many of whom are referred to later in this report. Not least, we are grateful to our amazing volunteers, valued supporters and dedicated colleagues who are delivering a better end of life experience for more people every day. We admire and appreciate your support in equal measure; thank you.



Matthew.
Matthew Reed,
Chief Executive



Vindi Banga
Vindi Banga, Chair of
the Board of Trustees

Good provision of end of life, health and social care is as disrupted as it has ever been and is failing many people. We need to double down to make sure people get the care they need.

Our mission is to close the gap in end of life care

Income from fundraising and retail totalled

£110.75 million



down from £114.44 million last year. (more detail on page 70)



80,033

episodes of care delivered by our hospice and nursing teams

282,621

people positively impacted by our policy and research work



1,812

registered nurses and healthcare assistants working for Marie Curie

813,606

visits to our Palliative Care Knowledge Zone for professionals



Over

2,100

people registered for our 2024 research conference

Our year at a glance

Marie Curie is here for anyone with an illness they're likely to die from, and those close to them. Currently, one in four people in the UK don't get the care they need, and we want to help close that gap. Whatever the illness, wherever you are, we're with you to the end.



19,444

contacts to our Support Line, over the phone and via webchat



1.7 million

users accessed our online information and support

1,683

households supported by Companion volunteers



We estimate that our volunteers gave us

396,942

hours of their time



1,176

bereavement support sessions provided by our volunteers

263%

increase in referrals to our bereavement support service



Our strategy

This year we've started to deliver on our five-year plan, which was finalised in 2023. We want to make sure everyone living with any illness they're likely to die from gets the care they deserve – at the right time, no matter who they are or where they live.

An unfair picture

With ever-increasing pressures on health and social care and a tough economic environment, being responsive and able to adapt will be crucial to meeting the needs of the people we support.

Access to palliative care is not equitable. One in four people do not get the care and support they need at the end of life, and the people who miss out most are those from disadvantaged and marginalised communities. Sadly, people who live in areas of deprivation, belong to minoritised groups, or have dementia, often face additional barriers to receiving the end of life care and support they need.

Between now and 2028, our mission is to continue closing this gap in end of life care by:

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



Transforming our direct care and support

We're working hard to grow the number of people we care for directly each year. To provide more of what's needed locally, this year we've introduced some innovative new ways of delivering care and support across the UK.

Every 5 minutes someone in the UK dies without the care and support they need*

These include our new dementia services in Wales, the expansion of our Companion volunteer service, our new and enhanced Urgent Hospice Care at Home services, as well as a new Single Point of Access to palliative care in Lothian.

Delivering more practical information and support

Across the UK, we've significantly increased our Information and Support services. Calls to our Support Line and the number of printed booklets ordered and downloaded increased by almost 40%.

Our support line is now open six days a week and we have more than 150 trained volunteers providing two types of ongoing support – bereavement support and Companions service.

*Calculated using *Funding the right care and support for everyone* - Palliative Care Funding review

Leading in shaping the end of life system

We've continued to strengthen our influence through our policy and research work, from our successful Dying in Poverty campaign to the launch of our joint *Manifesto for palliative and end of life care*, supported by Hospice UK, Sue Ryder, Together for Short Lives, and the National Bereavement Alliance.

Building a strong foundation

In 2023/24, we've worked on improving the organisational support functions needed to develop services designed for the specific communities they serve, so we can reach more people who need us.

PERSPECTIVE

Jacqui's story

"Seeing how my daughters feel about the hospice has had a big impact on me. I don't want my family feeling anxious and scared, it's a terrible feeling because I feel like I've caused that stress for them."

"The hospice staff have taken that pressure off my family and taken it on themselves. They have managed my pain and given me sickness medication. I'll never forget what they've done."





Looking ahead

Our plans for 2024/25:

- We will focus on implementing our growth plans – delivering innovation in our services, greater impact through our research and policy work, and expanding our information and support offering.
- We will increase the number of episodes of care we deliver. We will also grow the number of people we help through our information and

support services. We will push to achieve system change to help those at end of life and conduct research to improve clinical practices.

- We'll be transforming our ways of working and supporting our communications and income generation teams, so we can quicken our progress towards reaching these strategic goals and long-term financial sustainability.

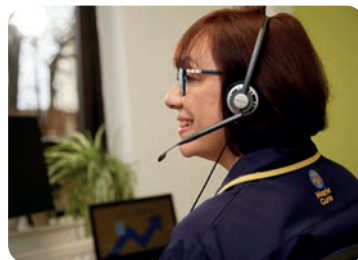
How we help



Hospice care at home

Whether it's arranged in advance or needed urgently, we provide hospice care in people's homes across the UK. Our healthcare professionals bring the clinical, practical and emotional help you need to you. And we offer support to the people close to you too – from reassurance and practical information to letting them take a break.

mariecurie.org.uk/hospice-care-at-home



Support over the phone

Marie Curie provides free support over the phone in over 200 languages, and via webchat, to anyone with an illness they're likely to die from and those close to them. Our team offers practical and emotional support on everything from symptom management and day-to-day care to financial information and bereavement support. **Call 0800 090 2309**

mariecurie.org.uk/help



Policy and campaigns

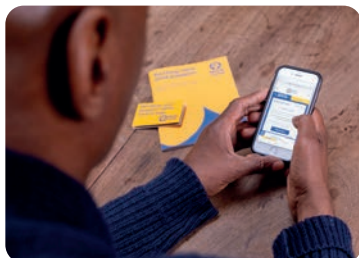
We raise public awareness and influence decision-makers across the UK on the issues affecting people with an illness they're likely to die from, and those close to them. We do this so more people can access high quality care and support when and where they need it most.

mariecurie.org.uk/policy



Our hospices

Hospices help people with any illness they're likely to die from, and the people close to them, receive the support they need in a specialist setting. From medical and physical support to psychological and emotional care. Whatever your illness and at whatever stage of the journey, we help you live the best life possible, to the end.
mariecurie.org.uk/hospices



Trusted information

Our free, trusted information is available to all. From first questions after a terminal diagnosis, or information about accessing services, to experiences shared by carers, guidance on planning for death, and support with grief. We have information on palliative care for healthcare professionals too. You can access this information and support for free online, in print and by talking to us over the phone.
mariecurie.org.uk/support



Companions

Companion volunteers focus on what's important to you and those close to you. It might be accompanying you to appointments, being there to listen to how you're feeling without judgment, or stepping in so family or carers can take a break.
mariecurie.org.uk/companion



Research

Marie Curie is the UK's largest charitable funder of palliative care research. Our work deepens understanding of what makes a good end of life, highlighting challenges and gaps in care, and improving support for everyone affected by dying, death or bereavement. Our research helps us to give the best care, improve the wider care system and drive better clinical practice so that more people have the best possible experience at the end of life.
mariecurie.org.uk/research



We're here to offer support, care and safety in a time of the unknown. As Marie Curie Nurses, this is always our job.

Amy Borthwick, Clinical Nurse Manager



Hospice care, information and support

The heart of what we do is running vital services for people living with an illness they're likely to die from. Hospice and palliative care is the physical, emotional, psychological, spiritual and practical support to live the best life you can when you have a terminal diagnosis. We deliver this to people across the UK at home, in our hospices and over the phone.



People supported by our Hospice Care at Home service are three times less likely to need unplanned hospital care and twice as likely to die at home.

Improving access to vital care and support

We continue to develop and embed our 'place-based' strategy, working closely with local communities and in partnership with other experts to deliver the services needed there. By working in this way, we intend to improve access to care and target local services at the people who need them most.

It's vital that we listen to what people tell us about the work we do and respond appropriately. We're drawing insights from our volunteer-driven initiatives and exploring ways to expand these efforts, while also establishing strong partnerships with local community organisations.

Responding to system pressures

Marie Curie provides hospice care at home, including urgent care 24 hours a day, seven days a week. We create and deliver tailored services where they've been commissioned.

We're proud that patients supported by our Hospice Care at Home services are three times less likely to need unplanned hospital care and twice as likely to die at home.

During 2023/24 we cared for 32,654 people in their homes, an 8% decrease on 2022/23. Collaborating with others in the sector is a vital part of reaching more of the people who need us. In the East of England, we established our Mid Essex Urgent Hospice Care at Home service, forming a close working relationship between our staff, local district nursing services and local hospices.

In 2023, Durham Clinical Commissioning Group (CCG) requested that the Durham Urgent Hospice Care at Home service integrate with the newly formed NHS Single Point of Access (SPA), which was coordinating all community-based referrals. This has not only provided benefits to patients, such as having only one number to call and quick access to support, but it has also seen an increase in referrals for our Urgent Hospice Care at Home team. As part of our ongoing investment in Durham, we've now established a Companion service there too, to improve the service we are offering to patients.

PERSPECTIVE

Nurse Rachel's story

Rachel works in our Durham Urgent Hospice Care at Home team.

"I went to a younger patient's home recently; he had spinal cord compression and was cramping from head to toe. It was awful to see. It took me 45 minutes to settle him with pain medication and muscle relaxants.

"Once he was settled and calm again, we were able to have a nice chat, and that's the most rewarding thing about our roles. Walking into someone in crisis, being able to see them physically in pain and then being able to change that for them."



“

We talk nonstop for the hour I'm with her and when I leave, she has a smile on her face.

Companion volunteer

”

Caring for the whole person

Our Companion in Hospital volunteers support people on the ward in the last days and hours of their life. They also support those close to them.

This non-clinical relationship shows how Marie Curie's holistic approach to end of life care keeps the person at the centre and considers what might make living with a terminal illness even just a little easier.

Engaging with communities

We know that certain groups continue to have unequal access to end of life care, and that people living in areas of deprivation, in rural areas, or in poverty can often face barriers to receiving the support they need. In addition to the areas people live in, factors such as not having a carer, being from a Black or minoritised ethnic background, or identifying as LGBTQ+ can put people at greater risk of missing out on care.

In London, we've worked with many community centres and charities to address this issue, from The Third Age Project in Camden – a community space that empowers disadvantaged older people to overcome the barriers that exist to getting support – to The Stress Project in Islington, which is a subsidised therapy space for people from low- or no-income households. Our work has taken place through workshops, talks and community art projects, always meeting the community in their space.

“

The growth you see in clients over such a short time span is so rewarding. Helping clients untangle their grief shows them they are not alone, and that's so empowering.

Rachel, Bereavement Support

”





Supporting bereaved people

Working with Diverse Cymru and with funding from the Welsh Government, we've continued to develop our bereavement services in Wales.

During 2023/24, we recruited further bereavement support volunteers and worked in partnership with other organisations to run bereavement support groups for people experiencing grief and loss, and to provide training of volunteers to provide ongoing support.

We implemented a British Sign Language (BSL) overlay to our grief videos for the first time, funded by the Bereavement Information Support Service (BISS) project.

We also held thematic 'Conversation Cafes' with groups such as a Bengali community lived experience group and with residents and staff in care homes.



For me now to be able to stand back and have a breath... I can grab a little bit of my life back.

Carer who used the service



With my volunteer, I'm slowly learning to trust again, and attempting to leave the house. With my various illnesses, anxiety is not an easy job. But this practical help is what I need to start believing in myself and that life can get better. Marie Curie and the people who volunteer are a lifesaver.

Person supported by a Companion volunteer



Preventing unnecessary admissions

With funding from the West Glamorgan Regional Partnership Board, we've been delivering a dementia care and respite service across Swansea and Neath Port Talbot.

This combines a Companion volunteer service with a clinical service delivered by registered nurses and healthcare assistants, to enable people to access the right level of support at the right time, preventing admissions to hospital or a care home.

More and better information and support

We've continued to improve our online information and support, with updated and new content, including variations of support offered across the devolved nations. Support Line calls increased by 17% to 19,444 in 2023/24.

The number of users accessing our online information and support pages increased by 25% in 2023/24 to 1.7 million, while the number of healthcare professionals visiting our Palliative Care Knowledge Zone increased by 45% to 813,606.

Other resources, such as printed booklets and PDF downloads also saw an increase of 37% in requests and downloads. In total, our information and support reach increased by 31% to 2.7 million in 2023/24.

Our team also achieved Patient Information Forum Trusted Information Creator (PIF TICK) reaccreditation, which is the only independently assessed quality mark for print and digital health information. Marie Curie has now been selected to sit on the PIF TICK steering board to review and define the quality mark.

Our When someone dies booklet was also the overall winner at the BMA PLG (patient liaison group) Patient Information Awards 2023.

Responding to changing needs

Living with a terminal illness can mean increased costs at a time when people are already facing significant challenges. During 2023/24, we recruited two Energy Support Officers for the first time. Their role is to provide expert information on things like supplier-specific support, grants and energy efficiency updates, help with bills and general energy usage for people with a terminal illness. We also launched a fuel poverty training module to upskill patient-facing staff across Marie Curie.



In addition, we partnered with six other charities to deliver updated information for health and social care professionals about specific conditions towards the end of life. These were MS Society, Alzheimer's Society, Alzheimer's Research UK, Diabetes UK, Asthma + Lung UK and Motor Neurone Disease Association.

Support for young people

In the North-East and Yorkshire, we've expanded our support for the family as a whole, following the recruitment of specialist children and young people's counsellors in each place.

Through a range of diverse therapeutic interventions, children and young people are provided with significant emotional support and their care givers empowered with strategies to help improve resilience and wellbeing.

Outstanding care

Both the North-East and Yorkshire regions were inspected by the Care Quality Commission in January 2024 and received ratings of Outstanding.

PERSPECTIVE

Sharon's story

Sharon's dad, Raymond, was diagnosed with bowel cancer at the age of 74. When he was discharged from hospital into Sharon's care, they were supported by Marie Curie's Hospice Care at Home service.

"Initially, I thought, 'Marie Curie? I don't need them'. But my GP said: 'If only for the emotional support, and to give you a break, and to really get your dad's pain control sorted'.

"It was a huge relief when Marie Curie first arrived. Literally, the lady walked in, asked a few questions about dad,

and then said to me: 'Look, I'm here, so you can go and rest. That's the purpose of me being here, so that you can sleep tonight and you can get through tomorrow'.

"She was amazing. It was like I suddenly had a permanent support unit. A huge weight had instantly been taken off my shoulders. I relied on them so much. I couldn't have done it otherwise."



Looking ahead

Our plans for 2024/25:

- We'll increase the episodes of care and support we provide to those at end of life.
- We'll continue to work with local care systems to co-design services to better meet the needs of people at end of life, and their families, including developing virtual wards in the community, enhancing our Urgent Hospice Care at Home service, building closer working relationships with primary care providers, exploring the expansion of our dementia services, and continuing to develop our virtual and face-to-face Companion volunteer and bereavement services.
- We'll continue to develop our award-winning information and support, increasing the number of people we reach. We'll do this by looking at increasing the operating hours of our Support Line, investing in our online community, continuing with the roll-out of our Daffodil Standards in primary care, developing Daffodil Standards for pharmacy services, and working with local communities to increase end of life literacy.
- We'll continue to mitigate any reduction in service provision caused by the current closure of our Hampstead hospice due to Reinforced Autoclaved Aerated Concrete (see page 49 for more detail).

Driving change with evidence and influence

Marie Curie's aim is to be led by research and focused on impact, to make sure our decisions are informed by the strongest possible evidence base. Our research and policy work has impact across all four UK nations and in all regions.



Our focus

As part of our mission for a better end of life for all, we focus on four key thematic priority areas: mental and physical health and wellbeing; financial security; relationships, carers and bereavement; and equity in end of life experience.

Improving mental and physical health and wellbeing

In 2023/24, we launched the Mental health and wellbeing in Advanced Illness Network (MAIN). MAIN is a research and knowledge exchange network that aims to find and share evidence on mental health and wellbeing for people impacted by serious life-limiting illness.

Over the next two years the network will run webinars, find gaps in evidence and support collaboration.

We also successfully made the case for the Department of Health and Social Care's guidance on the preparation of Integrated Care Strategies to include palliative and end of life care.

Improving financial security

This year, the Dying in the Margins research study ran a photographic exhibition on 'the cost of dying'. The study is a partnership between the University of Glasgow, University of Auckland and Marie Curie, funded by the Economic and Social Science Research Council.

Jenni Minto MSP, Minister for Public Health and Women's Health, attended the launch and our team in Scotland were able to secure cross-party MSP visits to the exhibition throughout the summer. We estimate more than 2,000 people visited the exhibition overall, with multiple pieces of press coverage across print, TV and online media.

A project funded by a Marie Curie small research grant produced a report with National Energy Action. The report reviewed England and Wales local authorities' implementation of the National Institute for Health and Care Excellence's guideline on the health impacts of cold homes.

In addition, in 2023 Marie Curie awarded funding to four new projects to get more evidence of financial insecurity at the end of life.



Understanding the needs of bereaved people

During 2023/24, we published our Grief Support Guide. This resource has been developed in partnership with researchers at the Marie Curie Research Centre at Cardiff University and the Palliative and End of Life Care Research Group at the University of Bristol, alongside the National Bereavement Alliance, The Good Grief Festival and Compassionate Cymru.

The aim of the guide is to help grieving people find the support that best suits them. Many different organisations have used the guide and it has been included in professional resources such as the Royal College of General Practitioners' end of life toolkit.

This year we've also worked to encourage adoption of the UK Commission on Bereavement's recommendations through tabling amendments to the Renters Reform Bill. Marie Curie commissioned a survey to advance understanding of the risk of housing insecurity among bereaved people. The findings were used to support the amendments, which would better protect renters by removing the death of a tenant as grounds for repossession in the private sector.

Challenging inequity in end of life experience

This year, we made a total of £650,000 available through our Research Grants Scheme to support research that aims to understand and address barriers to equitable end of life experience. This evidence base will inform Marie Curie's policy and practice and shows our commitment to this important area.

Accessing palliative and end of life care can be particularly difficult for people experiencing homelessness. NHS England

Our annual research conference brought more than 2,100 people together from 64 countries.



PERSPECTIVE

Gen's story

Gen, from London, received Marie Curie bereavement support following the death of his mother.

"It's very hard in your day-to-day friendship or family group to be able to have someone who is a third party who understands what you're going through, can

accompany you through that journey and provide that non-judgemental really grounded and reliable support. That's what I needed.

"Marie Curie gave me a warm, caring and grounding space for me to explore my feelings and beyond."

commissioned us to produce a palliative care and homelessness toolkit. This toolkit, hosted on the Future NHS platform, helps professionals identify needs and ultimately improve care and support for people experiencing homelessness who are reaching the end of life.

Bringing expertise together

Our annual research conference brought more than 2,100 people together from 64 countries. This flagship free-to-attend 'Research into Practice' event aims to bring together thought leaders and key professionals from across the health and social care sector to share the latest research and evidence in palliative and end of life care to inform researchers and practitioners.

This year also saw expansion of our Research Voices Group, which aims to bring the lived experiences of people affected by terminal illness to the heart of the research we fund. A key aim has been to diversify the membership, which is now more varied in terms of age, ethnicity, and recency of lived experience. We continue to be very grateful to all involved with the group, who give up their time to help others.

We took a longer view on the progress that's been made in palliative care by publishing a major report, 70 years of end of life care in the community: how much has changed since 1952, in partnership with the Queen's Nursing Institute. The report highlighted some striking parallels. In particular, financial hardship and the impact of widespread infectious disease, the Covid-19 pandemic now and the 1951 flu epidemic then.

Marie Curie is the UK's largest charitable funder of palliative care research.*



*UK Health Research Analysis 2018 - HRCS)

Working across all four UK nations

As part of our General Election campaign, we launched our Joint Manifesto for Palliative and End of Life Care at the Labour and Conservative Party conferences. This manifesto was produced in collaboration with Hospice UK, National Bereavement Alliance, Sue Ryder and Together for Short Lives, and set out five key asks to all political parties and candidates ahead of the General Election.

We attended major party conferences across the UK, including roundtables and fringe meetings of the Conservative Party, Labour Party, Scottish Conservatives, Plaid Cymru and Alliance Party.

We established a partnership programme with Hospice UK to capture rich stories and experiences in the last 12 months of life. The project concluded with a five-week exhibition in the Senedd, which had nearly 5,000 attendees.

In March 2024, Miles Briggs MSP brought forward the Right to Palliative Care (Scotland) Bill consultation. We're supporting him in this work by acting as secretariat for the bill. As part of this, we're hosting a series of external and internal roundtables, designed to gain additional evidence for the bill and encourage others to respond to the consultation.

Our team sent letters to all Members of the Legislative Assembly of Northern Ireland, via the All-Party Group (APG) for Terminal Illness Chair, calling for them to support the inclusion of dying, death and bereavement in the draft Programme for Government, ahead of the return of Stormont.

Monitoring and learning from our impact

Over the course of 2023/24, our Research and Policy team contributed to 27 changes to policy and practice, which delivered approximately 280,000 positive impacts on people affected by dying, death and bereavement.

Nearly 5,000 people attended a five-week exhibition about end of life experience in the Senedd, in partnership with HospiceUK.



PERSPECTIVE

Izzie's story

As Marie Curie's Research Management and Impact Manager, Izzie's responsible for running our funding schemes and grant portfolio. She also works in partnership with funded researchers to capture and deliver maximum possible impact, such as her work to amplify our Working with terminal illness: what is known and what is needed research project.

"Many people diagnosed with a terminal illness still want or need to work and should be supported to until they no longer want to. However, employer support documents often leave out mentioning it, despite its unique and challenging context. There's also little information available about the number of working age people living with

a terminal illness and the employment policies designed to support them.

"The initial research project had three stages; a scoping review of previous work in this area; a survey answered by over 1,000 HR professionals to give an insight into what support is currently offered; and a call of practice examples to provide case studies and obtain lived experience insights.

"We found an 'employer lottery' with fewer than half of employers having policies. Our findings led to the Chartered Institute of Personnel and Development (CIPD), who previously only had a short paragraph around terminal illness, creating a dedicated document based solely on supporting employees with a terminal illness."



Looking ahead

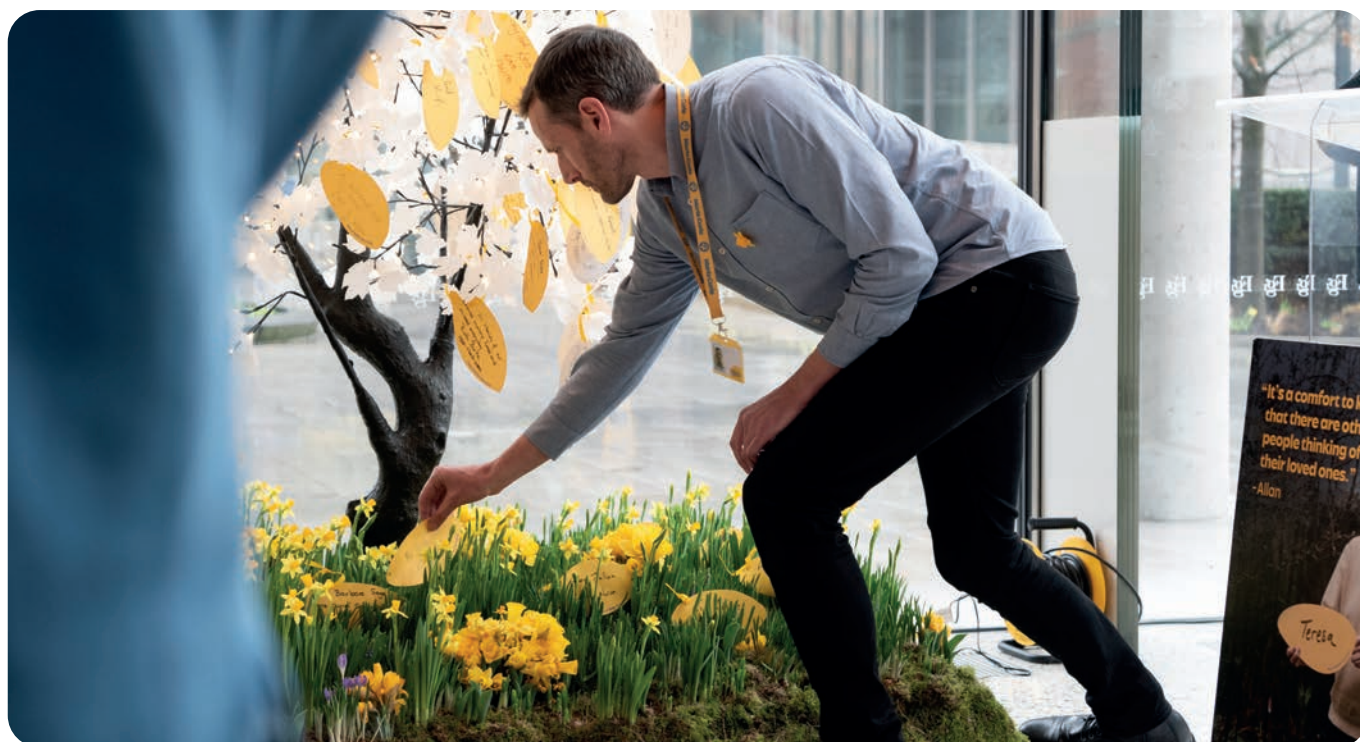
Our plans for 2024/25:

- We'll review and award research proposals in our open and competitive research grants scheme which, this year, we're running in partnership with the Alzheimer's Society. A total of £1 million will be available for research aiming to improve the end of life experience of people dying of and with dementia.
- We'll launch the top ten palliative and end of life research priorities, identified, and prioritised by people living with serious life-limiting illness, their families and friends, and health and social care professionals.
- We'll deliver our Dying in Poverty campaign – aiming to ensure no one faces the indignity of poverty at the end of life.
- We'll continue our campaign for the legal right to palliative care in Scotland.
- We'll seek to ensure that palliative care is a political priority across the UK, including with the NI executive and the UK Government.
- We'll deliver a partnership programme with Macmillan, focused on improving palliative care in Wales.
- We'll deliver a programme of policy and research work on equity in end of life experience.

Making ourselves known

It's been a big year for improving understanding of palliative care and our role in supporting the nation. We've worked hard to reach the people who need us most and made great strides towards making ourselves known to those who will need us in future.





Engaging the public

Although we're here for anyone with any terminal illness, we know many people believe we only support people with cancer. We refreshed our messaging this year to demonstrate more clearly how we can help. In October 2023 and January 2024, we invested in paid media across various channels, sharing a new film featuring real stories of Marie Curie care alongside the message: "Whatever the illness, we're with you to the end". Our online video received 13 million views and brand awareness of Marie Curie increased.

The fourth annual Day of Reflection to commemorate those who died during the pandemic saw many important conversations and initiatives triggered across the UK, as well as displays of support from celebrities and political

figures. More than 200 organisations across the health, care, corporate, education and faith sectors took part.

The national newspaper, the Telegraph, selected Marie Curie to be a beneficiary of its Christmas appeal, which raised approximately £124,000. Staff, storytellers and celebrity ambassadors featured in the appeal, raising awareness of our vital care and support. We're extremely grateful for the generosity of the Telegraph's readers.

Our flagship spring fundraising campaign, the Great Daffodil Appeal, raised a total of £5.5 million. We promoted the campaign through owned, earned and paid media and achieved PR coverage through regional collections and fundraisers, broadcast TV appearances and a bespoke art exhibition in London.

Thank you to all the Telegraph readers who chose Marie Curie to be a beneficiary of its Christmas appeal, which raised £124,000.



Reaching people in need

As part of our Dying in Poverty campaign, we called on governments across the UK to introduce extra targeted support for terminally ill people struggling with their energy bills and the costs of running medical devices at home. Thousands of our supporters helped us campaign by signing open letters, sharing their own experiences and writing to their MPs.

We also provided information and support materials to 3,000 GP surgeries across the UK, directing people to our Support Line number and online information.

Influencing specialists

In April 2023, we partnered with The Royal Pharmaceutical Society (RPS) to develop and launch professional standards in palliative and end of life care for community pharmacies. A total of 587 community practices and individual pharmacists across the UK have since signed up. We also partnered with independent chains such as Weldricks to help strengthen best practice on end of life medicine supply.

PERSPECTIVE

Helen's story

Helen, from Derbyshire, is living with Multiple Myeloma, and has been supporting our Dying in Poverty Campaign.

"If you're terminal, struggling to come to terms with the news and there's no treatment or avenues left to try, what you want to hear is: 'We'll make you comfortable so that you can do what you want, what you're capable of

physically, while you're still alive'.

"But being kept in the cold and facing bills you can't afford to pay, you're denied that. You have to fight for every penny, for every scrap of heat, and that's why I have been supporting Marie Curie's campaign to change that."



Meanwhile, our Daffodil Standards for GPs have gone from strength to strength. In preliminary impact data from an independent evaluation of the programme by University of Cardiff, respondents from signed up GP practices said their practices are 'much improved' or 'somewhat improved'. We launched the Daffodil Standards Awards to celebrate the contributions general practice teams have made to providing excellent end of life care, receiving over 35 nominations across the five categories.

587 community practices and individual pharmacists across the UK signed up to our Daffodil Standards for Pharmacies.



Looking ahead

Our plans for 2024/25:

- We'll continue to grow awareness of our mission to close the gap in end of life care, making sure we're helping more people have the best possible care and support at the end of life.
- We want to continue to build the public's understanding of the work we do and the role Marie Curie plays in improving end of life care for all. We'll do this by focusing on three key areas: increasing awareness and reach – so more people know us; improving understanding of what we do – so more people know about the breadth of our work; and encouraging more people to engage with the topic of end of life care.
- Our aim is to be at the forefront of people's minds when they think about services for people at end of life and support for carers, so that they know where to come when they need us. We'll support the growth and innovation in our services with targeted communications and ensure all GPs, district nurses and A&E practitioners know how to refer to Marie Curie.



PERSPECTIVE

Jyoti's story

Jyoti is living with mixed connective tissue disease (MCTD) and pulmonary fibrosis. She receives Marie Curie support at home from the Marie Curie Hospice, West Midlands.

"When you're on the journey to the end, you need to feel as though you have somewhere you can go that feels safe, that feels home. That, for me, is how Marie Curie feels.

"I had a pretty normal life up to the age of 16, when the MCTD started. I can't believe how quickly things have progressed since then. Sometimes you just want the world to stop so you can enjoy it a little bit more.

"My Marie Curie Nurse, Jenna, comes out to me every month and does check-ups. She helps me with pain management, asks me how I've been, if there's anything I need. She helped me re-apply for Personal Independence Payment (PIP) and supports my husband and my mum, too.

"I feel supported, I feel safe, I know that if anything happened to me that my husband and mum would be safe. I think for me that is the biggest thing that I could ask for."

Supporting an inclusive, effective team

To close the gap in end of life care, we need to support and enable our people to flourish and grow at Marie Curie. We want to create a culture that's open, inclusive, and representative of the society in which we all live and work. This will help us to work together to grow our impact.



Streamlining our recruitment

Following a successful pilot last year we've now set out a plan to scale up the new talent acquisition operating model. It aims to reduce hiring manager time spent on recruitment, build quality talent pools in critical and hard-to-fill areas and significantly reduce our reliance on external recruitment agencies.

We've implemented an automated onboarding portal that has fewer steps for hiring managers, employees, and the team. We're better able to be transparent about our performance and managers can self-serve and always have visibility of our activity.

In February 2024, we launched a 'fair selection' pilot in Scotland to trial a new inclusive assessment and selection process, with associated tools and training for managers. Of the candidates surveyed, 86% reported their overall recruitment experience at Marie Curie as good or excellent.

Staff wellbeing and equality, diversity and inclusion

We've had a strong focus on wellbeing this year, reviewing our support of mental health and overall wellbeing. As a result, we've achieved a measurable decrease in overall short-term sickness absence this year. And we've continued to enhance the offering of support to colleagues.

Importantly, we've also implemented policies and processes to better support Marie Curie colleagues who've been diagnosed with a life-limiting or terminal illness.

We've focused on staff wellbeing this year, implementing policies and processes to better support colleagues who've been diagnosed with a life-limiting or terminal illness.



We've embedded wellbeing questions into the formal appraisal process and worked closely with Learning and Development and our internal diversity networks to create and embed a comprehensive equality, diversity, and inclusion (EDI) training offering.

Our employee networks provide vital support to employees and a lived experience-based consultation group for leaders. Networks include bereavement, working parents and guardians, DAWN (disability, accessibility, wellbeing, neurodiversity), ethnic diversity, multi-faith, LGBTQ+ and women.

Our EDI and Wellbeing team hosts quarterly events with expert speakers and provides wraparound support to the business, alongside external partners such as Stonewall, Stand with Trans, the Business Disability Forum and Collective Insight.

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.

During 2023 we continued initiatives that, over time, will positively impact our gender pay gap, including:

- **A series of compensation and benefits-related improvements for employees in clinical and clinical support roles modelled on the NHS Agenda for Change system.**
- **The flexibility to establish a working pattern that is right for colleagues.**
- **Development for leaders on how they foster engagement and performance in an inclusive manner.**

Engaging and communicating with colleagues



We've revised our internal communications approach and regularly gather colleagues' feedback, measuring their level of engagement. Our Chief Executive publishes a weekly internal 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 out 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 to get feedback via a comprehensive engagement survey and a shorter follow up pulse survey.

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

Addressing the gender pay gap

Our overall gender pay gap results are driven by several factors. In general terms, women are overrepresented in all the quartiles and especially in the lower ones, where the proportion is approximately 90% women and 10% men. This proportion is connected to the nature of the roles present in these quartiles (nurse, healthcare assistant, retail assistant). Although we have relatively few male employees at any level of the organisation, more are in senior roles that are paid more highly.

In comparison to the previous reporting period, the mean gender pay gap increased by 1.2%, due to clinical and clinical support staff receiving an annual salary increase in July 2023. While this increase was backdated to April 2023, the data used to calculate the gender pay gap is taken as a snapshot in time on 5 April and, as such, the increase was not included in this analysis.

The median gender pay gap decreased by 2.7%. This improvement is driven by the introduction of the new Marie Curie terms and conditions for clinical and clinical support roles in January 2023.

Approximately 65% of our workforce benefited from this change, with 90% of them being female.

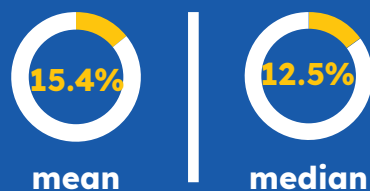
Clinical and non-clinical colleagues' remuneration

For employees in enablement functions and caring services managerial roles, the remuneration is built upon the Korn Ferry job evaluation methodology, based on which a salary structure for different levels is developed and benchmarked on a yearly basis. For clinical and clinical support staff, remuneration is based on the Clinical and Clinical Support Roles terms and conditions which align to the core NHS Agenda for Change terms and conditions.

Key management personnel (Executive Leadership Team) remuneration is also based on the structured Korn Ferry job evaluation methodology and specific peer group benchmarks for the different levels. Using this methodology, the Trustees' Nomination Committee annually reviews and decides remuneration for each Executive Leadership Team member and the Chief Executive.

Hourly pay rate

Hourly rate



Our workforce



Women & men in each pay quartile

Quartile 1



Quartile 2



Quartile 3



Quartile 4



Evolving our organisational structure

The pandemic and cost of living crisis has increased the pressure on the wider health and care system in all parts of the UK and exposed gaps in support at end of life for those who most need it.

Alongside this, the financial pressures we are now experiencing at Marie Curie mean that we need to reduce our costs and sharpen our agility in a rapidly changing external health and social care landscape. The UK has experienced a period of high inflation, and this has affected many aspects of our work including clinical pay. Our income during this time has increased, although income from commissioners has not increased at the same rate as the costs of delivering services with and for the NHS. UK wide pressures on health and social care funding, as well as the cost of living and price hikes that have impacted all sectors and Marie Curie, are creating a gap between income and expenditure. This operating deficit is not sustainable.

As a charity we have a duty to manage our resources responsibly to achieve the maximum impact, and to ensure that every penny we raise is spent delivering against our agreed strategy.

To ensure we can protect our frontline services from the financial pressures and make sure we are set up in the best way to deliver our strategy at pace, we are evolving how we work, reducing complexity, and enabling our places to make the most of new opportunities to grow our work.

With this in mind, we need to reduce our costs whilst focusing our efforts on ensuring we protect activities that most enable us to deliver our strategy and raise the income we need to fund it.

Consequently, in the first quarter of the financial year 2024/25, we have consulted our organisation on the introduction of a new flatter and leaner organisational structure in the enablement functions, which meant a reduction in our headcount.

Creating meaningful volunteer experiences

Without those who give up their time to help us, much of the essential work we do would be simply impossible. A huge thank you to everyone who has volunteered their time and shared their skills to support our work.



Our volunteer base

At the end of March 2024, we had a total of 4,850 volunteers, including 1,788 volunteers recruited during 2023/24. This is a slight decrease in overall numbers, owing to a reduction in the number of volunteers supporting our fundraising.

All registered volunteers are fully screened and inducted to the organisation, with 100% compliance on mandatory training for all. During 2023/24, our volunteers were invited to hear more about Marie Curie's latest strategy at events across the UK.

Understanding what's working

In November 2023, we launched a leavers' survey for outgoing volunteers. Of those who've responded, 94% say they'd recommend volunteering with Marie Curie.

In 2023/24, we held 29 in-person volunteer forums and seven virtual forums attended by 519 volunteers in total.

More opportunities than ever

In 2023/24, we established 15 new volunteer roles, including specialist Companions and volunteer translators. We are hugely grateful to those that took up these roles, helping us care for more people at end of life.

We offered our in-house fuel poverty training to volunteers in key roles, so that they would be able to share their new expertise with the people they support.

We expanded our core mandatory training for volunteers this year to include health and safety training for all, ensuring we fully equip all volunteers with the support they need to undertake their roles safely, wherever they volunteer.



Celebrating together

During 2023/24, we held 11 in-person Volunteers' Week celebrations and two virtual celebrations, with over 300 volunteers attending. These events are a fantastic opportunity to celebrate the work of our amazing volunteers, with 72% rating the events as excellent. More than 24 long service awards were given out to volunteers at these events.

An incredible 82 Marie Curie volunteers were nominated at the Coronation Champions Awards 2023, with seven chosen as Coronation Champions by the Palace. The awards celebrate and recognise inspiring volunteers who've made an exceptional difference in their communities.

Strengthening our corporate volunteering

During 2023/24, we enhanced our corporate volunteering programme, carrying out various pilot projects across the organisation to help us expand the opportunities we offer to our corporate partners. We hope the pilots will highlight new ways we can involve our corporate partners with volunteering at Marie Curie.

We've begun to develop a stewardship programme for corporate volunteers to maximise their engagement with our mission and impact, promote further ways they can get involved (including recruitment to our long-term volunteering roles), and upskill them as Marie Curie ambassadors.



PERSPECTIVE

Phil is living with Huntington's disease. He's supported by his wife, Barbara, and Barry, a Marie Curie Companion volunteer.

**Barbara's story**

"Phil was diagnosed with Huntington's disease in 2009. It's been a steady decline since then and he's now in the late stages of the condition. His speech has more or less gone. If I ask him a question, he can say yes or no, or if I give him a choice of two things, he can sometimes make a choice, but that's the level of his communication. He can't have a conversation.

"Barry usually comes to visit for three hours on a Monday or Tuesday. It's a release for me. Barry's visits are good for my mental health, and even my fitness levels, as I feel better for being able to go out for a walk somewhere different.

"Before Barry started coming, Phil went to respite, but that was the only relief I had. I can meet up with friends and we can go on walks together now."

Barry's story

"Initially, I thought I would be volunteering in a charity shop, so when I was told more about the role I was a bit apprehensive because it was totally outside my comfort zone. It was a good decision, though. My mum spent time in a hospice in the past, so doing this type of volunteering feels like a good fit for me. I was quite surprised by how much I enjoy the Companion volunteer role.

"My visits are about Phil being able to see a different face, and to give Barbara some respite. Phil likes his Guinness, so, if the weather's good, I take him in his wheelchair down to the local pub and he has a drink. If the weather isn't so good, we'll do something together like playing dominoes."

**Looking ahead****Our plans for 2024/25:**

- We're planning rapid growth in the delivery of volunteer-led services. We're working with teams across the charity to evolve roles and make sure the right levels of training and support are in place to allow volunteers to support more people.
- We'll launch new Volunteer Manager training, tailored for Fundraising and Caring Services teams.
- We'll strengthen our volunteer induction and make sure volunteers have the best possible start to their experience.

Putting the people we serve first

The technologies we use help shape everything we do – from making it easier for a Marie Curie Healthcare Assistant to support someone at home, to supporting our volunteers, to raising as much money as we can to support our vital work.



Upgrading our website

We began a major project to create a new website, which will be more a faster, more streamlined and responsive site. This financial year, we focused on researching and gathering requirements from users and colleagues to make sure that the new site will support our goals in the most efficient ways.

Improving staff experience

We began a piece of work to look at the barriers that Marie Curie clinical staff face when using the technology they have at hand. We surveyed staff across the four nations of the UK and began a series of end-to-end mapping exercises, where we accompany staff from various services and locations as they go about their day.

We identified more than 30 pieces of work, ranging from quick fixes to large-scale projects, such as a reduction in the number of electronic health record system instances within Marie Curie. This work aims to reduce complexity and administrative tasks for our frontline staff, providing time for them to focus on direct care giving.

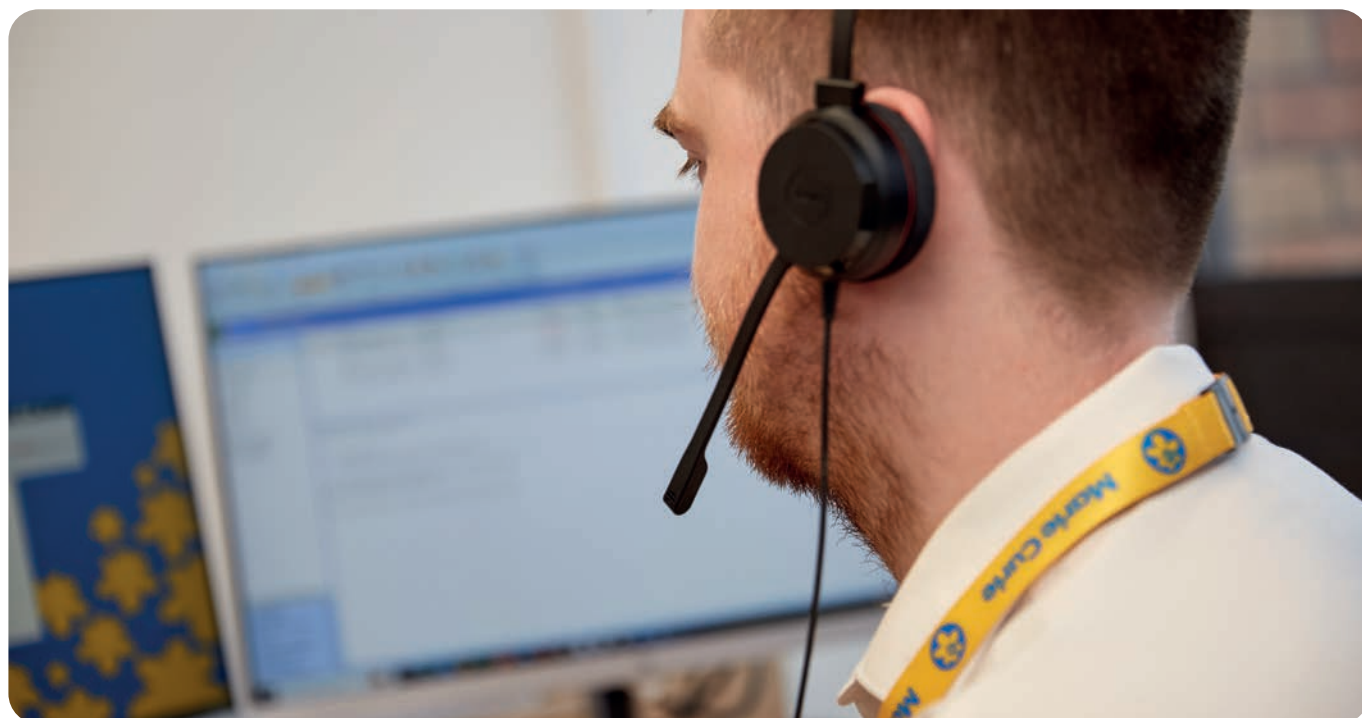
Consolidating our clinical data

We've consolidated our clinical data into a secure, single repository. The centralised set of analytics now covers all areas of our work and helps our clinical staff get the insights they need to drive improvements in our services.

We've created and rolled out patient outcome measure dashboards to support multidisciplinary team meetings in our hospices with up-to-date data on each patient's health status. We've also been compiling and aggregating this data to provide further insight and help us improve.

Our automations expanded this year and are now saving us days of manual effort per month. Over half of our referrals now go through an automated process, freeing up staff time for other tasks.

We see significant future opportunities for Marie Curie to utilise emerging artificial intelligence (AI) technologies to expand our support capabilities.



Building on strong foundations

We continued to maintain the good state of the infrastructure that supports the smooth running of our charity. Examples include upgrading network connections, upgrading older servers and replacing hospice workstations.

We've also introduced cloud management tools to save on costs in future years. Our strong foundation puts us in a great position to take advantage of emerging artificial intelligence (AI) technologies, something we see as a significant future opportunity.

Developments in cybersecurity

This year we achieved Cyber Essentials (CE) certification (which is externally assessed) for the first time in the charity's history. This means we became eligible to bid for an additional £2.3 million of NHS contracts.

We also launched new penetration testing and code analysis.

This year we attained Cyber Essentials certification, a commitment to ensuring the robustness and security of our systems.





Looking ahead

Our plans for 2024/25:

- We'll begin consolidating our patient record systems to make sure we're putting our patients at the heart of everything we do.
- We'll deliver the new Marie Curie website.
- We'll be deepening our integration capabilities to improve automation and maturity, using Application Programming Interfaces (APIs) to integrate with other services and automate responses.
- We'll be taking advantage of emerging AI technologies to realise efficiencies and improved services, such as expanding the capabilities of the Supporter Relations team.
- We'll be using the automation capabilities we've now developed to automate more manual processes, saving manual effort for our staff.
- Launching our new business development customer relationship management (CRM) will help to ensure better management of our business development process and support our ambitious growth strategy.
- We'll further develop our Companion app, which supports volunteer-led services.
- We'll introduce new functionality to support our volunteer co-ordinators and volunteers, allowing us to better drive insights from the data to expand our services.



A collaborative approach to fundraising

We simply couldn't deliver high-quality care to people at the end of life, or make investment plans to grow our reach, without the essential support of our many fundraisers. We're extremely grateful for their commitment, passion, time, expertise and generous donations.



Generous support of our core work is so valuable as it allows us to be flexible and able to adapt to changing needs.

A huge thank you

Our brilliant fundraisers recognise just how important it is to receive good care at end of life and demonstrate that by standing with us on our mission to close the gap in end of life care.

Fundraising income fell 4% this year, due to a fall in legacy income. Thank you so much for your support – despite a challenging environment income from fundraising activities excluding legacy grew by 7%.

Nurturing long-standing partnerships

We're delighted to have retained key philanthropy partnerships during 2023/24, with our partners demonstrating their unwavering commitment to the advancement of palliative care.

Our long-standing partnership with Pears Foundation continued, with a £220,000 grant in support of our core nursing service helping them provide expert hospice care, whatever the illness. This generous support of our core work is so valuable as it allows us to be flexible and able to adapt to changing needs.

Since 1989, the Albert Hunt Trust has partnered with Marie Curie. This year that continued with a total grant of £250,000 in support of the work of the ten Marie Curie areas across the UK.

Previous support from the Albert Hunt Trust has included funding of the scanning equipment for the network of Marie Curie hospices. The subsequent rollout of these scanners marked a significant advancement in the field, showcasing the impact of sustained support in bringing about transformative change.

A successful year for events

In 2023/24, our portfolio of 11 special events has had their most successful year since before the pandemic, raising almost £1.9 million in total. The London Brain Game and Housebuilder Brain Game contributed more than £1 million to this figure.

We'd like to extend a special thank you to all our Patrons, Committee chairs and members for their dedication and support over the past year.



Making the most of corporate partnerships

During 2023/24 we had a fantastic year for corporate partnerships. Our team partnered with Omaze in April 2023, offering members of the public the chance to win a multi-million pound house in Cornwall. The partnership was hugely successful, raising £2.1 million for Marie Curie.

It was a record-breaking year for our partnership with KPMG, surpassing our initial £1 million fundraising target. KPMG's flagship fundraising events, The KPMG Big Walks, raised an impressive £320,000 for Marie Curie. KPMG staff tripled their volunteering target, hitting a total of more than 60,000 hours volunteered throughout the partnership.

It was another incredible year for long-standing partners Superdrug and Savers, who've now raised more than £11.6 million for Marie Curie. This year saw their staff beat all fundraising targets and there was a 50% increase in commercial activity through supplier-led campaigns.

Our SPAR UK partnership celebrated its £3 million milestone, and, for the first time, all five SPAR regional distribution centres across the UK will be involved in the partnership.

Through the first year of our strategic partnership with the Gas Distribution Networks, we recruited two Energy Support Officers to support callers experiencing fuel poverty at the end of life. We also developed fuel poverty awareness training for Marie Curie staff, with more than 500 staff and volunteers trained so far.

We celebrated our 28th year working with the National Garden Scheme, our longest standing corporate partner, who've raised more than £10.5 million to date. We continue to be immensely grateful to the colleagues, county organisers and garden owners who volunteer for the scheme and raise vital funds for people at end of life.

PERSPECTIVE

Sally's story

Sally ran the TCS London Marathon 2024 in support of Marie Curie and in memory of her mum, Sheila, who was supported by Marie Curie Healthcare Assistants at the end of her life.

"My mum, Sheila, had a horrendous stroke. She really didn't want to go into a care home, so I promised that I'd do my best to make sure she could stay in her flat, where she lived alone. I used to come and see her all the time and take her out in the wheelchair so she could have a change of scene. She had the best quality of life possible.

"Eventually, she developed an infection that wasn't responding to treatment. Her GP organised for Marie Curie to come on alternate nights. They were just amazing – so calm, so knowledgeable about what was needed, and they just gave me so much reassurance.

"I've never forgotten the Marie Curie Healthcare Assistants – that's why I'm running the London Marathon to raise money for Marie Curie. They were the one positive in a very negative experience."



Resilience in retail

Thank you to our customers and those who donated goods to our 131 stores across the UK. Despite a trying environment for retail, we achieved 3.7% growth year-on-year. Disruptions to supply chains, escalating inflation, growing labour and rent costs, and lower consumer spending on non-essentials such as clothing and homeware, have all put significant pressure on profit for retailers.

To ensure we continue to bolster our retail income in these challenging times, we're finding innovative ways to bring in new customers, including increasing the range of new products, to complement those donated by supporters, with this channel seeing 14% growth.

KPMG staff tripled their volunteering target, hitting a total of more than 60,000 hours volunteered throughout the partnership.

Trying out new ideas

In Spring 2023, we took part in the first high-profile pop-up Charity Supermarket, alongside nine other major charities including Cancer Research UK, Shelter and Age UK. We went on to join a further five Charity Supermarket pop-ups across the UK.

Our first Gifts that Matter pop-up store in Cardiff exhibited a 'shopping list' of items customers could fund to support our work – such as Marie Curie Nurse uniforms, hospice patient meals or hours of care – raising awareness and understanding of our work and brand as well as income.



Overall, online spending returned to growth in 2023/24, with an 18.8% increase year-on-year. Income increased through our own website and eBay and we introduced Amazon as an alternative sales channel.

Encouraging Will talk

In October 2023, we launched our #WillTalk legacies campaign. It captured candid footage of friends and partners talking to their loved ones about their Will and, more broadly, end of life. The campaign reflects our diverse communities and their individual life stories and experiences, including the fact that many people have provided end of life care for loved ones. The #WillTalk campaign ran across TV, digital, press, social and radio.

Our legacy funds – money donated as gifts in Wills – totalled £36.11 million in 2023/24 (previous year: £43.96 million). We hope to see legacy income increase in future years.

Generous giving

Hundreds of thousands of individuals supported Marie Curie over the last year, generously giving a monthly donation or one-off gift, running a marathon, completing a trek, baking a lemon drizzle or dressing head-to-toe in yellow. Every donation has made a real difference to people facing end of life, and those closest to them.

This year, our Great Daffodil Appeal built on the previous year's success and continued our post-pandemic recovery, raising a total of £5.5 million. We held in-person collections across the country and people gave generously from all parts of the UK. Our Christmas campaign was similarly ambitious and brought home the challenges people affected by terminal illness can face at that time of year.

Managing our fundraising effectively

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

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. Alongside other charities, Marie Curie contributes 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

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

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies. We don't use agencies for street fundraising, but we do work with agencies to carry out door-to-door fundraising as

this is a cost effective way for us to manage the activity we undertake each year. We also work with agencies to 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 2023/24 regarding fundraising was 4,415 (2022/23: 355). The majority of these complaints related to a fundraising email that was sent in error. Over that period, supporters had over 1.8 billion opportunities to see one of our fundraising advertisements, largely due to the reach of our TV adverts. All the complaints were resolved satisfactorily through our in-house procedures and none were escalated to the Fundraising Regulator.

As part of our commitment to adherence to 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.

Fundraising staff receive dementia awareness training and have processes in place to help recognise and understand the impact of dementia on people.

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 Marie Curie 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

Marie Curie operates 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, it 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, Marie Curie used 50% (previous year: 54%) of income from raffles and the weekly lottery to support people living with a terminal illness. The remaining 50% (previous year: 46%) was reinvested into operating and developing our gaming and fundraising activities.

Our fundraising promise

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

- We promise to provide information about our work and our finances so you can see how your money is being spent and 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 our work or answer any questions.

Financial review 2023/24

The result for 2023/24 was a deficit of £25.9 million (2023: £8.8 million deficit) after net movement in funds.

The deficit reflects an increased investment in growth across our activities, with charitable activity spend increasing 12% to £141.7 million (2023: £126.7m), including additional investment in strategic priorities through our Impact and Innovation Fund £10.0m (2023: £8.2m) and action during the year to increase pay for our nursing, clinical and other staff to aide recruitment and retention whilst enabling us to support and deliver growth in our services. The deficit also includes a one-off impairment of our Hampstead hospice of £5.4 million.

The strength of our reserves has enabled us to absorb the deficit in the current year, whilst continuing to invest in our core services and grow our impact through our Information and Support service, Policy and Research teams, while continuing

to deliver the vital care and support of our hospice and nursing services.

In the year, we saw a modest increase in income by 1% to £169.7 million (2023: £167.3 million). Income from charitable activities increased by £5.6 million, however this was offset by a decrease in fundraising, retail and other income of £3.1 million compared to 2022/23. The fundraising environment continued to be difficult, with an economic backdrop of high inflation and a cost of living crisis. Despite this, we are really pleased with our performance and delivery of fundraised revenue and ever grateful to our loyal donors for all their support, year after year. In the context of a very challenging macro-economic environment, our Fundraising team exceeded all expectations this year.

Our general reserves remain strong at £67.5 million (2023: £75.3 million) and will enable further investment in the coming years as we aim to continue growing our services and impact. This will

All figures in £m	2023/24	% change	2022/23
Hospice Income	22.1	5%	21.1
Income for the nursing service	31.6	9%	29.0
Grants	3.1	182%	1.1
Fundraising income	93.2	-4%	97.3
Retail income	17.5	2%	17.1
Investments	2.0	43%	1.4
Other income	0.2	-33%	0.3
Total income	169.7	1%	167.3
Expenditure on fundraising and publicity	(40.9)	18%	(34.8)
Expenditure on retail	(16.6)	15%	(14.4)
Amount available for our services	112.2	-5%	118.1
Expenditure on charitable activities:			
Hospices	(56.5)	3%	(54.7)
Nursing services	(63.2)	8%	(58.7)
Helper service	(1.0)	0%	(1.0)
Information and support	(4.5)	45%	(3.1)
Policy and research	(11.1)	21%	(9.2)
Hampstead hospice impairment	(5.4)	-	-
Total expenditure on charitable activities	(141.7)	12%	(126.7)
(Deficit) before investment gain/losses	(29.5)	239%	(8.6)
Gains/losses on investments	3.6	-1300%	(0.3)
Actuarial gains on defined benefit pension scheme	-	-	0.2
Net movement in funds	(25.9)	194%	(8.8)

mean we continue to run a planned deficit over the next twelve months, supporting our service growth ambitions, whilst we also seek opportunities to increase our income and reduce ongoing running costs of the organisation to ensure we move toward a financially sustainable model in the medium term.

Income

Total income was £169.7 million, an increase of 1% from 2022/23 (£167.3 million).

Hospice income from the NHS was £22.1 million, an increase of 5% from 2022/23, with our commissioners in England, Scotland and Wales supporting us with the increased cost of matching NHS pay awards in the year. During 2023/24 we cared for 7,275 patients in our hospices (2023: 6,921), an increase of 5%, demonstrating the continued amazing work provided by our hospices.

Income received from the NHS for our Nursing Services saw an increase of 9% to £31.6 million. During 2023/24 we cared for 32,654 patients at home. This was a decrease of 8% on the number for 2022/23 (2023: 35,483). Alongside the NHS and other providers of care, we faced challenges during the year in retaining nurses and filling nursing vacancies which impacted the support we were able to offer. We took positive action to address this during the year. With our nursing and clinical staff numbers now increasing, we expect further growth in our charitable activity in 2024/25.

Our fundraising income was £93.2 million, a 4% decrease from £97.3 million in 2022/23. This figure reflects a deeply challenging macro-economic environment within which the Fundraising team successfully outperformed expectations. The key underlying metrics driving fundraising performance more widely remain strong.

Income from trading activity continued to grow with an increase of 2% to £17.5 million from £17.1 million in 2022/23, with continued growth in the sector.

This figure excludes other trading income in the Statement of Financial Activities (SOFA).

Investment gain

Our investments have seen an unrealised gain of £3.6 million during the year. At the start of this reporting period, we appointed a new investment manager to manage and invest our funds on our behalf. All investments meet the organisation's ethical standards, with compliance to our Investment Policy closely monitored.

Expenditure on fundraising and publicity

Our investment in fundraising activities ensures we can continue to raise vital funds to support our charitable work. We increased investment in the year by 18% (£6.2 million) to attract more regular supporters and legators to help generate much needed increases in future 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 15% increase in expenditure follows increases impacted by inflationary pressure on non-pay expenditure along with pay increases in line with the Living Wage Foundation rates. In 2023/24 our retail activities continued to return a net profit of £0.9 million (2023: £2.7 million profit). The reduction in profit is a result of higher expenses such as increases in rent, utilities and staff costs.

Support costs

Support costs allocated to raising funds and our charitable activities have increased to £23.0 million from £22.0 million in 2022/23. This increase of 4.5%, creates the essential capacity to support the 11% growth in our direct activity to £170.8 million (2023: £153.9 million) and underpins the strengthening of our functions as we look to further grow our services.

Hampstead hospice impairment

During the year we identified that our Hampstead hospice contained Reinforced Autoclaved Aerated Concrete (RAAC). RAAC is a lightweight form of precast concrete, commonly used in buildings in the UK between the mid-1960s and the mid-1980s. It is mainly found in roofs, although occasionally in floors and walls. It's less durable than traditional concrete and there have been problems as a result, which could have significant safety consequences. We took a strong stance on this, putting the safety of our staff, patients and visitors at the very forefront of our decision-making. This meant the hospice had to be closed while a thorough investigation was carried out, and it remains closed up to the point of signing these financial statements. The hospice is currently not being used and we are considering the options on how best to move forward. We decided due to the significance of the works required to rectify this issue, regardless of other options, that it was appropriate to recognise an impairment for assets attributed to the hospice. An impairment provision of £5.4 million has been recognised in this year's accounts.

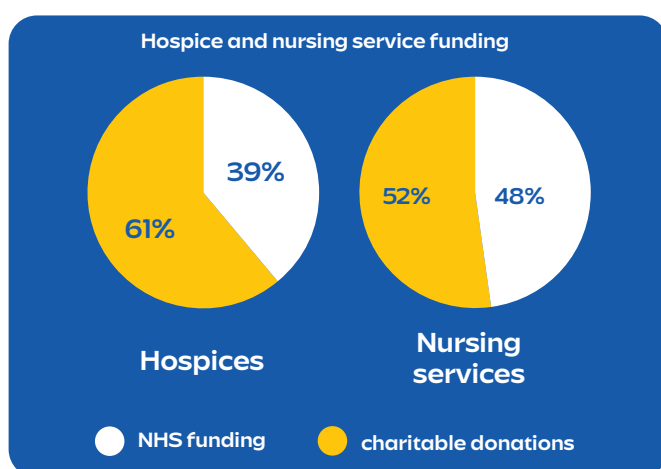
Overall deficit

We have an overall deficit this year of £25.9 million. Plans are in place to reduce the deficit in the coming year through ongoing investment in income generation and a focus on reducing the running costs throughout the organisation. We do still plan to run a deficit in 2024/25 whilst continuing to invest in service innovation to continue delivering

our charitable objectives, and we have the funds available to do this in our general reserve. We do have a requirement in the medium term to return to surplus, and actions we are taking in 2024/25 will see us achieve this within the next three years.

How we invest our charitable funds

Expenditure on hospices and nursing services



Hospices and nursing services are partly funded by the NHS, but to ensure that we can continue to provide care to as many people as possible, and to the highest standard possible, we are reliant on the generous contributions of our supporters. Our nursing staff provide crucial care for people in their homes, day and night. Our hospices provide a full range of palliative care services, including in-patient care, outpatient services and specialist domiciliary visits to patients' homes and care homes.

On average in 2023/24, the NHS paid for 39% of the cost of Marie Curie's hospices (2023: 36%) and 48% of the cost of Marie Curie's nursing services (2023: 51%), with the remainder of the costs funded by our supporters. We received a number of one-off government grants to support hospice care and nursing services, totalling £3.1 million to ensure we were able continue to deliver vital services to our patients.

Companion volunteers

We expanded our volunteer services in the community during 2023/24, including our new Wales Bereavement Information Support Service which offered support through trained counsellors and Marie Curie volunteers, helping us to reach 1,683 people (2023: 901).

Information and Support

We continue to grow investment in our information and support services, providing clear and accurate information on topics relating to end of life, and our national Support Line services for bereavement and clinical support. Information and support costs have increased compared to 2022/23. We're trying to increase the number of patients we are in contact with and are investing more into our Support Line services to achieve this objective.

Policy and Research

We further expanded capacity in our Policy and Research team, 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 nations. The value this investment can bring is illustrated by the success of our #DyingInPoverty campaign to better support people experiencing poverty 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. Policy and Research costs increased by £2.0 million. This was largely due to the rebranding work but also the cost of campaigning had increased compared to 2022/23.

Our funds

Reserves

Total reserves as at 31 March 2024 were £126.6 million (2023: £152.5 million). These comprised:

All figures in £m	2023/24	2022/23
Restricted reserves	14.9	16.0
Designated reserves	44.2	61.2
Impact and Innovation Fund	15.8	25.8
Tangible and Intangible Fixed Asset Fund	28.4	35.4
General reserves	67.5	75.3
Total reserves	126.6	152.5

Restricted reserves: £14.9 million (2023: £16.0 million). These are funds received for undertaking an activity specified by the donor when making the gift. They may also result from the terms of an appeal for funds for a specific initiative. £14.3 million of these funds represents the value of hospice assets purchased over time at cost less depreciation. As at March 2024, unspent funds are only £0.4 million (2023: £0.4 million).

Designated reserves: £44.2 million (2023: £61.2 million). These reserves represent funds that have been designated for a particular purpose by the Trustees. They may also be funds that can be allocated as additional operating expenditure. They would normally be utilised for that purpose within a specified timescale.

We recognise that urgent and radical change is needed to keep pace with society's rapidly growing need for end of life care provision. Accordingly, we created a designated reserve for impact and innovation in 2021 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 14-19 of this report. This fund is to be used for one-off investment to support change, innovation of service delivery and to invest to save. The range of investments includes activities to build our operational and financial resilience, deliver significant changes within our services to ensure we are set up in the best way to adapt to fast-changing needs at end of life over the coming years, and grow our reach and income to ensure we are able to significantly increase our impact as a charity. The balance on the Impact and Innovation Fund was £15.8 million at 31 March 2024 (2023: £25.8 million). We utilised £10.0m of this fund during 2023/24 on one-off projects. In the event of increased financial risk or if no longer required, these funds can be

de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General reserves.

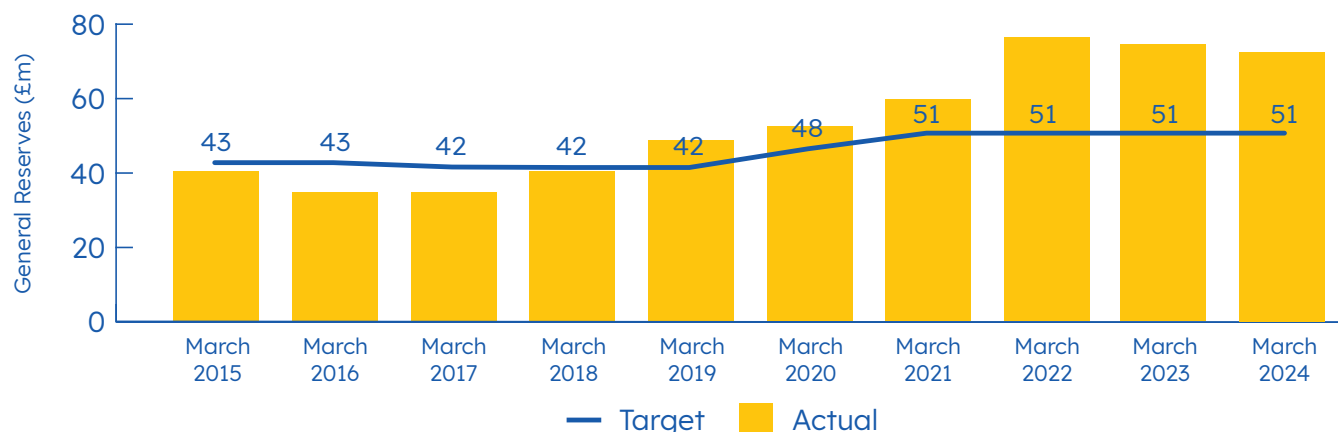
Designated funds also include the Tangible and Intangible Fixed Asset Fund (£28.4 million at 31 March 2024), reflecting the value of tangible fixed assets at cost less depreciation.

General (Free) reserves: £67.5 million (2023: £75.3). 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.

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 and nursing 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

General reserves (£m)



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 £51.0 million of target reserves is required for 2024/25, the same level as for 2023/24. 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 2024 was £67.5 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 nursing staff base to enable us to increase our services
- grow our digital capability in order to further extend our reach and impact
- expand our research, policy and public affairs capacity to further influence the health and social care system in a rapidly changing context
- strengthen our operations to underpin our growth.

Given these actions we are planning deficits from 2024/25 to 2025/26 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. The General Fund is held in a variety of investments according to the policy below.

Investment policy

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.

Our Fiduciary Manager, SECOR Asset Management, manages the Charity's investment portfolio on a discretionary basis, in line with the Charity's Investment Policy and to 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. As part of this change in arrangements the Charity reviewed and reset its investment strategy, and as a result the portfolio of assets was restructured, with all investments being managed by SECOR in line with this. These investments comprise UK and 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 (ESG) position of the funds according to the Charity's Investment Policy.

An appropriate contract is in place with the Fiduciary Manager which clearly sets out the performance expectations which they will 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 ESG position of the funds.

The Fiduciary Manager has been instructed not to invest in any organisation directly or indirectly where more than 10% 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 or 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 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.

Marie Curie's investment portfolio increased in value by £5.0 million in 2023/24 compared with a decrease of £0.6 million the previous year, as the investment market has continued to navigate a troublesome political and economic climate.

The portfolio return over the 12 months to 31 March 2024 was 9% compared with the long-term benchmark return of 6.9%.

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.

Asset allocation as at 31 March 2024

	2023/24 Actual £m	Actual %	Target %	2023/24 Actual £m
UK equities	2.5	4.2%	20-45	13.6
International equities	22.0	36.7%	25-50	8.7
UK Government bonds	9.9	16.5%	5-15	17.0
Global bonds	13.3	22.2%	15-20	8.4
Investment grade bonds	11.7	19.5%	15-20	0.0
Sub-investment grade bonds	0.4	0.7%	15-20	4.1
Property funds (listed investments) and unlisted	0.0	0.0%	-	0.0
Absolute return	0.0	0.0%	7-15	0.0
Cash	0.1	0.2%	2-10	3.1
Total	59.9	100%		54.9

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 (30 April and 31 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.

During 2023/24, Marie Curie implemented further continuous improvement methodologies to their accounts payable processes and the success of these actions is reflected in the timelier payment of invoices during 2023/24 compared to 2022/23 (average time to pay invoices in first half of 2022/23 was 20 days, reducing to 18 days in the second half).

	1 October 2023 - 31 March 2024	1 April 2023 - 30 September 2023
Average time taken to pay invoices	16 days	14 days
Invoices paid:		
within 30 days	94%	91%
in 31 – 60 days	5%	7%
in 61 days or more	1%	2%
Standard payment terms	30 days	30 days
Maximum contractual payment period agreed	30 days	30 days

Going concern

Our strong financial performance throughout the pandemic has enabled Marie Curie to incur a planned deficit in 2023/24 whilst maintaining our liquidity and reserves position at a reasonable 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 reflect a number of possible scenarios.

Based on our cash flow, liquidity and reserves forecasts, we believe that the going concern basis of accounting remains appropriate for our accounts. 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. We do not believe that this is the case.

Our stress-test scenarios, potential financial impact and probability are linked to our principal risks and include potential:

- reductions in NHS, Fundraising and Retail income and investment portfolio value linked to macro-economic risk
- significant increases in operating costs from continued rising inflation
- risk of regulatory fines.

Any shortfall in income or increase in costs over the next twelve months can be covered from Marie Curie's cash holdings and investment portfolio. At 31 March 2024, Marie Curie held £6.3 million in cash and bank deposits and £59.9 million in longer-term investments, most of which are readily accessible.

Working with our stakeholders:

S172 statement

Section 172 of *the Companies Act 2006* requires Trustees to act in the way that they consider, in good faith, would be most likely to promote the success of the Charity in achieving 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 for Marie Curie ('the Charity'), 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 focused on growth, to close the disproportionate gap in the provision of end of life care and to support disadvantaged communities.

During the year, regular updates were provided by the CEO and Executive Leadership Team 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 ensures that the Charity is best positioned to respond and adapt to meet changing economic circumstances.

The brand refresh work, launched in October 2023 as part of our five-year strategy, ensures that the Charity improves its profile and public standing across all key stakeholders, critical for the Charity's long-term future.

- **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.

Charity-wide and local action plans were put into place following the employee engagement survey in March 2023 with a high participation rate. An employee engagement pulse survey took place in October 2023, and showed improvement in areas raised by the previous survey. The employee net

promoter score was 29%, a 9% increase from the previous survey, and 7% above the external non-profit sector benchmark.

The Talent Acquisition Project elevates capabilities at all levels in the organisation. This will strengthen the equity, inclusivity and diversity of our talent strategy and processes to attract, recruit and retain people from diverse backgrounds.

We are in the process of revising our Equality, Diversity, Inclusion (EDI) and Wellbeing Strategy and Action Plan. This is to ensure the successful integration and promotion of EDI and wellbeing throughout Marie Curie, creating an environment where all individuals feel welcomed and empowered to contribute and reach their full potential.

Our employee networks are integral to shaping our EDI and Wellbeing Strategy and Action Plan. By embracing the voices and personal experiences of our employees, we are using them to guide our journey to becoming a truly inclusive employer of choice.

Our ongoing collaboration with Stonewall has led to significant advancements in our diversity standards, policies and practices, particularly concerning LGBTQ+ initiatives. Additionally, our partnership with the Business Disability Forum is instrumental in our commitment to becoming a disability-confident employer.

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

We are continuing to engage with the 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 Hospice Care at Home, Urgent Hospice Care at Home and the Companion volunteer service. We are also exploring the expansion of our dementia service and Single Point of Access (SPA). SPA reduces the complexity associated with navigating networks of healthcare services and providers for patients, their families and carers.

Marie Curie continues to develop new innovative services around hospital admission avoidance and supported discharge through Enhanced Hospice Care at Home services such as the Responsive

Emergency Assessment and 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 at both national and local levels.

We also continue to build our relationships with palliative care researchers across the UK, including through our annual research conference, held in February 2024.

Call 13 of the Marie Curie Research Grants Scheme invited proposals for research to improve the provision of palliative care for people living with dementia and is being run in partnership with the Alzheimers' Society.

The annual research grants round launched in early June 2024 and seeks to engage researchers across the four UK nations within and beyond the palliative and end of life care research community.

We can only achieve our strategic vision with the generous contributions of our volunteers and supporters. We had a 22% increase in our Caring Services volunteers, as well as the creation of 15 new volunteer roles, including specialist Companions and volunteer translators. We're proud to say that we're providing more opportunities than ever for people to get involved with volunteering at Marie Curie.

We received a 94% recommendation rating from our volunteer leaver survey which was introduced this year. Core training, to include fuel poverty training, has been extended to all volunteers, to help them share their new expertise with the people they support.

- Our corporate volunteering programme has been enhanced offering pilot opportunities throughout the UK, increasing engagement with our corporate partners, who act as ambassadors for Marie Curie while boosting our income

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

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

We relocated to new office space in 2022 (Building Research Establishment Environmental Assessment Methodology, BREEAM rated excellent) which has a footprint that is showing a significant reduction in energy compared to our previous London office.

We have procured an Energy Management System to automate our energy and water data directly from smart meters to a web-based dashboard which feeds into our sustainability dashboard.

Marie Curie secured Renewable Energy Guarantees of Origin (REGO) a certified green tariff for electricity commenced in 2023/24 for England, Scotland and Wales. This covers the supply of electricity to all our hospices (owned) and the vast majority of our leased premises (where we have building control). We are currently sourcing a green tariff for Northern Ireland. We are committed to move to an all-electric fleet by 2030.

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

The Board approved an amendment to Marie Curie's Investment Policy to align its ethical guidelines with the Febelfin Towards the Sustainability Label. This strengthens Marie Curie's investment process, ensuring funds invested adhere to the highest quality standards for sustainable and socially responsible financial products.

- **The need to act fairly between members of the organisation**

Marie Curie has 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 continued to develop our Board Assurance Framework, which has given the Trustees visibility of the continuous improvement of our Risk Management Framework.

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 the 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. During the year an independent and objective evaluation of the design and operational effectiveness of the Risk Management Framework was undertaken by our internal auditors. The significant changes introduced over the last two years in respect of structure and approach were highlighted and substantial assurance was provided. The improvement recommendations have all been introduced and we continue to monitor how risk management is being embedded throughout the Charity.

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 those risks within the approved appetite, and for 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. We've introduced an enhanced Incident Management Framework to standardise processes and provide additional guidance to ensure that effective and timely incident reporting, management, investigation, learning, and governance processes 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 becoming 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, by 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, the progress made in meeting the audit plan, and progress on its recommendations.
- 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 was reviewed and approved by the Board of Trustees in March 2024. 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 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 and 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 on occasion, if we can demonstrate significant and measurable potential benefits which will enable us to optimise our ability to care for more patients and make a bigger impact on the socio-political environment, and the trade-off between risks is understood, we are prepared to take more open risks.

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 we 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 its composition has changed significantly, as we've faced significant challenges from continued economic uncertainty, growing geopolitical turmoil and the social environment we operate in. We are pleased to report that, despite these challenges, we consider our overall level of risk to have reduced following the completion of significant actions, including the successful delivery of our ambitious transformational programmes focussing on resilience and agility. All risks now considered managed – including change, people resilience and operational delivery – 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 risk and why it's relevant	Key mitigations	Trend*	Risk appetite/ (Risk level)
Data: There is a risk we fail to manage all forms of data compliantly and effectively to minimise the possibility of data being exposed or breached, and to promote availability of well organised and accurate information which, in parallel, will support good decisions, allow the potential to exploit opportunities that data presents and drive quality.	- A New Chief Technology Officer has been appointed who has implemented a targeted plan to resolve issues and introduce long-term solutions to improve our enterprise architecture. - 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. - The new Head of Information Governance has completed the development of our Information Governance Framework to ensure all data is of high quality, and properly protected as long as we hold it. - 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.	Constant	We hold a significant amount of sensitive information and data, and accidental or deliberate wrongful disclosure could erode trust and damage our reputation. As such we have a cautious appetite (low) for such risks.

* since the approval of the last Annual Report in October 2023

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.	- In the previous Annual Report we reported business development and place-based risks separately and these have progressed into this long-term risk. - We continue to invest and roll out our new brand, and to monitor awareness to ensure that our aspirations are clear, and that these inspire others to support us. - We are increasing our commercial and organisational agility to respond to market need and opportunity at pace. - We launched a campaign to highlight government policy not being supported by appropriate funding. - We have continued to support colleagues to understand the strategy, and how we are one team, and we all have an important role to play. - We have comprehensive monitoring in place and monitor our progress and regularly check strategic direction. - In the first quarter of the financial year 2024/25, we have consulted our organisation on the introduction of a new flatter and leaner organisational structure in the enablement functions, which meant a reduction in our headcount resulting in a reduction in expenditure.	Constant	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.
Going concern: There is a risk we have insufficient income and reserves to maintain operations, respond to adverse macro-economic conditions (inflation, cost of living, reducing donor discretionary spend, political uncertainty, commissioner budgets) and meet financial obligations in the short term.	- We operate a comprehensive budgeting process and multi-year planning. - We have a robust reserves target and monitoring linked to the Principal Risk Register. - We closely monitor treasury management and financial risks including inflation, pay settlements, fundraising performance and investment portfolio returns. - We have a continuous focus on driving cost efficiencies	Reduced	Our financial decisions are heavily scrutinised, with value for money and impact being a key factor in decision-making; but we will accept some financial risks. We have a cautious appetite (moderate) for such risks on the basis these can be expected to balance out, and will not put the delivery of our services at risk.
Attract and retain staff: There is a risk that if we are unable to attract or retain the right people with the right skills and values, we will be unable to deliver our ambitious strategy.	- Our people are our most important asset and, like many operators in the healthcare sector, we've been affected by staff reassessing their careers in the wake of the pandemic, and by external market factors. - To ensure we are attractive in a competitive market we have completed our Strategic Reward Review, which was set up to ensure we have a fair reward strategy. - We've continuously looked for opportunities to further improve our recruitment approaches and processes.	Reduced	We have a moderate appetite (limited) for these risks to ensure we attract the right people with the right values to fulfil objectives and deliver our strategy.

* since the approval of the last Annual Report in October 2023

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 on biodiversity as a whole, 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're 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 operations.

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

We do this by taking into account the direct environmental impacts of our operations (including those of our services, buildings, travel, procurement of materials and services, and our investments) and, where possible, by implementing low carbon alternatives. Recognising the importance of both 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 outlining our evolving implementation plan for achieving Net Zero by 2050 (2045 in Scotland).

During 2023/24 we carried out a number of actions which have, and will continue to have, a positive impact on our carbon footprint and use of natural resource. We have:

- Continued to collate and centralise our resource data into a sustainability dashboard using reporting software Power BI, which all staff can access. This includes energy, travel, water, waste, and home working and commuting emissions.
- Procured an Energy Management System to automate our energy and water data directly from our smart meters and to present this on a web-based dashboard. This will feed into our sustainability dashboard.
- Increased engagement with staff to promote a culture of environmental awareness and to encourage them to conduct their activities in an environmentally friendly manner.
- Developed several online training modules for staff, including energy awareness, waste prevention and water saving.
- Worked with our Green Champions to facilitate campaigns and projects on the ground such as Recycle Week, the carbon footprint of emails and files, and Veganuary.
- Conducted our second 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 Renewable Energy Guarantees of Origin certified (REGO) green electricity tariff in England, Scotland and Wales.
- Completed an audit and procurement exercise for a national waste contract for several of our sites, with the focus on improving recycling rates, improving internal and external bin set up, and engaging staff to manage waste correctly.
- Tracked the Carbon Management Plan action plan through our Environment and Sustainability Steering Group to monitor progress and add new actions.

Streamlined Energy and Carbon Reporting (SECR) statement

		2023/24	2022/23	2021/22
UK energy consumption (kWh)	Gas (Scope 1)	5,489,756	5,622,440	5,180,408
	Other fuels (Scope 1)	N/A	N/A	N/A
	Transport fuel (Scope 1 - company fleet)	2,014,048	2,002,512	2,099,691
	Electricity (Scope 2) (2023/24 includes company EVs)	4,567,394	4,993,502	5,376,371
	Grey fleet (Scope 3 – Category 6)	2,701,907	3,507,477	3,573,788
	Total	14,773,105	16,125,931	16,230,258
UK Emissions (tCO ₂ e)	Gas (Scope 1)	1002	1026	949
	Other fuels (Scope 1)	N/A	N/A	N/A
	Transport fuel (Scope 1 - company fleet)	460	472	494
	Electricity (Scope 2)	945	966	1,142
	Grey fleet (Scope 3 – Category 6)	608	813	836
	Rail, air and hotels (Scope 3 – Category 6) (Only 2023/24 includes hotel data)	218	182	37
	Electricity transmission and distributions (Scope 3)	100	90	101
	Well-to-tank (Scope 3) (2023/24 includes WTT for rail and air travel also)	411	370	251
	Commuting and homeworking (Scope 3 – Category 7)	1,782	1,118	x
	Total (Gross Scope 1 and 2)	2,407	2,464	2,585
	Total (all Scopes)	5,526	5,037	3,810

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of

members of staff, the intensity metric of kWh/FTE (full time equivalent employee) was chosen.

	2023/24	2022/23	2021/22
Normalisation metric (FTE)	2,827	2,646	2,462
Intensity ratio (tCO ₂ e/FTE)	1.955	1.904	1.430

Carbon footprint

The overall increase in our carbon footprint for 2023/24 compared to 2022/23 comes from increased commuting and increased rail and air travel. Fewer staff travelled by electric vehicles and motorbikes in 2023/24 which impacted our commuting emissions, and our business travel has crept up this year, which we need to address with our staff.

Our gas and electricity consumption (kWhs) and emissions (tCO₂e) have decreased this year. This is partly due to the closure of one of our hospices and one of our London offices. The move to our new Building Research Establishment Methodology (BREEAM) excellent-rated office has led to a significant reduction in energy consumption compared to our previous London office.

We have had an 8.5% reduction in our electricity consumption which may also be attributed to our building improvements such as LED lighting in 12 stores and a number of hospices. Additionally, we have worked hard to encourage staff to 'switch off' through our Energy Policy and by providing 'top tips' via our internal comms platforms, as well as by increasing awareness through our new e-learning module. Our REGO-certified Green Electricity Tariff commenced in 2023/24.

We have had a 2% reduction in gas consumption over 2023/24 compared to 2022/23. This may be attributed to the closure of one of our hospices, and the upgrade of the four boilers in the education block at the Marie Curie Hospice, Edinburgh with more energy efficient boilers.

Scope 3, Category 6 business travel for rail, air and hotels has increased slightly, in part due to increased staff numbers (181 increase in our FTE). Rail and air travel has increased by 21%, from 152 tCO₂e to 184 tCO₂e. This is largely due to an increase in air travel which has a larger emission factor. The increase in rail and air travel also accounts for the increase in our well-to-tank (WTT) emissions compared to last year. While this is still significantly lower than pre-pandemic (475 tCO₂e for 2019/20), we will continue to remind staff to ensure all travel is essential.

Considering our vehicle data for company vehicles and grey fleet (fuel and electricity used in employees' private cars for business trips), there has been a decrease in our grey fleet data, with the number of miles claimed having decreased by just under 780,000. This may be attributable to increased use of rail and air travel. We have surveyed staff to request vehicle type so that our grey fleet data is more accurate. We can see that the proportion of staff who drive an electric vehicle (EV) has reduced from 9% to 2%, and the proportion of staff who drive a hybrid vehicle has increased from 4.5% to 10%. We have also accounted for the small but growing number of EVs in our company car fleet under Scope 2, electricity.

Regarding commuting and homeworking (Scope 3 – Category 7), we have seen an increase of 7% in the number of staff commuting, and a decrease of 8% in the number of staff working from home.

DEFRA provided a higher emission factor for electricity for 2023, so this means our emissions associated with electricity could be expected to have increased. But due to our energy efficiency measures and building closures we have reduced our electricity kWh consumption.

Methodology

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

All emissions factors are taken from Green House Gas Conversion Factors for Company Reporting, 2023 factors.

Scope 1 and Scope 2 consumption data (gas and electricity) is taken from validated and verified utility supplier invoices.

Scope 1 and Scope 3 (transport) data is taken from Marie Curie internal tracking systems incorporating company fleet data and grey fleet data. Company fleet is classed as Scope 1 emissions, with company EVs classed as scope 2 emissions. Grey fleet is classed as Scope 3 emissions as defined in Environmental Reporting Guidelines 2023.

How we're governed

Our structure

Marie Curie ('the Charity') 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 2024 is wholly owned and registered in England and Wales. Details are included in Note 20) to the financial statements (page 96).

Through the trading activities of Marie Curie Trading Limited, including the selling of quality merchandise through the Marie Curie shops, catalogue and website, the organisation of certain fundraising activities and initiatives on behalf of Marie Curie, and corporate sponsorships, we raise some of the funds needed to run our services. The trading entity contributed an income of £1.4 million (2023: £1.1 million) to Marie Curie through Gift Aid.

Our Trustees

The Charity is governed by the Board of Trustees who are legally responsible for directing our affairs. The Board determines the Charity's long-term strategy and approves the annual business plan and budget. Specific responsibilities are delegated to six committees which report back to the Board on a quarterly basis. The Board delegates the day-to-day management of the Charity to the Chief Executive and Executive Leadership Team.

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 was in force throughout the last financial year and is currently in force. Marie Curie ('the Company') also purchased Trustees' and Officers' liability insurance in respect of itself and its Trustees, and maintained this throughout the financial year.

In December 2023 Seshashayee Sridhara joined as a Trustee. Dame Barbara Monroe retired from the Board in October 2023.

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 2023/24

Trustees	Meetings attended	Maximum possible
Vindi Banga (Chair)	4	4
Chrisha Alagaratnam	4	4
Dr Rachel Burman	4	4
Richard Flint CBE	3	4
Professor Richard Harding	1	4
Mary Hinds	4	4
Prerana Issar	3	4
Patricia Lee (SID)	2	4
Chris Martin	4	4
Maria McGill CBE	3	4
Dame Barbara Monroe DBE (to October 2023)	2	2
Seshashayee Sridhara (from December 2023)	1	1
Ian Waller	3	4
Richard Wohanka CBE	4	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 thirteen 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 Executive Leadership Team and other senior management. We also 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.

The Board and committees concluded that they had operated effectively in the year and agreed action plans to address areas identified for development.

All committee terms of reference are reviewed annually to ensure they accurately reflect current practice and a consistency of approach.

All Trustees and Independent Committee Members completed a skills audit to inform the recruitment programme for 2024. 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 'Who's Who' (pages 98-100).

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.

In 2018, the Board resolved to adopt the Charity Governance Code ('the Code') for larger charities. Compliance with the Code is reviewed annually to ensure that Marie Curie continues to operate within and develop high standards of governance. The 2023/24 review confirmed strong overall compliance with the Code. There were a few recommended practices which are not applicable to Marie Curie and minor areas which were a work in progress to ensure continuous improvement. The Trustees have taken account of the Charity Commission's general guidance on public benefit when reviewing the Charity's aims, objectives and planning.

In 2023 an internal board and committee effectiveness review was undertaken, there were no concerns arising from the review which confirmed strong and effective Board and committees.

The Board commissioned an external board effectiveness review mid-2024 in accordance with the Code's recommendation that large charities conduct such a review every three years.

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 Trustee Committee**
Responsible for strategic oversight of the Charity's services to ensure they are safe, effective, caring, responsive and well-led, and that they 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 Trustee Committee**
Responsible for strategic oversight of the effective use of the Charity's resources (finance, people, fundraising, retail, property and central services); and oversight of associated policy, strategy and performance.
- **Nominations Committee**
Responsible for Board governance arrangements (succession planning and recommendations for the appointment and reappointment of people to governance positions); and oversight of the performance of the Chief Executive and Executive Leadership Team and recommendations on their remuneration.
- **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.
- **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 operates 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 2023.

Board committee membership as at 31 March 2024

Trustees	Audit and Risk	Finance and Resources	Investment	Nominations	Quality	Research and Policy	Impact and Innovation	National Advisory Boards
Vindi Banga		Member		Chair			Chair	
Chrisha Alagaratnam	Member		Member (from October 2023)		Member			
Dr Rachel Burman					Member	Member		
Richard Flint CBE		Chair	Member	Member			Member	
Prof Richard Harding						Chair		
Mary Hinds					Member	Member		Chair (Northern Ireland)
Patricia Lee	Member (from October 2023)	Member (from October 2023)		Member	Chair		Member	
Chris Martin	Member	Member						Chair (Wales)
Maria McGill CBE					Member	Member (from October 2023)		Chair (Scotland)
Dame Barbara Monroe DBE		Member (to October 2023)		Member (to October 2023)	Member (to October 2023)	Member (to October 2023)		
Seshashayee Sridhara		Member (from December 2023)						
Ian Waller	Chair	Member		Member			Member	
Richard Wohanka CBE			Chair	Member				
Number of meetings	5	6	4	4	5	3	2	11

Please see pages 98-99 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 8 October 2024.



Vindi Banga, Chair of Trustees

Independent auditor's report

to the members and Trustees of Marie Curie

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 2024 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 2024 which comprise Consolidated Statement of Financial Activities, the Group and Charity 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 and Accounts, 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 safety legislation etc.

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;
- Involvement of tax specialists in the audit; 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, internal audit 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;
- 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;
- Completeness and valuation of legacy debtor and cut off of legacy income;
- Completeness of donation income;
- Completeness and accuracy of gift aid income;
- Completeness of contract income; and
- Completeness and accuracy of trading income.

Our procedures in respect of the above included:

- Testing a sample of journal entries throughout the year, which met a defined risk criteria, by agreeing to supporting documentation;
- Reviewing and challenging management's assessment of significant estimates and judgement for indications of bias;
- Testing a sample of income transactions throughout the year, and around the year end
- to ensure that the recognition is in line with the Charities SORP requirements;
- Testing a sample of unaccrued legacy debtors to ensure that non recognition was appropriate and in line with the Charities SORP requirements; 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: <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

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2024

		2023/24			2022/23		
	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	69,212	17,808	87,020	75,586	16,011	91,597
Other trading income	2	6,220	-	6,220	5,694	-	5,694
Retail sales of donated and purchased goods		11,192	6,321	17,513	10,917	6,228	17,145
Investments	3	2,010	-	2,010	1,395	-	1,395
		88,634	24,129	112,763	93,592	22,239	115,831
Charitable activities	4	56,742	-	56,742	51,109	-	51,109
Other income		161	-	161	312	-	312
Total income and endowments		145,537	24,129	169,666	145,013	22,239	167,252
Expenditure on raising funds							
Cost of generating voluntary and other trading income		32,739	4,220	36,959	29,122	2,788	31,910
Publicity		3,550	-	3,550	2,550	-	2,550
Expenditure on retail activities		12,573	3,989	16,562	10,697	3,731	14,428
Investment management costs		440	-	440	301	-	301
		49,302	8,209	57,511	42,670	6,519	49,189
Net income available for charitable application		96,235	15,920	112,155	102,343	15,720	118,063
Expenditure on charitable activities							
Hospices		45,589	10,864	56,453	45,452	9,273	54,725
Nurses		57,665	5,530	63,195	51,797	6,948	58,745
Companion (formerly Helper)		975	10	985	972	38	1,010
Information and support		4,456	31	4,487	2,868	204	3,072
Policy and research		10,563	587	11,150	8,483	686	9,169
Hampstead hospice impairment	9a	5,374	-	5,374	-	-	-
Total charitable expenditure		124,622	17,022	141,644	109,572	17,149	126,721
Total expenditure	5	173,924	25,231	199,155	152,242	23,668	175,910

	Note	2023/24			2022/23		
		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		(28,387)	(1,102)	(29,489)	(7,229)	(1,429)	(8,658)
Gains/(losses) on investments	8	3,620	-	3,620	(316)	-	(316)
Net expenditure for the year		(24,767)	(1,102)	(25,869)	(7,545)	(1,429)	(8,974)
Other recognised gains							
Actuarial gains on defined benefit pension scheme	17	-	-	-	198	-	198
Net movement in funds		(24,767)	(1,102)	(25,869)	(7,347)	(1,429)	(8,776)
Reconciliation of funds							
Total funds at 1 April	18	136,498	15,991	152,489	143,845	17,420	161,265
Total funds at 31 March		111,731	14,889	126,620	136,498	15,991	152,489

All of the Charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 74-97 form part of these financial statements.

Balance sheets

for the year ended 31 March 2024

	Note	Group		Charity	
		2024 £'000	2023 Restated £'000	2024 £'000	2023 Restated £'000
Fixed assets					
Tangible assets	9a	37,047	43,455	37,047	43,455
Intangible assets	9b	5,640	7,546	5,640	7,540
Investments	8	59,864	54,938	60,195	55,269
		102,551	105,939	102,882	106,264
Current assets					
Stocks	10	482	495	-	-
Debtors	11	44,321	38,348	45,970	39,365
Investments	12	5,307	32,573	5,307	32,573
Cash at bank and in hand		1,016	4,504	867	4,380
		51,126	75,920	52,144	76,318
Creditors:					
Amounts falling due within one year	13a	(23,292)	(24,375)	(24,629)	(25,086)
Net current assets		27,834	51,545	27,515	51,232
Total assets less current liabilities		130,385	157,484	130,397	157,496
Creditors:					
Amounts falling due after more than one year	13b	(2,764)	(3,612)	(2,764)	(3,612)
Provision for liabilities and charges	15	(1,001)	(1,383)	(1,001)	(1,383)
Net assets	18	126,620	152,489	126,632	152,501
Funds					
Restricted funds	18	14,889	15,991	14,889	15,991
Unrestricted income funds					
General funds	18	67,534	75,312	67,546	75,324
Designated funds	18	44,197	61,186	44,197	61,186
		111,731	136,498	111,743	136,510
Total funds		126,620	152,489	126,632	152,501

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 £166.8 million (2023: £164.4 million) less resources expended of £196.3 million (2023: £173.0 million) leading to a deficit before gains and losses of £29.5 million (2023: deficit of £8.6 million) and a deficit after gains and losses of £25.9 million (2023: deficit of £8.8 million).

These financial statements for Marie Curie Ltd, Company number 00507597 were approved and authorised for issue by the Board of Trustees on 8 October and signed on its behalf by Vindi Banga, Chair of the Board of Trustees.

Vindi Banga

Vindi Banga, Chair of the Board of Trustees

The notes on pages 74-97 form part of these financial statements

Consolidated cash flow statement

for the year ended 31 March 2024

	Note	2024 £'000	2023 £'000
Cash flows from operating activities:			
Net cash used in operating activities	A	(28,006)	(6,896)
Cash flows from investing activities:			
Dividends received		1,359	1,198
Interest received		651	197
Capital expenditure		(3,451)	(3,691)
Investment purchases		(5,395)	(12,613)
Investment proceeds		4,088	12,694
Cash withdrawn from property and unlisted investments		-	168
Net cash (used in) investing activities		(2,748)	(2,047)
Change in cash and cash equivalents in the reporting period		(30,754)	(8,943)
Cash and cash equivalents at 1 April		37,077	46,020
Cash and cash equivalents at 31 March		6,323	37,077
Net debt reconciliation			
Cash at bank and in hand		1,016	4,504
Money market and other deposits		5,307	32,573
		6,323	37,077

Analysis of net movements in funds	At 1 April 2023 £'000	Cash flows £'000	Other changes £'000	At 31 March 2024 £'000
Cash at bank and in hand	4,504	(3,488)	-	1,016
Money market and other deposits	32,573	(27,266)	-	5,307
Total	37,077	(30,754)	-	6,323

Note A:	2024 £'000	2023 £'000
Reconciliation of net expenditure to net cash flow used in operating activities		
Net expenditure for the year	(25,869)	(8,974)
Adjustments for:		
Depreciation	3,735	3,887
Impairment	5,374	-
Amortisation	2,422	1,520
Losses on disposal of fixed assets	234	357
(Gains)/losses on investments	(3,620)	316
Pension funding adjustment	-	670
Dividends receivable	(1,359)	(1,198)
Interest receivable	(651)	(197)
Decrease/(Increase) in stocks	13	(8)
(Increase) in debtors	(5,972)	(2,075)
(Decrease) in creditors and provisions	(2,313)	(1,194)
Net cash outflow from operating activities	(28,006)	(6,896)

The movement in net funds represents the decrease in cash balances during the year. The notes on pages 74-97 form part of these financial statements.

Notes to the financial statements

for the year ended 31 March 2024

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 (I).

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 18.

Going Concern

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 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 with the exception of our property investments which are valued at Net Asset Value (NAV).

Valuations are updated on a monthly basis. All gains and losses arising during the year are included in the SOFA.

The investments in subsidiary undertakings is at cost.

(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 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

In the prior year management reviewed the accounting policy in relation to the treatment of software costs. Upon review management have decided to change the previous accounting policy applied. Tangible fixed assets (note 9a) has been split into tangible fixed assets and intangible fixed assets (note 9b). This amendment was made in order to give a more accurate representation of the fixed assets held at Marie Curie.

(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 are accounted for as soon as there is entitlement and the amount is measurable and receipt is probable. Gift Aid donations made to the Charity are recognised as income in the Charity when there is entitlement. Income from trading in subsidiary undertakings is transferred to the Charity by making a qualifying charitable donation.

Legacy income

Legacy income is recognised when it is probable that it will be received. Pecuniary legacies are recognised when probate is granted. Residuary legacies are recognised when either probate has been granted, the estate accounts, 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 which allow the legacy to be measured with reasonable accuracy are not available. 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 is recognised at point of sale. Goods donated for sale are included as income at point of sale.

Income is restricted where it relates to shops with a close proximity to a Marie Curie hospice.

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. Specific accounting policies are as follows:

Cost of generating voluntary and other trading income

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. 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.

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

Expenditure on trading activities

Trading expenditure is restricted where it directly relates to income generated in shops within a close proximity to a Marie Curie hospice.

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.

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.

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.

(h) Pensions

Defined benefit scheme

The Marie Curie defined benefit pension scheme was wound up on 26 September 2022. Prior to that date, from January 2021 the Scheme held a bulk annuity policy (known as a buy in) from Legal and General Assurance Society (LGAS). The assets of the Scheme were held separately from those of the Charity, in Trustee-administered funds. In February 2022, the Trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the Scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme's assets comprised the individual policies held in trust for the members together with cash holdings held in the Scheme.

Pension scheme assets are measured at fair value. As the individual annuity policies with LGAS covered the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary valued the bulk annuity policy as at 31 March 2022 at an amount that is equivalent to the Scheme's pension obligations. This took no account of any other net current assets or liabilities which are thereby effectively assumed to be immaterial. Additional voluntary contributions were excluded from the assets and liabilities as these match each other. At 31 March 2022 there was a net asset which was recognised in accordance with FRS 102 as Marie Curie would be able to recover this net asset through refunds from the plan. For the Marie Curie defined benefit pension schemes the amounts charged in expenditure are the gains and losses on settlements and curtailments. They are included as part of staff costs.

Contributions to the defined contribution scheme are made from 100% unrestricted funds.

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 18 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 18 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.

(2) **Impact and Innovation Fund** which has been established to support new developments in end of life care or to support changes and improvements in the efficiency of existing services.

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, reflecting the uncertainty of the timing and value of payment 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 85% (2023: 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 £269,150 movement in other overall legacy accrual.

When calculating the accrued legacy income (see note 11) 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% (2023: 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 our Hampstead hospice 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 deemed this value to be nil.

Cost allocation

Support costs are allocated across all charitable 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

	2023/24			2022/23		
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2024 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2023 £'000
Donations, events and other voluntary income	41,784	9,128	50,912	40,596	7,046	47,642
Legacies	27,428	8,680	36,108	34,990	8,965	43,955
Other trading income	6,220	-	6,220	5,694	-	5,694
	75,432	17,808	93,240	81,280	16,011	97,291

Other trading income is made up of Event income £934k (2023: £779k), Raffle income £1.544 million (2023: £1.333 million), Auction proceeds £551k (2023: £617k) and Lotteries £3.191m (2023: £2.965 million)

3 Investment income

	2023/24			2022/23		
	Unrestricted funds £'000	Restricted funds £'00	Total funds 2024 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2023 £'000
Listed investments	1,341	-	1,341	921	-	921
Cash investments	651	-	651	197	-	197
Property fund	4	-	4	203	-	203
Other investments	14	-	14	74	-	74
	2,010	-	2,010	1,395	-	1,395

4 Charitable activities income

	2023/24			2022/23		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
NHS funding for nursing in the community	30,184	-	30,184	28,153	-	28,153
NHS funding for hospices	22,070	-	22,070	21,050	-	21,050
Other NHS funding	1,088	-	1,088	494	-	494
Other income	299	-	299	310	-	310
Grants	3,101	-	3,101	1,102	-	1,102
	56,742	-	56,742	51,109	-	51,109

5 Expenditure

	2023/24			2022/23		
	Direct costs £'000	Support costs £'000	Total 2024 £'000	Direct costs £'000	Support costs £'000	Total 2023 £'000
Cost of raising funds						
Cost of generating voluntary and other trading income	33,259	3,700	36,959	28,417	3,493	31,910
Publicity	3,105	445	3,550	2,126	424	2,550
Expenditure on retail activities	14,911	1,651	16,562	12,781	1,647	14,428
Investment management costs	410	30	440	272	29	301
	51,685	5,826	57,511	43,596	5,593	49,189
Charitable activities						
Hospices	49,303	7,150	56,453	47,864	6,861	54,725
Nursing in the community	55,237	7,958	63,195	51,187	7,558	58,745
Companions service (previously Helper)	903	82	985	935	75	1,010
Information and support	3,962	525	4,487	2,589	483	3,072
Policy and Research (Note C)	9,663	1,487	11,150	7,750	1,419	9,169
Hampstead hospice impairment	5,374	-	5,374	-	-	-
	124,442	17,202	141,644	110,325	16,396	126,721
Total	176,127	23,028	199,155	153,921	21,989	175,910

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 2024 £'000
Hospices	1,375	282	1,005	2,511	1,852	125	7,150
Nursing in the community	1,488	282	1,035	2,510	2,593	50	7,958
Companions service (previously Helper)	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

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 2023 £'000
Hospices	1,077	237	973	2,768	1,666	140	6,861
Nursing in the community	1,162	237	1,002	2,769	2,332	56	7,558
Companions service (previously Helper)	2	-	-	-	66	7	75
Information and Support	35	7	29	79	333	-	483
Policy and Research	218	47	200	554	400	-	1,419
Total charitable activities	2,494	528	2,204	6,170	4,797	203	16,396
Fundraising	402	88	372	1,028	1,533	70	3,493
Publicity	62	14	57	158	133	-	424
Retail activities	220	47	201	554	200	425	1,647
Investment management costs	-	-	29	-	-	-	29
Total support costs allocated	3,178	677	2,863	7,910	6,663	698	21,989

Support costs allocated to raising funds and our charitable activities have increased to £23.0m from £22.0m in 2022/23. 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	2024 £'000	2023 £'000
Governance Costs		
Internal audit	172	173
External audit fees (Note B)	201	175
Trustees' travel and meeting expenses (Note 18 iv)	-	-
Trustees' indemnity insurance (Note 18 iv)	56	56
Compliance	377	273
	806	677
Note B	2024 £'000	2023 £'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	179	130
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	12	35
	201	175
Amounts paid under operating leases:		
land and buildings	3,593	3,648
plant and machinery	1,240	1,068
	4,833	4,716
Depreciation and amortisation of owned assets	6,157	5,407
Impairment of owned assets	5,374	-
Note C	2024 £'000	2023 £'000
Policy and Research costs		
Grant funding of activities:		
Marie Curie Palliative Care Research Department at UCL	28	-
Marie Curie Palliative Care Research Department at Cardiff University	626	578
National grant programme	822	559
Other recipients	564	1,217
Other Policy and Research activity undertaken directly	7,622	5,396
Support costs	1,488	1,419
	11,150	9,169

6 Staff

i) Remuneration	2024 £'000	2023 £'000
Wages and salaries	106,958	96,519
Social security costs	10,040	8,734
Other pension costs	7,119	6,157
Total Marie Curie staff costs	124,117	111,410
Contracted staff	6,776	8,057
Total remuneration	130,893	119,467

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.

ii) Average number of employees	2024	2023
Hospice	760	784
Community	1,294	1,412
Caring Services Support	372	398
Caring Services central teams	95	67
Business Services	61	54
CEO and Policy	52	48
Governance and Legal	17	12
Innovation, Income and Engagement	351	321
People Services	120	133
Retail	431	416
Technology and Transformation	121	198
	3,674	3,843
Comprising		
Full time	1,606	1,560
Part time	2,068	2,283
	3,674	3,843

Contributions of £388,980 (2023: £309,011) were made to the NHS Defined Benefit Pension Schemes for 31 (2022: 32) higher paid employees.

Contributions amounting to £531,232 (2023: £462,044) were made to defined contribution schemes for 118 (2023: 100) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any Employer Pension contributions and Employer National Insurance contributions was £1,505,666 (Reclassification 2023: £1,302,647). 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. A reclassification was made to the 2023 figure due to the error of not including Employer National Insurance contributions.

The salary of the Chief Executive in 2023/24 was £197,600 (2022/23: £190,000).

The total amount of termination payments in the year for 126 employees was £1,420,514 (2023: £600,353 for 66 employees). There were no termination payments to senior management team members within the year (2023: £169,000 for four employees).

iii) Remuneration of higher paid staff	2024 Number	2023 Number
£60,000 - £69,999	65	65
£70,000 - £79,999	44	41
£80,000 - £89,999	14	9
£90,000 - £99,999	8	12
£100,000 - £109,999	8	5
£110,000 - £119,999	1	1
£120,000 - £129,999	2	4
£130,000 - £139,999	1	2
£140,000 - £149,999	-	2
£150,000 - £159,999	5	1
£160,000 - £169,999	-	-
£170,000 - £179,999	-	-
£180,000 - £189,999	-	-
£190,000 - £199,999	1	1
Included in the above are the following number of medical practitioners	13	11

iv) Trustees' expenses

No Trustees received any remuneration in the year.

The total of £307 was paid to or on behalf of two Trustees of the Charity as reimbursement of travel and subsistence expenses incurred in attending meetings (2023: £341).

In respect of overnight stays for 11 Trustees to attend meetings, a further cost of £3,850 was incurred (2023: £1,635). The Charity maintains liability insurance covering trustees in their capacity as directors and other officers of the Charity at a cost of £56,280 per annum (2023: £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	Property and unlisted investments £'000	Money market deposits £'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)
Unrealised gains	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
Historic cost at 31 March 2023	57,630	-	-	57,630	331	57,961
Gains/(losses) on investments					2024 £'000	2023 £'000
Realised gains/(losses)					29	(2,221)
Unrealised gains included in market value					3,591	1,905
					3,620	(316)
Listed investments					2024 £'000	2023 £'000
UK					24,580	46,271
Non UK					35,284	8,667
					59,864	54,938
Analysis of investment class					2024 £'000	2023 £'000
UK equities					2,505	13,608
International equities					21,987	8,667
UK Government bonds					9,874	17,045
Global bonds					13,297	-
Investment grade bonds					11,661	7,753
Sub-investment grade bonds					409	741
Property funds (listed investments) and unlisted					-	4,059
Cash					131	3,065
					59,864	54,938

The historic cost at 31 March 2023 has been restated from £38,335k to £57,630k due to an error identified in the calculation.

Prior year investments for comparison	Listed investments £'000	Property and unlisted investments £'000	Money market deposits £'000	Group total £'000	Investment in subsidiaries (Note 20) £'000	Charity total 2023 £'000
Group and charity						
Market Value at 1 April 2022	55,335	168	-	55,503	331	55,835
Movements in deposits	-	(168)	-	(168)	-	(168)
Additions	12,613	-	-	12,613	-	12,613
Disposals	(14,915)	-	-	(14,915)	-	(14,915)
Unrealised gains	1,905	-	-	1,905	-	1,905
Market Value at 31 March 2023	54,938	-	-	54,938	331	55,269
Historic cost at 31 March 2023	57,630	-	-	57,630	331	57,961

9a Group and charity tangible fixed assets

	Land and buildings £'000	Short lease-hold land and buildings £'000	Furniture equipment and motor vehicles £'000	Total £'000
Cost				
At 1 April 2023	86,949	8,619	10,955	106,523
Additions at cost	1,767	167	1,054	2,988
Disposals at cost	(2,317)	(877)	(2,421)	(5,615)
Transfers	-	-	(245)	(245)
At 31 March 2024	86,399	7,909	9,343	103,651
Depreciation				
At 1 April 2023	46,742	7,483	8,843	63,068
Provided in the year	2,403	350	982	3,735
Disposals depreciation	(2,313)	(851)	(2,409)	(5,573)
Impairment	5,348	-	26	5,374
Transfers	-	-	-	-
At 31 March 2024	52,180	6,982	7,442	66,604
Net book value				
At 31 March 2024	34,219	927	1,901	37,047
At 31 March 2023	40,207	1,136	2,112	43,455

Land and buildings consist of nine Marie Curie Hospices. The Belfast hospice 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 (2023: £1.6 million).

Short leasehold buildings consist of administrative offices and shops. All short leases are less than 50 years.

The transfers of £245,000 relate to a reclassification of tangible assets to intangible assets.

The impairment provision of £5.374 million included above, also 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 the Hampstead

hospice we intend to consider our options around the future of the property.

9b Group and charity intangible fixed assets

	Software £'000	Software development £'000	Total £'000
Cost			
At 1 April 2023	14,879	449	15,328
Additions at cost	39	424	463
Disposals at cost	(118)	(192)	(310)
Transfers	257	(257)	-
Transfers from tangible assets	245	-	245
At 31 March 2024	15,302	424	15,726
Amortisation			
At 1 April 2023	7,782	-	7,782
Charge for the year	2,422	-	2,422
Disposals	(118)	-	(118)
Transfers	-	-	-
At 31 March 2024	10,086	-	10,086
Net book value			
At 31 March 2024	5,216	424	5,640
At 31 March 2023	7,097	449	7,546

The transfers of £257,000 relate to assets being capitalised in the year resulting in a transfer from software development work in progress.

The transfers of £245,000 relate to a reclassification of tangible assets to intangible assets.

Group capital commitments

At 31 March 2024, approved and contracted capital commitments amounted to £1.6 million (2023: £1.0 million) which will be funded from designated, restricted and general funds.

All capital commitments at 31 March 2024 are planned for completion by 31 March 2025.

	2024 £'000	2023 £'000
Capital expenditure authorised and contracted for	1,588	987
Capital expenditure authorised but not contracted for	5,044	3,913

10 Stocks

	Group		Charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
Inventory for resale	482	495	-	-

11 Debtors

	Group		Charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
Trade debtors	5,423	4,506	5,271	4,502
Taxation recoverable	3,549	4,260	3,571	4,260
Prepayments	3,360	3,378	3,360	3,378
Legacy debtors	24,935	21,942	24,935	21,942
Amounts due from subsidiary undertakings	-	-	1,939	1,128
Other debtors	7,054	4,262	6,894	4,155
	44,321	38,348	45,970	39,365

The Charity has been notified of legacies with an estimated value of £10.4 million (2023: £10.6 million) which have not been recognised as income at 31 March 2024 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.

The prior year figure was incorrect and has therefore been restated.

12 Current asset investments

	Group		Charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
At 1 April	32,573	27,580	32,573	27,580
Movements in deposits	(27,420)	4,695	(27,420)	4,695
Realised gains	154	-	154	-
Unrealised gains	-	298	-	298
At 31 March	5,307	32,573	5,307	32,573

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	
	2024 £'000	2023 Restated £'000	2024 £'000	2023 Restated £'000
(a) Amounts falling due within one year				
Trade creditors	6,232	3,073	6,046	3,008
Palliative care research grants	3,044	2,960	3,044	2,960
Taxation and social security	2,412	2,309	2,412	2,309
Accruals	8,895	13,191	8,883	13,153
Deferred income (Note 14)	1,591	1,746	1,559	1,746
Other creditors	1,118	1,096	1,117	1,094
Amounts due to subsidiary undertakings	-	-	1,568	816
	23,292	24,375	24,629	25,086

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

Palliative care research grants was incorrectly classified between creditors falling within one year (13a) and creditors falling after one year (13b). A restatement from £6,032k to £2,960k in 13a and from £249k to £3,321k in note 13b has been made.

	Group		Charity	
	2024 £'000	2023 £'000	2024 £'000	2023 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	2,764	3,321	2,764	3,321
Investment managers' performance fee	-	291	-	291
	2,764	3,612	2,764	3,612

14 Deferred income

Group	At 1 April 2023 £'000	Amounts released in the year £'000	Amounts deferred £'000	At 31 March 2024 £'000
Caring Services	654	(654)	433	433
Fundraising events	1,092	(1,091)	1,157	1,158
Other	-	-	-	-
	1,746	(1,745)	1,590	1,591

Caring Services deferred income includes amounts received in advance in respect to service 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 2023 £'000	Amounts released in the year £'000	Amounts deferred £'000	At 31 March 2024 £'000
Caring Services	654	(654)	433	433
Fundraising events	1,092	(1,091)	1,125	1,126
Other	-	-	-	-
	1,746	(1,745)	1,558	1,559

15 Provision for charges and liabilities

Group and charity	At 1 April 2023 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2024 £'000
Dilapidations	598	-	(29)	(161)	408
Staff costs and other liabilities	785	38	(110)	(120)	593
	1,383	38	(139)	(281)	1,001

Dilapidations

Dilapidations relate to properties where there is a legal responsibility to pay for these costs before the end of the lease period. During the year the Charity moved its London office and exited its lease at 89 Albert Embankment, crystallising its dilapidations liability on the premises.

Staff costs and other liabilities

These include provisions for restructuring and redundancy costs and costs associated with the planned closure of a small number of shops.

16 Financial instruments

Marie Curie has the following financial instruments:	Note	2024		2023	
		Group £'000	Charity £'000	Group £'000	Charity £'000
Financial assets at fair value through Statement of Financial Activities					
Long-term investments	8	59,864	60,195	54,938	55,269
Short-term investments	12	5,307	5,307	32,573	32,573

17 Pensions

Schemes available to employees

The current scheme available to employees is a group personal pension plan with Scottish Widows which was started in April 2013. This is a defined contribution scheme.

Marie Curie employees also participate in two multi-employer defined benefit plans: the Universities Superannuation Scheme and the NHS Pension Schemes.

Sufficient information is not available to account for these as defined benefit schemes, therefore they have been accounted for as defined contribution schemes.

Marie Curie meets the employer costs required by the Universities Superannuation Scheme.

The NHS Pension Schemes are statutory unfunded defined benefit schemes.

Defined contribution pension charge in the Statement of Financial Activity (SOFA)

The employer’s contribution rates at the year end and the employer’s total pension contributions made during the financial year in respect of the above three open schemes were shown in the table below.

	2024			2023		
	No. members	% rate	£'000	No. members	% rate	£'000
Marie Curie Group Personal Pension Plan with Scottish Widows	2,738	4-15%	4,533	2,780	4-15%	3,914
NHS Pension Schemes	402	14.38-22.5%	2,559	412	14.38-22.5%	2,216
Universities Superannuation Scheme	2	14.5%	27	2	21.6%	27
			7,119			6,157

Closed scheme

Marie Curie Defined Benefit Scheme

The Charity previously operated a defined benefit pension scheme, which was closed to new members and future accrual. The assets were held in a trust separate from the Charity. In January 2021, the Scheme commenced a plan to wind up the Scheme with the purchase of a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS). In February 2022, the trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the Scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme's assets comprised the individual policies held in trust for the members together with cash holdings held in the Scheme. As the individual annuity policies with LGAS covered the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary valued the bulk annuity policy as at

31 March 2022 at an amount that is equivalent to the Scheme's pension obligations. On 26 September 2022 the Charity entered into a deed with the Scheme Trustees to confirm the Scheme had been wound up following due legal and regulatory process, and for the Charity to provide an indemnity to the Scheme Trustees should any future claim arise. This indemnity is backed by an insurance policy. The Scheme was therefore fully wound up by 31 March 2023 and there were no active members in the Scheme during 2023/24, 2023/22 or 2021/22.

The last FRS 102 valuation prior to the wind up was as at 31 March 2022 by a qualified independent actuary which took account of the requirements of FRS 102 in assessing the liabilities of the scheme and the fair value of the assets at the date.

	2024 £'000	2023 £'000
Present value of funded defined benefit obligation	-	-
Fair value of scheme assets	-	-
Net asset	-	-

The movement in the defined benefit pension scheme surplus is as follows:	2024 £'000	2023 £'000
Asset at 1 April	-	472
Net finance credit	-	-
Administration expenses	-	-
Employer's contributions	-	-
	-	472
Remeasurement gain	-	-
Defined benefit scheme closed	-	(472)
Asset at 31 March	-	-
Movements in present value of defined benefit obligation	2024 £'000	2023 £'000
At 1 April	-	22,168
Administration expenses	-	-
Interest cost	-	-
Remeasurement losses	-	-
Benefits paid	-	-
Defined benefit scheme closed	-	(22,168)
At 31 March	-	-

Movements in fair value of scheme assets	2024 £'000	2023 £'000
At 1 April	-	22,640
Interest credit on scheme assets	-	-
Remeasurement gains	-	-
Contributions by employer	-	-
Benefits paid	-	-
Defined benefit scheme closed	-	(22,640)
At 31 March	-	-
Expense recognised in the Consolidated Statement of Financial Activities	2024 £'000	2023 £'000
Interest on defined benefit pension plan obligation	-	-
Interest credit on scheme assets	-	-
Net finance credit	-	-
Administration expenses	-	-
Total	-	-
Remeasurement gain charged to the Consolidated Statement of Financial Activities	2024 £'000	2023 £'000
Remeasurement gain - return on scheme assets	-	198
Remeasurement gain - actuarial gain	-	-
Total	-	198

The fair value of the scheme assets was as follows:	2024 £m	%	2023 £m	%
Insurance contracts				
Cash	-	-	-	-
Total net assets	-	-	-	-
	-	-	-	-

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:	2024	2023
Discount rate	-	-
Retail Prices Index (RPI) Inflation	-	-
Consumer Prices Index (CPI) Inflation	-	-
Future increases in deferred pensions	-	-
Future salary increases	N/A	N/A
Rate of increases in pensions in payment:		
Fixed 4%	-	-
CPI subject to min 4% pa and max 5% pa pre 2030	-	-
CPI subject to min 4% pa and max 5% pa post 2030	-	-
CPI subject to max 5% pa pre 2030	-	-
CPI subject to max 5% pa post 2030	-	-
CPI subject to max 2.5% pa pre 2030	-	-
CPI subject to max 2.5% pa post 2030	-	-
Cash commutation: 100% of members commute 25% of their pension		

Life expectancies used to determine benefit obligations are as follows:	2024	2023
Future life expectancy of male aged 65 at balance sheet date	-	-
Future life expectancy of male aged 65, 20 years after the balance sheet date	-	-
Future life expectancy of female aged 65 at balance sheet date	-	-
Future life expectancy of female aged 65, 20 years after the balance sheet date	-	-

18 Funds

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
Nursing in the community	ii	42	6,941	(6,912)	-	-	71
Companions service (previously Helper)	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:

- 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.
- Funds restricted for Marie Curie Hospices, Nursing in the community, 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.
- The Impact and Innovation Fund was created in 2020/21 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 8-13 of 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 de-designated 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 £19.0 million of strategic change projects and investments in future growth during the year with a further £10.0 million being expensed to the income and expenditure account. These projects and investments will significantly strengthen the Charity's future operations, reach and income generation.
- The net book amounts already invested in tangible and intangible fixed assets, other than those covered by restricted funds (see point i, above). The transfer of £3,083,000 comprises additions amounting to £3,451,000 less the net book value of disposals of £235,000 and less the restricted Hospices Capital Fund £133,000.
- 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:

	2024 £'000	2023 £'000
The Charity	(27,269)	(9,904)
Intra-group profit	1,400	1,128
	(25,869)	(8,776)

Prior year funds for comparison

Group and charity

	Note (see above)	At 1 April 2022 £'000	Income £'000	Expenditure £'000	Gains and losses £'000	Transfers £'000	At 31 March 2023 £'000
Restricted Funds (Group and Charity)							
Hospices - Capital Fund	i	17,004	-	(1,427)	-	43	15,620
Hospices - Revenue	ii	178	14,003	(13,809)	-	(43)	329
Nursing in the community	ii	89	7,393	(7,440)	-	-	42
Companions service (previously Helper)	ii	25	13	(38)	-	-	-
Information and Support	ii	123	96	(220)	-	-	-
Palliative care research		-	734	(734)	-	-	-
Total restricted funds		17,420	22,239	(23,668)	-	-	15,991
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	30,830	-	(8,160)	-	3,134	25,804
Tangible and Intangible Fixed Asset Fund	iv	36,070	-	(3,980)	-	3,292	35,382
Capital Investment Fund		-	-	-	-	-	-
Pension scheme surplus/(deficit)		472	-	-	198	(670)	-
Total designated funds		67,372	-	(12,140)	198	5,756	61,186
General Funds (Group)							
General Fund	v	76,473	145,013	(140,102)	(316)	(5,756)	75,312
Total general funds		76,473	145,013	(140,102)	(316)	(5,756)	75,312
Consolidated Funds		161,265	167,252	(175,910)	(118)	-	152,489
General funds (Charity)		76,522	142,105	(137,231)	(316)	(5,756)	75,324

The above funds carried forward at 31 March 2023 represent the funds numbered i to v on pages 93, together with the remaining funds on the major capital appeal which were expensed by 31 March 2023.

Analysis of net assets between funds

	2024			Reclassification 2023		
	Unrestricted funds £'000	Restricted funds £'000	Total 2024 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2023 £'000
Tangible fixed assets	22,722	14,325	37,047	27,835	15,620	43,455
Intangible fixed assets	5,640	-	5,640	7,546	-	7,546
Investments (fixed and current)	65,171	-	65,171	87,511	-	87,511
Stocks	482	-	482	495	-	495
Debtors	44,321	-	44,321	38,348	-	38,348
Cash at bank and in hand	452	564	1,016	4,133	371	4,504
Creditors	(27,057)	-	(27,057)	(29,370)	-	(29,370)
Total net assets	111,731	14,889	126,620	136,498	15,991	152,489

In the prior year the restricted fund balance of £371,000 was incorrectly classified under creditors so has subsequently been reclassified to cash at bank and in hand.

19 Lease commitments

The Charity has total future minimum lease payments under non-cancellable operating leases for each of the following periods:

	2024 £'000	2023 £'000
Land and Buildings		
Within one year	3,253	3,056
Between two and five years	9,563	9,472
Over five years	1,818	2,841
	14,634	15,369
Other		
Within one year	506	301
Between two and five years	873	575
	1,379	876

20 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 exempt

charity, including the sale of new goods such as Christmas cards, and certain events. The company made a profit of £1.4 million for the year ended 31 March 2024 (2023: £1.1 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	2024 £'000	2023 £'000
Turnover	4,276	4,035
Cost of sales	(1,761)	(1,846)
Gross profit	2,515	2,189
Other expenses	(1,091)	(1,044)
Interest payable	(24)	(17)
Payment to the Charity under Gift Aid	(1,400)	(1,128)
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

21 Related party transactions

Marie Curie Trading owes the Charity £1.4m (2023: £1.1m) being the current year profits which will be paid to the Charity by means of a payment as a qualifying charitable donation and £515,000 (2023: £567,000) of recharges relating to management and support costs.

The Charity owes Marie Curie Trading £1.6m (2023: £800,000) relating to income received in the Charity but relating to Marie Curie Trading activities.

There were no other transactions with Trustees or other related parties in the year.

22 Post balance sheet events

There are no adjusting or non-adjusting post balance sheet events.

Who's who*

Royal Patron

His Majesty the King, Charles III

Life Vice Presidents

Sir Peter Davis LLD FRSA

Sir Thomas Hughes-Hallett

Vice Presidents

Major General Sir Michael Carleton-Smith CBE DL

John Carson CBE

Pauline Clarke

Dr Jane Collins MSc MD FRCP FRCPCh

John A Cooke MA

Sir Ranulph Fiennes OBE

Baroness Finlay of Llandaff FMedSci

Christine Hamilton Stewart MBE

Dame Deirdre Hine DBE FRCP

Sir Martyn Lewis CBE

Bill Midgley FCIB MIMgt

Members of Board of Trustees

Vindi Banga (Chair)

Chrisha Alagaratnam

Dr Rachel Burman FRCP MA

Richard Flint CBE

Professor Richard Harding

Mary Hinds

Prerana Issar

Patricia Lee (appointed SID in October 2023)

Chris Martin BPharm (Hons) FRPharmS

Maria McGill CBE

Dame Barbara Monroe DBE (to October 2023)

Seshashayee Sridhara (from December 2023)

Ian Waller

Richard Wohanka CBE

Bankers

The Royal Bank of Scotland

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

Audit and Risk Committee

Ian Waller (Chair)

Chrisha Alagaratnam

Patricia Lee (from October 2023)

Chris Martin BPharm (Hons) FRPharmS

Finance and Resources Committee

Richard Flint CBE (Chair)

Vindi Banga

Patricia Lee (from October 2023)

Chris Martin BPharm (Hons) FRPharmS

Dame Barbara Monroe DBE (to October 2023)

Seshashayee Sridhara (from December 2023)

Ian Waller

Investment Committee

Richard Wohanka CBE (Chair)

Chrisha Alagaratnam (from October 2023)

Richard Flint CBE

Catherine Cripps (Independent Committee Member,
from June 2023)

Mark Chaloner (Independent Committee Member, to
May 2023)

Pankaj Shah (Independent Committee Member)

Impact and Innovation Committee

Vindi Banga (Chair)

Richard Flint CBE

Patricia Lee

Ian Waller

Nominations Committee

Vindi Banga (Chair)

Richard Flint CBE

Patricia Lee

Dame Barbara Monroe DBE (to October 2023)

Ian Waller

Richard Wohanka CBE

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Professor Richard Harding (Co-Chair)

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Mary Hinds

Maria McGill

Harry Bunch (Independent Committee Member)

Tanya McCance (Independent Committee Member
from March 2024)

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Matthew Reed

General Counsel and Company Secretary

Kelly Young (from June 2022)

Chief Technology Officer

Tiffany Willcox (to September 2023)

Chief Technology Officer

Mike Cadden (from September 2023)

Chief Financial Officer

Amanda Oakley Smith (to September 2023)

Chief Financial Officer

Matthew Tyler (from September 2023)

Chief Innovation, Income and Engagement Officer

Maria Novell

Chief Nursing Officer

Annette Weatherley (from January 2024)

Chief Medical Officer

Dr Sarah Holmes (from April 2023)

Chief Place and Service Delivery Officer

Andrew Wilson-Mouasher (from August 2023)

Chief Research and Policy Officer

Dr Sam Royston (from April 2023)

Chief People and Transformation Officer

Nina Vendemiati (to September 2024)

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Cathryn Richardson (from September 2024)

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Amanda Davies

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Owen Evans

Joanne Ferris

Anish Kotecha

Esyllt Llwyd

Vicki Spencer-Francis

Peter Max

* 1 April 2023 to 30 September 2024

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Our thanks

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

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Jacqui Joseph	Sandy and Margo Hodge in memory of James Harrison
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Our thanks

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

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For more information

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

**Thank you to everyone who supports us
and makes our work possible.**

mariecurie.org.uk



[mariecurieuk](https://mariecurieuk.org)

MARIE CURIE

England & Wales - Charity number 207994

Accounts



Annual Report and Accounts 2022/23





On the cover

Healthcare Assistant Cherry Rowland

Photo: Philip Hardman/Marie Curie

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Welcome

Events of the past few years continue to shape the way we work, but our goal has been crystallised: we want to close the gap in end of life care. And as one team working together, we can help more people affected by dying, death and bereavement.

We knew before the pandemic that there was an urgent need to significantly increase the amount and quality of care available at end of life across the UK. We have an ageing population, with people in the last chapter of life for longer, often with multiple and complex health challenges.

Although most Covid-19 restrictions have been lifted and we've returned to near-normal activity in our daily lives, Covid-19 continues to create operational and strategic challenges in the healthcare sector. There is a shortage of healthcare workers, exacerbated by the pandemic. And there are also more younger people entering end of life care, signalling a general deterioration in the health of the population.

Meanwhile, the cost of living crisis has amplified the harsh reality that more people at end of life are in deeper poverty than ever before, while facing higher energy bills due to medical equipment needs and extra time at home because of illness. The pandemic accelerated issues we saw on the horizon – but it confirmed that Marie Curie's strategic approach to build, deliver and, perhaps most importantly, grow our impact is the right thing to do.

There is a clear gap in the provision of care – a gap that is particularly acute within poorer and marginalised communities. We believe Marie Curie can and should play a significant role in closing this gap, because of our size, our expertise and the public's confidence in us. With 75 years of experience, we're the UK's leading end of life charity, and the only provider across all four nations. As we

evolve internally and improve our systems and processes, all our teams are seeing the true potential for what we can offer and how we can deliver our services to more people at the end of life.

Over the past year, we've taken time to look at our strengths and consider what we need to change to grow our impact and build our capability to respond. Our strategic approach involves making sure the right care, support and systems are in place for more people in their final months, weeks, days and hours. We see a world where this should be available to all.

Together with local and national partners, we'll design, build and run services to have maximum impact for dying people and those close to them. We know we cannot care for everyone ourselves. But we have the expertise and experience to influence and work with others to ensure the whole end of life system works together. We'll help to develop end of life services in a collaborative and coordinated way, so they work best for the communities who use them, to make the biggest difference for those affected by dying, death and bereavement.

We currently support 2.1 million people through our Information and Support services. We will invest in these services to give us the opportunity to reach people at scale remotely, so they can be supported wherever they are and whenever they need us.

We'll also continue to prioritise strong research, to gather evidence of what provides the best possible experience in this chapter of life, and influence policies that implement the changes needed.

We're the UK's leading charitable funder of palliative and end of life research and we're proud of our research programme and how this is converting into public policy interventions.

Everything we learn from research, clinical commissioners and the people we support informs and steers our direction. Our #DyingInPoverty campaign, where we called on the government to give dying people their State Pension and to protect them from soaring energy bills, is a fantastic example of that. More than 166,000 people signed our petition calling for urgent government action.

The demand on our services remains high, and the national shortage of healthcare workers has prompted us to think more strategically about how we recruit and train our staff. We've stabilised and grown our workforce to ensure we're equipped to deliver the right level of care.

By developing innovative solutions, we're alleviating pressure on health and social care services, including the NHS, making things better for people at the end of life. Examples range from the development of services like REACT in Bradford – which aims to prevent unnecessary emergency admissions – to new ideas for supporting people in smaller ways. For instance, in Glasgow our nurses are distributing boxes of personal hygiene items to women at end of life who cannot afford them. Simple ideas make a big difference.

We've spent time joining up our internal functions and services over the past year. This is critical to our future work, and now we want to do the same in our communities. So we're working in a smarter way with partners and commissioners. Through our place-based approach, we're doing what we can locally to integrate our services with others and collectively deliver support to respond to local needs.

Our corporate partnerships are going from strength to strength, not only in fundraising but also in providing valuable consultancy around how we can best support commissioners and develop a blueprint for raising the bar on palliative care in this new, challenging environment.

Too often people experience unnecessarily complex and uncoordinated end of life care. Our vision for place-based working includes integrating with other providers to minimise that complexity and worry. Our aim is to make sure services work around the needs of



The reality is we're seeing a higher demand to support people at end of life – and we must act and change with urgency.



the people we support and are inclusive of the wide range of different life experiences, as well as being accessible and easy to use for everyone. Place-based working will allow us to have more impact.

This is all backed up by stronger systems and advanced technologies within our organisation and, of course, a sustainable financial performance. We're pleased that, through intelligent investments and cost control measures, we've had a better than budgeted financial year (2022-23).

Change doesn't always happen in a linear way. As we saw with Covid-19, sometimes circumstances beyond our control create the environment in which change can happen. The reality is we're seeing a higher demand to support people at end of life – and we must act and change with urgency. Marie Curie is playing an increasingly strong role – and, where appropriate, taking the lead – in creating a better society and structure in the UK within which people experience better end of life.

We offer our thanks to everyone working with us to make our vision a reality – many of whom are referred to later in this report – not least our amazing volunteers, valued supporters and dedicated colleagues who every day are giving families a better end of life experience.



Matthew.

Matthew Reed,
Chief Executive



Vindi Banga

Vindi Banga,
Chair of the Board of Trustees

Our year at a glance

Marie Curie is the UK's leading end of life charity. Whatever the illness, we're with you to the end. We've been providing expert care for 75 years and we're the UK's largest charitable funder of end of life research.



166,240

signatures were gathered in support of our #DyingInPoverty campaign.

Our fundraising income, including income from retail and trading, was

£114.44 million

– up from £107.16 million the previous year.



Our Helper volunteers supported

901

households.



We estimate that our volunteers gave us

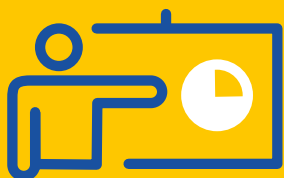
633,240

hours of their time.



Over **1.4 million**
people accessed our online
Information and Support materials.

Additionally, **560,928**
people used our Palliative Care
Knowledge Zone for professionals.



16,000+

hours of training
delivered to
volunteers.



During Volunteers'
Week, we reached

69,000

people through a national
campaign celebrating our
volunteers.

18,512

Information and Support
enquiries by phone
and web.



We have

1,927



registered nurses and healthcare
assistants working for Marie Curie.

44,200

people were cared for by
Marie Curie Nurses and
healthcare assistants.



Our vision for change

Everyone will be affected by dying, death and bereavement. That can't be changed; but the end of life experience can. Everyone deserves the best possible care and support, reflecting what's most important to them.

What does Marie Curie do?

Marie Curie is here for anyone with an illness they're likely to die from, and those close to them. This includes Alzheimer's (and other forms of dementia), heart, liver, kidney and lung disease, motor neurone disease, Parkinson's and advanced cancer. Whatever the illness, wherever you are, we're with you to the end.

Behind our expert care is our leading research and 75 years of experience. We fund more palliative care research than any other charity in the UK. And we employ more palliative nurses and professionals than any other UK charity.

Whether you have months, weeks or days left to live, we're here for you with clinical and emotional care, supporting you to be comfortable, free of pain and other symptoms, and able to live the best life you can to the end. We're all unique, and what matters most to you matters most to us. We'll care for you at home and in our hospices, and give you practical and emotional help over the phone and online. We're here for the people closest to you too, right now and in

the future.

We believe a better end of life for all is possible. We push for this by campaigning and sharing our research to change policy, improving the care system. Whatever the illness, we're pushing for the urgent changes that'll improve end of life for all.

Marie Curie is a charity working across the UK. Donations pay for 51% of our Hospice at Home services and 64% of what it costs to run our nine hospices, with the rest coming from the NHS.

We couldn't be there for the people we help without the valued contribution of our people, volunteers, fundraisers and corporate partners.

Thank you for your continued support.



Hospice care at home

Our nurses, healthcare assistants and palliative specialists bring the medical help and emotional support you need to you, in the comfort of your own home. And we offer support to the people looking after you too – from reassurance and practical information to letting them take a break.

mariecurie.org.uk/help/nursing-services



Trusted information

We have free, trusted information and support about dying, death and bereavement, online, in print and over the phone. We can answer your first questions after a terminal diagnosis; provide information about accessing services and guidance on planning for death; share experiences of carers; and offer support for grief. We also have information on palliative care for healthcare professionals.

mariecurie.org.uk/support



Our hospices

Marie Curie hospices help people with any illness they're likely to die from, and the people close to them, receive the support they need. From medical and physical support to psychological and emotional care, whatever your illness, at whatever stage of the journey, we help you to live the best life possible, right to the end.

Our hospices work with research teams to push the boundaries of knowledge about good end of life care.

mariecurie.org.uk/hospices



Companion volunteers

Companion volunteers focus on what's important to you and those close to you. It might be accompanying you to appointments, being there to listen to how you're feeling without judgment, or stepping in so family or carers can take a break. Companions provide the emotional and practical support you want – at home, in hospital or over the phone.

mariecurie.org.uk/companion



Support over the phone

We provide free support over the phone to anyone with an illness they're likely to die from, and those close to them. Our team of experts can offer practical and emotional help with medical, financial and general queries about end of life and bereavement, accessible in over 200 languages.

mariecurie.org.uk/help/support/marie-curie-support-line



Research

Marie Curie is the UK's largest charitable funder of palliative care research. Our work deepens our understanding of what makes a good end of life, highlighting challenges and gaps in care, and improving support for everyone affected by dying, death or bereavement. Our research helps us give excellent care and improve the care system so that more people have the best possible experience at the end of life.

mariecurie.org.uk/research



Campaigns

We campaign for a world where everyone gets the best experience possible at the end of their life. We raise public awareness and influence decision-makers across the UK on the issues affecting people with an illness they're likely to die from, and those close to them. We do this so more people can access high quality care and support when and where they need it most.

mariecurie.org.uk/policy

“

We campaign for a world where everyone gets the best experience possible at the end of their life.

”

Growing in one integrated direction

Three years ago, we expressed our concern around the growing gap between the need for end of life care and support, and the supply of such services. We developed a strategy to address this gap and increase our impact as an organisation. Since then, we've learned much more about the challenges facing us in our mission.

Every year, around 600,000 people die in the UK with palliative care needs. Although some people do receive excellent care at the end of their life, we know that many do not. The people who miss out most are disproportionately found in poorer and marginalised communities.

Alongside this, we're living in an ageing population. By 2035, two-thirds of people over the age of 65 will be living with multiple health conditions. And with demand for end of life care and support set to increase, eight people will die every five minutes in the UK by 2045. That's 135,000 more people dying every year compared to today.

This will further impact people in poorer and marginalised communities, with certain groups facing significant barriers in accessing end of life care. These groups include people from minoritised ethnic groups, LGBTQ+ communities, travellers and those living in poverty, in poor housing, alone or in prison, or with dementia or a learning disability.

We want a society that's different to the one we live in now. We want it to be fairer, with every single person who needs care and support at the end of life able to get it, so that their end of life experience is the very best it can be.

100,000
Our goal is to directly support 100,000 people at the end of life every year – more than double the number today.

Growing our impact

Our mission for the next five years is to close the gap in the number of people missing out on what they need at end of life, in three ways:

- **Providing direct care** – increasing the number of people we support directly with our services from 44,200 to 100,000 each year.
- **Sharing information and support** – increasing the reach of our Information and Support services from 2.1 million to 4.4 million contacts each year.
- **Influencing the system** – increasing our target number for people positively impacted by our research, policy work and thought leadership from 100,000 to 200,000 each year.

Our number one ambition is to grow. By this we mean to grow our impact and to more than double the number of people at the end of life we directly support each year by 2028.

A strategy for change

Externally, the world is challenging and disruptive, with growing demands on health and social care, alongside pressures on fundraising and voluntary income. As an organisation, if we don't adapt, we won't be able to maintain what we do now, let alone reach and support more people in the future.

Access to healthcare services differs across regions



Our place-based strategy will improve the care people at the end of life receive, based on the specific needs in their local communities

and communities, and depends on whether or not the structure is in place to support people into and through the health and social care systems. On top of this, recruitment and retention have been affected in every industry, and there is a national shortage of nurses and doctors. This challenging context means there are people at the end of life getting limited, disjointed or uncoordinated care and support. In fact, there are

“

We need to do more to provide care and support to communities getting little or no support today.

”



We'll work with local and national partners to improve the existing system for people at the end of life

parts of the population getting nothing. We need to do more to provide care and support to communities getting little or no support today.

Building an integrated, place-based structure

Over the years, we've invested our time, money and resources into delivering high-quality support to people with any terminal illness, at the time they need us the most. To make sure we give the people we support the best possible end of life experience, we're now working in a place-based way.

This means that when someone is referred to us, the service they need is not working in isolation. Instead, the person's care journey is joined up with our other services.

We're also building relationships with external providers in the regions to understand how we fit

into those structures to ensure a seamless experience.

Meeting the needs of local communities

Our new REACT Service in Bradford – establishing well-coordinated, multidisciplinary support for patients in order to reduce unnecessary hospital admissions – is going from strength to strength. By providing specialist palliative care assessment in the emergency department, we ensure people whose needs can be met with short-term rapid response intervention at home can be discharged and supported by our community team. This prevents unnecessary emergency admissions, and the stress and inconvenience they cause to patients and those close to them.

Improving the care and support provided to people at the end of life, and ensuring it meets the specific needs of their communities, is central to our place-

based strategy. We believe this approach will deliver high-quality care, reduce unnecessary hospital visits and reach more people.

Campaigning for change

Many issues affecting people at end of life can only be addressed systemically. Our research programme looks at these, and informs our public policy campaigning work as well as clinical practice. Among the campaign highlights was our work with the Motor Neurone Disease (MND) Association on the Scrap Six Months campaign, which resulted in a rule change ensuring anyone who health professionals think may die within one year will have guaranteed fast access to the benefits they need.

Following our Make End of Life Care Fair campaign, the UK Government changed its Health and Care Bill. This means that, in the future, end of life care must be provided by law in every part of England where local



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Our number one ambition is to grow – to grow our impact and to more than double the number of people at the end of life we directly support each year by 2028.

”

Marking National Day of Reflection in Liverpool, when Covid-19 bereaved families joined together to remember loved ones. Left to right: Pauline Boyle, Carle Anne Stewart, the piper, Carolyn Murdoch and Suzanne McCallum



people need it. This will in time help to end the postcode lottery for palliative care that currently faces so many people at the end of their lives.

It shouldn't be harder to make ends meet at the end of life. But many people are pushed into poverty when they're diagnosed with a terminal illness. Through our #DyingInPoverty campaign, we called on government to provide greater financial support for people at the end of life, and more than 166,000 people signed our petition demanding urgent action.

Collaborating with others to create better care journeys

Currently, we're only able to reach around 10% of the population dying with palliative care needs through our direct care and support services. This demonstrates that we can't achieve our vision alone. We'll work with local and national partners to improve the existing system for people at the end of life, and to develop new services to change the lives of people with terminal illnesses in the future.

We'll continue to innovate through our partnerships to influence governments, deliver services and raise awareness, so that people affected by dying, death and bereavement are better supported. We'll work with the NHS and other end of life care providers, including charities.

By pulling together – both within Marie Curie and with external allies and experts – we create compassionate communities where people at the end of life or those caring for people at the end of life understand the options available to them and can access and benefit from the service they need.

Looking ahead

Our mission for the next five years and beyond is to close the gap in end of life care, so people don't miss out on what they need through dying, death and bereavement. Between now and 2028 we'll deliver direct care and support to more people; and increase the reach of our practical information and support, including through our helpline and website. We'll play a lead role in shaping the end of life system across the UK, influencing decision-makers and translating our research into policy and practice.

We've also reviewed and explored our brand. We've not only refreshed our visual identity – as seen in this report – but we're also considering how we talk about ourselves, to ensure more people understand who we are, and what we're working to achieve. A clear brand proposition will help more people access our care and support, and encourage more people to get involved by donating time or money, helping us grow our reach and impact.



We are connecting
with members of
our communities
to understand
better how we can
support them

More listening, more local integration

We want to be compassionate in our work and keep people at the heart of every decision we make. We're striving to make positive changes by listening to what people tell us and acting on it.

Our move to a place-based strategy aims to eliminate inequalities and target local services at the people who need them most.

We're at the beginning of our journey and connecting with members of the community who are living with or caring for those with a terminal illness.

We are learning from our volunteer-delivered services and looking at how we can grow these, as well as successfully building relationships with community groups. For example:

- **In the Midlands, we're working with the Alzheimer's Society.** This has led to Marie Curie running sessions with Alzheimer's Society staff on talking confidently to people with Alzheimer's about planning ahead.
- **In the South East, we've been discussing with the Terence Higgins Trust** how we can jointly build trust with people who have human immunodeficiency virus (HIV) – for example, through focus groups.
- **In London, we're connected to the Kentish Town Community Farm** to run life cafés where people can talk with others about dying, death and bereavement.
- **In Scotland, we've led focus groups with carers**, exploring their experiences of supporting loved ones at home, hearing what went well and what could have been better. This will inform the

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Our teams are using evidence on local population needs and working with local service providers to maximise Marie Curie's impact.

”

future design of services.

Our teams are using data and evidence on local population needs and are working in partnership with local service providers to maximise Marie Curie's impact.

- Working with Diverse Cymru and with funding from the Welsh Government, we've launched a **Bereavement Information Support Service (BISS) in Wales**. This project connects us with bereaved families in minority communities to improve access to bereavement services and increase the number of people we support. This work started in 2021, but in 2022-23 we increased the number of volunteers, appointed our first dedicated counsellor in Wales, and launched a bereavement café.
- Our development plan in Wales involves further **collaboration with Diverse Cymru to build our knowledge of the barriers people face** in accessing support – for instance, living in a remote, rural location, or not having English as a first



We listen, so our care and support reflects what matters most to people

language. Our aim is to recruit employees and volunteers from more diverse backgrounds, including Welsh speakers.

- We launched two new **Marie Curie Out of Hours Rapid Response services in London and Lothian**. We have also redesigned our services in Lincolnshire, Durham and Darlington to improve efficiency and enable us to see more people. Our rapid response services provide high-quality, flexible palliative and end of life care. They respond to local needs and achieve better patient outcomes by delivering responsive end of life care, reducing the number of unnecessary hospital admissions.
- There is a new **Marie Curie Dementia Care and Respite Service in Swansea Bay, Wales**. The service is designed to provide additional care and respite for the increasing number of people in West Glamorgan living with dementia, enabling them to remain at home.
- We launched a **pan-Cornwall case coordination service** for patients receiving end of life care, following a successful pilot in West Cornwall during 2021. The service supports patients to die at home and aims to reduce unnecessary admissions to hospital and delays in discharge, and prevent the breakdown of caring arrangements. During 2023-24, this service will be further enhanced by the appointment of two Marie Curie in-reach nurses, who will work across the Royal Cornwall Hospital and a network of community hospitals to support the proactive discharge of patients at end of life to their preferred place of care, which is usually home.
- We launched an **urgent care planning service in Ealing, London**, to work with care providers across the borough to ensure care is planned in advance and that terminally ill residents receive person-centred care, reducing the need for unnecessary hospital admissions at end of life.
- Our **IMPACT (Integrated Mersey Palliative Care Team) Service in Liverpool** – a partnership with Mersey Care NHS Foundation Trust, Liverpool University Hospitals NHS Foundation Trust and Woodlands Hospice – aims to make it easier for patients, carers and healthcare professionals to access care, advice and support in a timely manner. This should avoid crisis and support more people to be cared for in their own homes.
- Our **REACT Service in Bradford** provides well-

64%

In the first nine months of the REACT Service in Bradford, almost two-thirds (64%) of the 320 patients seen by the expert team in the Emergency Department were discharged.

coordinated multidisciplinary support to patients to reduce hospital admissions. By providing specialist palliative care assessment in the emergency department, people whose needs can be met by short-term rapid response intervention at home can be discharged to their own home and supported by our multidisciplinary REACT team in the community. The service has reduced the average number of hospital bed days in the last year of life from 38 per person to 18.9.

- A new **out of hours telephone line** means all patients and professionals in the Midlands are able to contact the charity 24/7 to enquire about the care we are providing to patients and families.

Gaining insight to include more people

We're actively finding out more about the lives and experiences of families and individuals at end of life who don't use Marie Curie services, particularly people dying in poverty, those in rural communities,



Our IMPaCT Service makes access to care and support easier

2,285

The IMPaCT South Hub (based at the Marie Curie Hospice, Liverpool), which covers around 250,000 people in central and south Liverpool, received 2,285 telephone calls in 2022-23. More than half were from patients or informal carers, and around one-sixth of calls were out of hours. The majority of calls required telephone advice and support or district nurse review, and only a small proportion (0.8%) resulted in acute hospital admission for the patient.

LGBTQ+ people and those from minoritised ethnic groups. We want to understand how we can be more accessible and build trust as a healthcare provider.

We've been working with groups who would normally not be able to easily access end of life or palliative care. In Liverpool, we identified a need to help homeless people, so we're reviewing the wider disciplinary team and how staff at hostels can work with hospitals and healthcare providers more effectively.

We're sharing what we've learned from focus groups and in our community discussions with all colleagues and volunteers. We're combining this insight with evidence from the Research, Policy and Public Affairs team to shape and improve our services, our campaigning, our research, our fundraising and our corporate decision-making.



Understanding what is and isn't working well means we can shape and improve our services in the most appropriate ways.



Gathering feedback in new ways

Rich, broad feedback about patient and carer experience of Marie Curie is vital. Understanding what is and isn't working well means we can shape and improve our services in the most appropriate ways.

- We're bringing staff, the people we support and their loved ones and carers together, in visits and local listening events, to talk about what their experiences of receiving Marie Curie services are or have been.
- We're recording and analysing comments from external platforms and social media.
- We're gathering insights from our colleagues elsewhere across the charity, to learn more about who is engaging with Marie Curie and in what ways.

By implementing these new approaches, we can ensure that staff, the people we care for and support, and their friends, families and carers can get involved in quality and service improvement and the design of new services.

Reviewing our knowledge and procedures

In terms of improving quality of care, we've reviewed our tissue viability and pressure ulcers incidents through a deep dive analysis, benchmarking against other providers. We reviewed and redesigned our training for staff



The 15 Steps Challenge

The 15 Steps Challenge considers the patient's perspective of the quality of care in a healthcare setting. It was developed from a comment by a mum whose daughter had needed multiple inpatient stays within the NHS. She said she could tell what kind of care her daughter would receive within 15 steps of entering a ward.

Teams of staff, carers and service users visit hospices and healthcare environments and record their first impressions: what good care looks, feels, smells and sounds like; and what they notice that inspires confidence.

In 2022-23 we conducted a UK-wide 15 Steps Challenge, as well as local 15 Steps Challenges in two of our regions. In 2023-24, we'll hold at least one 15 Steps Challenge in each of the 10 regions in our place-based structure. Notable actions implemented based on feedback include revising signage in the Marie Curie Hospice, West Midlands, to make the information more accessible; redesigning a national information pack sent out to patients and communities; and working with Alzheimer's Society to make sure we're dementia-friendly in any signage and quality and service improvements.

and the information we provide for people we support and carers.

For more information on our quality improvement priorities – how we've performed and the work we'll be undertaking in the future – please read our *Quality Account 2022/23*, available on mariecurie.org.uk, under About us > Plans, reports and policies.

Getting the right information to more people

We've increased our reach across our Support Line and peer support services. We improved our online information and support, with updated and new content, including variations of support offered across the devolved nations. Calls to our Support Line increased and we extended our opening hours during national moments, most notably the death of Queen Elizabeth II.

One of our new corporate partnerships, with five Gas Distribution Networks across the UK, helped fund the recruitment of new specialist Support Line employees, with expertise in energy usage and financial support at end of life – a topic that has been of increasing concern to people over the past 18 months. Within this project, we'll also be training all frontline staff and volunteers on how to spot signs of fuel poverty and support those who are experiencing it.

Using new software with improved access to patient data

We decommissioned our legacy records system and moved to a new solution that makes rostering and scheduling more efficient. It means staff have more information to hand about the people we support – a particular benefit to staff in the community.

21.4%

Increase in Information and Support enquiries handled. This is made up of all Information and Support web page users, Palliative Care Knowledge Zone users, Check in and Chat sessions and bereavement sessions: 1,998,770 in 2022-23, vs 1,646,834 in 2021-22.

External recognition

- Our new online section for employees dealing with bereavement at work was shortlisted in the 2022 BMA Patient Information Awards.
- Two Support Line employees, David and Brigitte, were nominated for Employee of the Year at the Helpline Partnership's Helpline Awards. We were the only organisation to have two employees shortlisted.
- A volunteer from the Marie Curie Hospice, Newcastle, John, was awarded a Coronation Champion Award. His nomination recognised the many roles he's had as a volunteer, and his keenness to support the hospice, including throughout the pandemic.

Reshaping our recruitment and career development strategy

Historically, Marie Curie has required job applicants to have experience and qualifications in health or social care to apply for care roles, but it is no secret that the health and social care sector is experiencing staff shortages. To address this, in the East of England we've started a pilot apprenticeship with local colleges so people new to health and social care can join Marie Curie. We'll support them to attain a National Vocational Qualification (NVQ) and supervise them through practice to gain experience.

Apprenticeships mean we recruit people based on their values and attitude and invest in their training to increase the capacity within the wider health and social care system.

Our strategy is to understand more about local communities and how job roles and our recruitment approach could best meet their needs.

A new career development framework will allow staff to identify their strengths and the competencies and skills they need to work at their best, and to



We strive to get the right information to more people

provide a framework should they wish to progress into other roles, for example a registered nurse or nursing associate.

We increased resilience-based supervision and introduced sessions for staff on wellbeing, specifically self-compassion and kindness. The work of a healthcare professional is emotionally and physically demanding, and we know that if we look after our staff, this will have a positive effect on patient and carer experience.



Our strategy is to understand more about local communities and how job roles and our recruitment approach could best meet their needs.



Looking ahead

- We'll be relaunching our peer-to-peer support forum, an online community for the people we support, carers and volunteers to talk, ask questions and share concerns and fears with others going through a similar experience. The new version will have an improved user experience and a dedicated person managing the service.
- We plan to capture more demographic data, particularly around protected characteristics. From this, we'll gauge the appropriateness of our services against local populations.
- We'll build on the feedback enhancements we've made. Our plan for 2023-24 is to have at least one listening event and one 15 Steps Challenge in each of our 10 regions.
- We're researching the potential to roll out electronic prescribing in our hospices and increase the number of non-medical staff who can prescribe medicine, to ensure that patients have access to medication in a timely manner.
- We'll be implementing actions to address inequalities based on the findings of a deep-dive focus on our Bereavement Support Service.
- We're rolling out a prioritisation tool that will help us make sure our care is targeted at those people who need us most.

16%

Our target is to increase the number of patients we see in 2023-24 year on year by 16%.



PERSPECTIVE

Jonathan's story

Jonathan cared for his nan, Hazel, when she was diagnosed with dementia at the age of 87. Following her death, Jonathan rang Marie Curie's Support Line and received a series of Bereavement Support sessions.

"Grief is personal. I'm so grateful to Marie Curie's Bereavement Support team for helping me understand the importance of voicing my feelings.

"I had six sessions and it felt good to share my experience. I don't know if the person I spoke to had been through

something similar, but it was just helpful to share what happened with someone else other than family.

"I needed to talk about some of the nuances of being a carer and then life after that. Taking care of my nan became my identity – and overnight that disappeared for me. I wanted to examine what it would be like to return to everyday life.

"I have so many fond memories of my nan, and the bereavement support gave me a chance to see her as someone I looked up to."



The Research, Policy and Public Affairs directorate recorded many achievements throughout 2022-23

Building evidence and influencing change

At Marie Curie, our aim is to be research-led and impact-oriented – ensuring that the strongest possible evidence base is consistently informing decisions across the organisation.

At Marie Curie, we aim to ensure our research and policy presence has impact across the four UK nations and in the localities. We focus our efforts on achieving outcomes across key thematic priority areas: mental and physical health and wellbeing; financial security; relationships, carers and bereavement; and equity in end of life experience.

Over 2022-23, the Research, Policy and Public Affairs directorate had some remarkable achievements, with our work contributing to an estimated total of 625,000 impacts on people affected by dying, death and bereavement. This was an exceptional year due to the ongoing success of our Make End of Life Care Fair campaign for the introduction of a new legal duty to commission palliative care in England (and subsequent statutory guidance on this), which we estimated could contribute to improved care for 500,000 people each year.

- **New NICE (National Institute for Health and Care Excellence) guidelines on integrated health and social care** for people experiencing homelessness cite Marie Curie's research on homelessness and highlight the need to consider, discuss and respond to palliative care needs for people experiencing homelessness.
- Following the success of our Scrap Six Months campaign, **a new law was introduced that makes it easier for terminally ill people to**

claim benefits to which they are entitled.

- **NICE updated guidelines on oesophago-gastric cancer assessment and management** in direct response to a study for the Marie Curie Palliative Care Research Centre at Cardiff.
- Following our Make End of Life Care Fair campaign, which successfully amended the law to ensure palliative care is commissioned in every part of England, **new statutory guidance has been produced on the commissioning of palliative care.**
- Phase one of the **Schools Bereavement Programme in Northern Ireland** delivered bereavement training to 96 teaching staff across 52 schools in Northern Ireland.
- Following sustained campaigning by Marie Curie and several other organisations, **the Scottish Government has appointed a new Clinical Lead for Palliative Care** and has supported her to begin the development process of the new National Strategy for Palliative Care.

625,000

The Research, Policy and Public Affairs directorate recorded 625,000 impacts on people affected by dying, death and bereavement, to which our work contributed.

We aim to ensure our research and policy presence has impact across the four UK nations and in the localities



Addressing financial security

Building on the success of our Scrap Six Months campaign with the MND Association – which led to a change in policy that meant anyone who health professionals think may die within one year can get faster access to the benefits they need – we published a landmark study into poverty at the end of life in the UK.

Research that formed the basis of our Dying in Poverty campaign was carried out by the Centre for Research in Social Policy at Loughborough University. It provides the first estimates of how many people die in poverty each year in the UK; which groups are more likely to experience poverty at end of life; and the pathways into poverty in the years before death. The study found 90,000 people die in poverty each year in the UK, with a particular risk of end of life poverty among those of working age, parents with dependent children, women, and people from minoritised ethnic groups.

This research was critical in providing the evidence base for Marie Curie's Dying in Poverty campaign. Through this campaign, we called on the UK's governments to provide greater financial support for people at the end of life, principally to:

- allow dying people of working age to access their State Pension
- support dying people with soaring energy costs
- support dying parents with childcare needs.

Engagement in this campaign was unprecedented for Marie Curie. Over 166,000 people signed our #DyingInPoverty petition in support of our calls to government – around three times as many signatures as we've had for any previous campaign – and we're proud to have raised awareness of our activity in this area.

Through the Marie Curie Research Grants Scheme, we made £650,000 of research funding exclusively available to support projects that could help understand and address issues related to financial insecurity at the end of life for all people affected by dying, death and bereavement. This evidence base will inform Marie Curie's future policy and practice activities in this area. Through the scheme, four new projects received grant funding totalling £592,118.

166,000

Our Dying in Poverty campaign petition was signed by over 166,000 people.



Research Impact Fund

Palliative and end of life care research is underfunded and, where research does exist, it's often not used to inform changes to practice or policy.

In 2022, Marie Curie launched a Research Impact Fund to provide small grants (up to £10,000) for high-quality targeted activities that will help translate existing palliative and end of life care research into practice or policy to benefit people affected by dying, death and bereavement.

In 2022-23, 11 projects received funding. Areas of focus include:

- improving medicine management in hospices
- supporting clinicians to deliver culturally safe end of life care when consultations involve an interpreter
- improving end of life care for patients with prolonged disorders of consciousness
- promoting person-centred inclusive care for LGBTQ+ people facing serious and advanced illness, end of life and bereavement.

11
Number of new projects supported in 2022-23 through the Research Impact Fund, with total funding of £103,520.

Challenging inequity in end of life experience

The Covid-19 pandemic exacerbated pre-existing health inequalities, with the highest rates of Covid-19 deaths being within minoritised ethnic groups.

British Muslims make up almost one-third of the minoritised ethnic population in the UK. Evidence shows this community experiences unmet needs towards the end of life, as reflected in a low uptake of advanced care planning and hospice services, including community-based services and on-site care.

There is limited existing research exploring the experiences of British Muslims with palliative care needs, and their families and carers. In February 2023, we launched Muslim Voices: the palliative care needs of British Muslims during the Covid-19 pandemic and beyond – a report and accompanying film – at a parliamentary event. This report draws on collaborative peer research conducted by Marie Curie, the Muslim Council of Britain, University College London (UCL) and the University of Leeds, in which the experiences of British Muslims with palliative care needs during the pandemic were explored.

Produced in English, Bengali and Urdu, the report makes recommendations to improve the support for British Muslims with palliative care needs and their families in the UK, and ensure services are designed to meet the cultural needs of local populations. Our

recommendations included:

- Designated telephone lines for people with palliative and end of life care needs and their carers should be in multiple languages and offer access to translators.
- Organisations representing British Muslims should be involved in the design of public health policy and messaging, and in the design and delivery of digital inclusion activities.
- Literature, guidance and materials about palliative and end of life care services should be representative and reflective of the cultural needs of all groups, including British Muslims.



Organisations representing British Muslims should be involved in the design of public health policy and messaging, and in the design and delivery of digital inclusion activities.



PERSPECTIVE

Noura's story

Formerly a registered pharmacist in Egypt, Noura is now a Research Officer in the Marie Curie Research Team. She played a key role in the Muslim Voices project and recently secured funding for a PhD to do further research in this area.

“Our research placed the experiences of British Muslims with palliative care needs and their families at the forefront, emphasising collaboration with communities across all stages of the research. My role was in thematic analysis, writing the policy report and academic paper, preparing abstracts and poster presentations for various

conferences, and planning the parliamentary launch event.

“I believe engaging and partnering with communities in the co-creation of evidence is vital in adapting, redesigning and developing services and policy to meet the needs of everyone affected by dying, death and bereavement.

“In my PhD, I'll explore the influence of ethnic background, culture and faith on attitudes towards advance care planning (ACP) for British Muslims, with the aim of co-producing a resource to support culturally competent ACP conversations with people from the British Muslim community.”



Engagement at party conferences across the nations

We went to the Labour and Conservative party conferences in autumn 2022, with exhibition stands encouraging MPs to consider whether their constituents have access to the palliative and end of life care they need. MPs were provided with personalised data packs for their constituencies, including local authority level data. We also had a presence at the Scottish National Party conference, Plaid Cymru conferences and the Democratic Unionist Party conference.

Improving mental and physical health and wellbeing

As part of our flagship Better End of Life programme – a collaboration with King’s College London’s Cicely Saunders Institute, Hull York Medical School at the University of Hull, and the University of Cambridge – in December 2022, we launched a report on the critical issue of out-of-hours services for people at the end of life.

Through the research we funded, we found that rates of emergency department attendance are relatively low and stable for most of the final year of life, but increase sharply in the final three months of life – with out-of-hours visits increasing more than in-hours visits, especially in the final month of life. For people who died in 2020, out-of-hours emergency department attendance during the last year of life was higher among people living in more deprived areas than among those in less deprived areas.

The report offers an authoritative view on how we could better respond to the challenge of out-of-hours care. We’ll use our findings to influence Integrated Care Boards to help them in their planning.

As a result of the learning from this research, we’ve since recommended that every part of the UK should have a designated 24/7 palliative and end of life care telephone line, staffed by professionals with palliative care expertise, who can provide advice, guidance, and support in accessing local services.

Understanding the needs of people affected by bereavement

The UK Commission on Bereavement was established in 2021 to explore how people affected by bereavement could be better supported through and beyond the Covid-19 pandemic. The commission was chaired by Bishop Sarah Mullally, the Bishop of London, and supported by a steering group of

charity partners, including Marie Curie, Independent Age, the National Bereavement Alliance and Cruse, as well as academics at the University of Bristol and Marie Curie Research Centre at Cardiff University.

The UK Commission on Bereavement conducted a large programme of research and consultation to advance understanding of bereavement and support needs across all four nations of the UK. The launch of the final report from the commission, *Bereavement is Everyone’s Business*, was held in October 2022, with events marking the launch taking place across the UK.

As a result of the report, the UK Government has committed to a review of the gov.uk webpages to make improvements to the information and support it provides to people who have been bereaved. The Welsh Government also produced a formal response to the commission, which supported many of the recommendations.

One of the key findings from the UK Commission on Bereavement’s report was that there needs to be better support for and understanding of grief in children and young people.

To address concerns such as this, in Northern Ireland we launched a Schools Bereavement Programme with stakeholders across education and public health, with the aim of including the topic of grief and bereavement within the school curriculum. Part of the programme includes specific bereavement support training for teachers in schools. In collaboration with Cruse Bereavement Support, we delivered training to 96 teaching staff across 52 schools in August 2022, reaching an estimated 4,000 teaching staff, children and young people.

Successful review of the Marie Curie Research Centre at Cardiff University

In September 2022, a five-yearly review of the Marie Curie Palliative Care Research Centre at Cardiff University took place. A committee made up of independent experts and people with lived experience carried out a detailed assessment of the Centre’s performance over the previous five years and the quality of its plans for the next five years. Both past performance and future plans were rated very highly by the committee, which recommended Marie Curie continues to fund the Centre for another five years (2023–28), a recommendation subsequently approved by Marie Curie’s Board of Trustees.

Improving End of Life for All conference

At the 2023 Marie Curie Research Conference, we launched one-hour Spotlight sessions, focusing on topics of particular interest and importance in the sector, identified through feedback from the previous conference. These included digital interventions in palliative and end of life care; and end of life care for people with neurological conditions.

This annual conference was again free and open to all. It's aimed at researchers and health and social care professionals, allowing them to hear about the latest research and evidence in palliative and end of life care.

1,700

Our annual Marie Curie Research Conference, Improving End of Life for All, was virtual in 2023, with 1,700 people registering from 46 countries.

Research, policy and public affairs



▶ Looking ahead

Our plans for 2023-24 include continuing to build our evidence base across our four areas of focus, and using this to achieve change in policy and practice across the UK. Some of our key upcoming work includes:

- Reflecting back on a report Marie Curie and the Queen's Institute for District Nursing (now the QNI) produced on end of life care in 1952. We'll be publishing a new report looking at how palliative and end of life care have changed over the past 70 years.
- Launching a new round of our open research grants. We'll be inviting proposals for research that can help understand and address barriers to equitable end of life experience. A total of £650,000 will be available for this call and applicant teams can apply for a maximum of £150,000 per project.
- Continuing to develop our Dying in Poverty campaign, with a focus on energy costs faced by people living with terminal illness. We'll be hosting an energy sector roundtable to discuss issues of fuel poverty and energy sustainability affecting people living with a terminal illness.
- Holding an event to relaunch the Marie Curie Palliative Care Research Centre at Cardiff University.

- Supporting the development of a new palliative care strategy in Scotland.
- Undertaking work to ensure that support for dying people is included in party manifestos in advance of the next UK general election, including producing updated local data packs looking at end of life experience in each part of the UK.
- Delivering the 2024 Marie Curie Research Conference (Monday 5 to Friday 9 February).
- Working with senior Integrated Care Services leaders in England to ensure they deliver on their legal duty to commission palliative care under the Health and Care Act, which became enforceable in law in 2022 as a result of our Make End of Life Fair campaign.
- Starting a collaborative project to refresh the research priorities identified and prioritised by patients, carers and health and social care practitioners to inform our future research funding.

Over the course of the year, we'll also be reflecting on progress in implementing our Research, Policy and Public Affairs strategy, and considering our approach to delivering that strategy over the next two years.

Services

Influence

Communications

People

Volunteers

Technology

Fundraising

Finance & Governance

A photograph of two young men, Curtis and AJ Pritchard, standing in front of a black backdrop decorated with yellow daffodil patterns. The backdrop is titled 'Wall of Reflection' in the top right corner. Both men are holding large bouquets of yellow daffodils. Curtis, on the left, is wearing a black jacket over a white sweater. AJ, on the right, is wearing a black puffer jacket over a black t-shirt. The entire image is framed within a blue circular shape on a larger blue background.

Wall of
Reflection

Curtis and AJ Pritchard
write a message on
Marie Curie's Wall of
Reflection on London's
South Bank ahead of
the third annual
National Day of
Reflection on 23 March

Raising our voice

Over the past year, we've worked hard to raise awareness of the issues and challenges people face at end of life, giving the public opportunities to engage with our cause and letting them know how they can access our services and support our work.



Marie Curie storyteller Tammy Prescott discusses the financial challenges of living with a terminal illness with Labour leader Keir Starmer

Driving the impact of our services

From May 2022, we promoted our Dying in Poverty campaign petition, which was signed by over 166,000 people before being delivered to Downing Street in February 2023 by Marie Curie ambassador and sports broadcaster Chris Kamara MBE. Thousands of supporters also wrote to their MPs, shared our social media posts and engaged with us to let us know about their own experiences of financial struggles and terminal illness.

Our call for changes to government policy saw widespread media coverage, including features on ITV's *Good Morning Britain*, Sky, *Mail Online* and *The Independent*, alongside engagement with parliamentarians throughout the campaign. Labour leader Keir Starmer even invited one of our storytellers, Tammy Prescott, to talk to him about the challenges she was facing.

We also supported the Scrap Six Months campaign, utilising our public-facing engagement channels to create sustained pressure for change from the public, in the media and among politicians.

You can read more about these campaigns in the Research, Policy and Public Affairs section of this report.

Raising public awareness

We have continued to promote the vital information and support services on our website and saw demand grow 20% on last year. Our Life's Questions campaign, which let people know they can talk to Marie Curie and ask any question about end of life care via our Support Line, reached 42% of all UK adults, and in October, when the campaign launched, we saw a 24% uplift in all enquiries.

We continue to benefit from the long-term support of celebrity and recognised ambassadors, as well as new champions of our work, who raise money and bring attention to our cause. Singer Claire Richards appeared on multiple TV game shows last year, raising awareness and winning more than £110,000 for

“

During our Dying in Poverty campaign, thousands of supporters shared our social media posts and let us know about their own financial struggles.

”

81,653

Number of downloads of our Talkabout podcast, *On the Marie Curie Couch* (as of May 2023), since it launched in 2019. In 2022-23, nine new episodes featured guests including Gyles Brandreth, Julia Samuel MBE and Jane Horrocks talking about bereavement and grief, while older episodes continue to accrue downloads.

Marie Curie. And Chris Kamara MBE won £32,000 for us on ITV's *Who Wants to Be a Millionaire*. We were also delighted to welcome *Little Voice* actor Jane Horrocks to our list of ambassadors, following her ongoing support and fundraising.

The third National Day of Reflection on 23 March 2023 continued to recognise and reflect on the sorrow, collective loss and unresolved grief emerging from the pandemic, and to remember the lives of all people who have died and all who are grieving. We held online events and workshops including a moving interview on grief with actor Dame Sheila Hancock. Actor Larry Lamb appeared on *Good Morning Britain* on ITV and the day trended on Twitter. We saw some excellent participation and coverage, with a media reach of 71% of all UK adults.



Our Great Daffodil Appeal campaign drew significant media interest



PERSPECTIVE

Tammy's story

Tammy was diagnosed with incurable stomach cancer in April 2021. By sharing her experience, she helped lead Marie Curie's Dying in Poverty campaign, advocating for dying people to have access to their State Pension, no matter their age. Sadly, Tammy died in May 2023.

"My diagnosis is having a devastating impact on our finances as a family. I had to give up a job that I loved, I've gone through 19 rounds of chemotherapy, and now we don't have the money or time to

make special memories together. My husband has to work every hour God sends to be able to keep up with our mounting bills. It's a nightmare.

"I've worked hard my whole life, but I won't live until I'm 65. So why shouldn't I be allowed to access my State Pension?

"If I could draw my pension, we would have some money leftover at the end of the month to spend on something other than bills. That money would be life-changing. We could go on a trip to the seaside. Just little things like that would mean so much to me and my kids."



Marie Curie staff and members of the public take part in a minute's silence during the National Day of Reflection at Marie Curie Hospice, Cardiff and the Vale

5,251

Our communications approach to the Great Daffodil Appeal and National Day of Reflection resulted in a significant uplift in media interest, with 5,251 pieces of coverage across the two campaigns.

Increasing volunteering support

In March we drove extensive media coverage for the Great Daffodil Appeal, including celebrity support from Sir Tom Jones OBE and Alexandra Burke, and an appearance by Paul Chuckle on ITV's *This Morning* sofa. Many high-profile people wore daffodil badges, such as Jane Horrocks, MPs across all parties, sports teams and The Prince and Princess of Wales.

This year, our integrated communications campaign focused on storytellers with lived experience, which gave us far-reaching regional as well as national coverage. Alongside raising awareness of our brand and building back public collections after the pandemic, we recruited 1,400 new collectors for 2023 and doubled income generated via mobile contactless payment devices versus 2022.

Looking ahead

In 2022-23, we reviewed our strategic direction for Marie Curie, to close the gap in end of life care and ensure we are helping more people have the best possible care and support. In order to bring this mission to life, we are working on a brand evolution that will allow us to clearly demonstrate who we are, what we do and what we stand for.

A visual refresh will roll out in 2023-24 – starting with this annual report – and we've already made a shift in narrative. Both developments aim to bring our strategy to life, give us a distinct presence in the market and ensure we're seen as the leading end of life charity for all.

Many people do not realise the range and breadth of our services, or the extent of our research and campaigning activity. Some people still believe we're a charity that only supports people with cancer.

We want to educate the public about what we do by talking about how we plan to grow and innovate our services to reach more people than ever before. Our aim is to be at the forefront of people's minds when they think about services for people at end of life and support for carers, so that they know where to go when they need us. We must ensure all GPs, district nurses and A&E practitioners know how to refer to Marie Curie.

“

Our ambition: in five years' time, we will have improved public understanding of the services that Marie Curie provides, the ways we can help and how people can support us in order to continue our essential work, whether through giving money, time or voice.

”



The People Operations directorate is anticipating the diverse needs of Marie Curie's specialist career roles and employees

Building a diverse, efficient workforce

To make our vision of a better end of life for all, we need to invest in our people – making sure they are motivated, trained and empathetic, and working together to grow our impact.

Attracting and rewarding top talent

Throughout 2022-23, the People Operations directorate focused on improving customer service, employee attraction and retention. The golden thread running through each priority area has been to ensure we're "brilliant at the basics":

- automated talent acquisition and onboarding experience
- efficient and compliant processes
- qualified administrative teams – specialists in their fields who can recognise and escalate risks
- a customer service team focused on account management, who can answer queries themselves first time or quickly get the right response from a colleague.

To make sure staff are aligned with our goals, and equipped and motivated to support us on our journey, our people strategy for 2022-23 focused on three of Marie Curie's organisational goals: building operational and financial resilience; delivering vital care and support and continuing to adapt; and growing our influence, scale and impact to reach more people.

Building operational and financial resilience

We recognise our colleagues are spending too much time on HR processes – time they could be devoting to their main roles, that directly or indirectly provide care, support carers and loved ones, or raise funds for the charity. We've looked at ways to simplify interactions and, in our departmental structure, to minimise time spent on administrative tasks by managers and employees. We recruited four strategic leaders – in newly created roles – to drive innovation and nurture talent in the following areas:

- **People Operations:** HR systems; HR administration; recruitment administration; pre-screening; payroll; and People Operations-specific compliance
- **Centres of Excellence:** talent acquisition; equity, diversity and inclusion; internal communications; and training and development
- **Human Resources Business Partnering**
- **Volunteering**

These four strategic roles will help the People Operations directorate partner better across the organisation, addressing the directorate's focus and the needs of devolved nations and regions.



We're already seeing efficiencies as a result of these appointments and we've met several objectives, both financially and in terms of workforce planning, to meet the needs of a growing organisation. A Talent Acquisition team was recruited as an internal agency, which, as well as improving how we bring the right people in to our organisation, has also reduced agency spend. Also, new ways of working within People Operations have been designed, notably a directorate partnership model – also split into regional support – that uses automated and efficient systems.

Both the new Talent Acquisition team and the directorate partnership model formally launched in April 2023.

Delivering vital care and support and continuing to adapt

The People Operations directorate must keep evolving its partnership model and key processes in line with the business and external factors that



We've looked at ways to simplify interactions and, in our departmental structure, to minimise time spent on administrative tasks.



influence how we work. New metrics have been established to inform and quantify the strategies required to support the organisation and to measure the success of their implementation.

To make sure that our people aren't distracted by administrative tasks, and that we're seen as an employer of choice, we've taken action and set objectives against five measures.

1. Reward

Strategic Reward Review: a comprehensive competitive package has been developed that matches the NHS Agenda for Change.

2. Policy enhancement

We're partnering with the Chartered Institute of Personnel and Development, and external networks, to support best practice and thought leadership and to influence government around the support required for those personally experiencing or supporting others with terminal illness in the workplace.

3. Engagement survey

Following our most recent employee survey in March 2023, we've committed to clearly communicating an action plan.

4. Equity, Diversity and Inclusion (EDI)

A racism education workshop will be rolled out Marie Curie-wide, to improve culture and practices within the charity.

5. Implementation of hybrid working

We've adapted our ways of working to allow for a flexible approach.

Growing our influence, scale and impact

The People Operations directorate has anticipated the growing number of services required, and the needs of employees who reflect our diverse communities and specialist careers. We've considered how we should monitor and evolve existing processes and departments to meet the changing needs of our employees. This includes examining our recruitment processes, our EDI practices and our thought leadership in the wider external context and how we continue to develop our teams throughout Marie Curie to futureproof our practices and remain relevant and industry-leading.

Evolving our recruitment processes

There's a national staff shortage in the healthcare service, so we must ensure our processes for recruiting are fair, efficient, inclusive, innovative and simple for carers, healthcare workers and other professionals who might consider working for Marie Curie.

We've started recruiting and engaging Caring Services staff via non-traditional means, such as social media, television, radio and roadshows. We measured the efficacy of social media recruitment – on Facebook, for instance – to expand our reach to candidates who may not view our traditional advertisement providers, and found we can recruit in one-tenth of the time of traditional channels.

We've also introduced or improved recruitment processes and technology, such as an automated tool for pre-screening – for instance, for reference checking and criminal background checks. We also reviewed our applicant tracking system to allow us to use more automated systems to track diversity, generate offer letters and provide a compliant, insightful service.



Engagement survey – employees said... we're doing...

In response to feedback on pay and rewards, we designed and implemented an Annual Salary Review for colleagues in corporate functions payroll, and retail roles, based on market analysis and benchmarking. Colleagues in clinical and clinical support roles received an Annual Salary Review early in FY2023-24.

In response to feedback on strategy engagement, we

finalised our strategic initiatives for 2023-24 and articulated a new narrative around our plans for this year and the five-year horizon. The Executive Leadership Team (ELT) led interactive sessions and multichannel communications to explain these.

Colleagues told us they wanted to discuss successes, challenges and ideas with the ELT. In July 2023, each member of the ELT

sponsored one of the 10 Marie Curie places and will regularly be present locally to meet and hear directly from colleagues; take part in management meetings, fundraising and caring services activities; and bring insight and ideas back to the ELT agenda. Also, new regular dedicated Q&A sessions give colleagues the opportunity to ask questions to a rotating ELT representation.

Working with disabled people

It's the charity's policy to give full and fair consideration to suitable applications for employment by disabled persons, 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 of the company who become disabled to continue their employment or to be trained in other positions in the charity.

Improving our EDI practices

Our new Equality, Diversity and Inclusion (EDI) lead is proactively driving internal research around the impact of EDI on recruitment and retention. In the first phase, we're running a series of anti-racism workshops organisation-wide. And our EDI strategic lead will use feedback from our specialised forum groups to learn and proactively pursue dignity and fairness in the workplace.

Additionally, we're working closely with our Medical EDI Network lead on external research into our practices in the context of wider Caring Services. Using this research and feedback from a survey, we'll prepare clear action plans for improvement.

Developing our teams

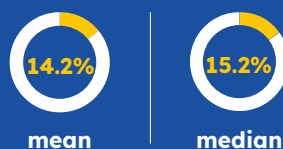
We're enhancing the skills and capabilities of our colleagues. This work includes:

- **a new People Operations customer service certification**, through which we'll train our people in topics such as resilience, business writing in email, telephone etiquette and storytelling through data
- **comprehensive leadership training**, to ensure consistency in our leadership culture, delivery and accountability
- **an apprenticeship programme** being piloted within Caring Services in the East of England.

Additionally, we're building our networks. Internally, this means we're driving collaboration with all functions to provide valuable and high-quality HR support, consultation and information sharing. We're also increasing our partnership working with

Gender pay gap results

Hourly rate



Our workforce



Women & men in each pay quartile

Quartile 1



Quartile 2



Quartile 3



Quartile 4



trade unions, which includes allocated responsibilities within the directorate to ensure closer working relationships with named trade union representatives.

Addressing the gender pay gap

Our overall gender pay gap results are driven by the combination of several factors. In general terms, women are overrepresented in all the quartiles and especially in the lower ones, where the proportion is approximately 90% women and 10% men. Such proportion is connected to the nature of the roles present in these quartiles (nurse, healthcare assistant, retail assistant). Although we have relatively few male employees at any level of the organisation, more are in senior roles that attract a higher pay.

In comparison to the previous reporting period, the mean gender pay gap and the median gender pay gap increased, respectively by 0.7% and 1.0%. This increase is driven by the return to work, during the reporting period ending 5 April 2022, of a furlough cohort of employees in jobs that are part of the lower quartile and where the gender composition is predominantly female.

During 2022 we kicked off initiatives that, over time, will positively impact our gender pay gap, including:

- **a series of compensation and benefits-related improvements for employees in clinical and clinical support roles**, which have been modelled on the core components of the NHS Agenda for Change system.
- **the flexibility to establish a working pattern that is right for colleagues**. Our workplace evolution initiative has seen more roles change from five days in the office to either flexible or fully remote working.
- **a series of actions focused on the development of leaders** and how they create and foster engagement and performance in an inclusive manner.



Looking ahead

For the 2023-24 financial year, we've set five metrics against which we'll measure our work. These are **EDI, absence reduction, diversity of leavers (within 12 months) and new recruits, customer satisfaction and volunteering volumes**. These will help us review our recruitment, attraction and retention strategies.



We have thousands
of volunteers who
give up their time in
many different ways

Creating meaningful volunteer journeys

Volunteering is central to the work we do at Marie Curie. Our volunteers are amazing and we're grateful that they give up so much of their time to support our vision of a better end of life for all.

Updating our volunteer records

Over the past year, as activities have steadily returned after the pandemic, we've focused on mobilising our volunteer network and ensuring that volunteers' training and our information on their preferences are up to date. Some volunteers did not wish to return to their roles once social distancing restrictions were lifted.

We've been acting on volunteers' feedback to make sure our records reflect the people who support us, and we understand how they are best placed to help us and how to communicate with them in the right way. We need to know where we can offer additional coaching that ties in with their volunteering activity to give them the skills, tools and confidence they need and make the most of the time they contribute. After updating our system to remove those who decided not to return to their roles, the number of Marie Curie volunteers has reduced, as we expected. However, we're pleased and proud to still have more than 5,250 volunteers registered, fully onboarded and actively engaged. Their work continues to make a huge difference.

Creating a meaningful experience

As well as changes in lifestyle, the way people want to volunteer is also evolving. In many cases this is different to the way people typically volunteer at Marie Curie.

We'll modify our volunteer journey in line with that external trend and open ourselves up to new ideas for how people can give their time to support people at end of life and their families. We want volunteers to know they have a bespoke journey with us. Many volunteers give their time, skills and voice to us because they have an emotional connection to Marie Curie – and the way they volunteer with us is

meaningful to them.

5,277
Number of active Marie Curie volunteers – all of whom are now registered and onboarded.

Acting on feedback

This year, we wanted to provide more opportunities to communicate with our volunteers. We set up quarterly forums. This is the first time we've carried out a structured listening programme.

Each forum has had a specific

theme, with the first three covering:

- a review of Volunteers' Week
- our brand, how we talk about ourselves and how volunteers see their role as ambassadors
- the impact of the pandemic on how connected volunteers feel to Marie Curie and the community.

We discovered there was a strong desire for face-to-face interaction, so we've committed to running the quarterly forum in each of the 10 places, while still holding virtual sessions.



Building volunteers' confidence through training

In 2022-23, we enhanced essential training to all volunteers, covering:

- equity, diversity and inclusion
- safeguarding
- data protection.

The training now also includes our code of conduct, boundary training and zero tolerance policy.

Our delivery team has supported our volunteers to ensure they are competent in their roles and, most importantly, that they feel part of the Marie Curie family and understand the vital contribution they make in ensuring better end of life care for all.

Training for volunteers includes guidance and best practice required for their safety, and that of the staff and members of the public they work alongside, as well as the training required for the specific role each individual will undertake.

16,000+ hours

We completed in excess of 16,000 hours of training to volunteers: a mix of essential training (based on an average of one hour per volunteer) and face-to-face training for hospice volunteers, retail volunteers and the central volunteering team.

Seeing value in new and established roles

Within our hospices, and within the confines of ongoing Covid-19 precautions, much of the volunteering activity has returned to normal.

Our hospice volunteers carry out a range of tasks. Many of these would otherwise be carried out by nurses or carers, who can instead remain focused on providing healthcare.

Hospice volunteers' work includes serving tea and coffee to visitors; gardening; driving people we support to and from clinical appointments (saving



PERSPECTIVE

Andy is living with multiple sclerosis. He's supported by Abdul, a Marie Curie Helper Volunteer.

Andy's story

"Abdul has been an amazing support. We get on really well – we talk about everything from football and holidays, to work, life, even politics at times. Sometimes I don't want to talk to my family about my health, only because I don't want to worry them.

"Abdul is more of a 'let's just have a chat' person with huge amounts of empathy, while I go more in depth with the psychologist I see. As a former GP, I know how difficult it is to get a good team around you, and what it costs.

"At Marie Curie, I was amazed at how many people I was seen by after the initial consultation – specialist nurses, consultants, physios, occupational therapists and even a social worker. They've given me truly holistic care."

Abdul's story

"I decided to become a volunteer following my father's death. He was cared for by the Marie Curie Hospice, Bradford, and I felt I needed to give something back to this fantastic charity.

"Seeing the smile on the faces of the people I help, knowing that I've made a small bit of difference to their lives, is an amazing feeling. My advice to anyone who's thinking of becoming a volunteer with this magnificent charity is this: go for it. I can assure you that this will be the best decision you ever make."

carers time and often allowing them to have a much-needed rest); and reception duties, particularly in the evenings, when hospices may not have a paid receptionist.

Our volunteers continue to play an essential role in providing a friendly ear. These trained volunteers spend up to three hours a week with someone at the end of life. They keep them company, run errands or help them to continue to pursue their hobbies, as well as giving carers and loved ones a short break.

Our shops are mainly staffed by volunteers. And with physical shopping bouncing back post-pandemic, we rely on their support. We completed a Brand Ambassador Learning and Development training model for around 40 retail staff to develop skills that will help put Marie Curie at the heart of communities.

Saying thank you to volunteers

Each of our volunteers was invited to be part of Marie Curie celebrations during the national Volunteers' Week campaign. We embraced this opportunity to say a huge thank you to our volunteers and shout about the role they play and the impact they make for our patients, families, friends and the organisation.

Our activities included: our first face-to-face volunteer celebrations since the pandemic; participation in a lunch-and-learn and Schwartz round; a virtual gathering with Chief Executive Matthew Reed; the opportunity to share our volunteers' stories through social media channels; and each of our volunteers receiving their own 'thank you' message.

Growing our impact through a stronger corporate volunteer offer

We've started work in two areas we hope will have a big impact on increasing corporate volunteer support.

Firstly, we've enhanced our corporate partnering programme, creating an extensive menu of opportunities to build on our partnerships and develop additional income streams. The impact of this will be:

- increased number of corporate partners who will act as ambassadors for our services and raise awareness of our goals among their employees

633,240 hours

Estimated number of hours of volunteer support in 2022-23 – equivalent to around £9 million to the organisation.¹

¹Based on number of volunteers, excluding community volunteers, giving up three hours of their time every week for 40 weeks of the year. Economic impact based on 2017 figures.

- greater access to skilled specialists within these organisations who can enhance Marie Curie's operations and effectiveness
- further positive media coverage generated, shining a spotlight on Marie Curie and raising awareness of our mission and impact
- longer-term partnerships developed that provide ongoing support, shared resources, and mutual benefits for both parties.

Secondly, we've started place-based analysis, looking at what is working well across the organisation on a local and national level, as well as the gaps and opportunities. Using this research, we've already created a tiered menu of 12 impactful opportunities across Fundraising, Retail and Caring Services, to enable partners to participate in 'micro volunteering' team-based challenges, as well as fundraising and frontline support provided through Caring Services. Additionally, we're implementing community engagement volunteers across the UK to support the charity's place-based strategy.



Looking ahead: our ambitions for 2023-24 and beyond

- Develop a stewardship pathway and communication plan to keep volunteers engaged, informed and upskilled as Marie Curie ambassadors.
- Evolve our Caring Services roles to help expand and enhance our end of life services.
- Revitalise and digitise volunteer manager resources, ensuring they are equipped to deliver an excellent volunteer experience.
- Develop an online, easy-to-access registration and booking system for corporate volunteers, with the ability to report on the financial and wider impact of corporate volunteering activity.
- Continue to develop our range of opportunities for corporate partners to share their time, skills and expertise through volunteering and pro bono activity.



Nurses can now
use an app on their
mobile devices to
view and select
their rosters and
patient visits

Finding efficiencies through innovation

Digital health innovation is moving at speed. At Marie Curie, we continue to review how we can take advantage of existing technologies and develop new tools, to work more effectively and efficiently, to gather valuable insight, and to provide information to those who rely on us or deliver services that enable people to be looked after where they feel most comfortable.

Our technological investments continue to make Marie Curie a better place to work, and to strengthen our provision of healthcare. We're working with Microsoft and others to understand where and how we can use transformational artificial intelligence (AI) technology to move the dial on patient care and fundraising. Our investigations range from clinical text-to-speech input and Q&A chatbots for our staff, to AI tools to make our messages to supporters more relevant.

Building on our technology foundations

Marie Curie's Information Technology (IT) estate has been entirely cloud-based for many years. In 2022-23, we further refined and advanced our IT infrastructure, including delivering a new more scalable virtual private network (VPN) to better support home working. We also moved all of Marie Curie's files to SharePoint so we can work more collaboratively. These and other changes mean both that our staff can concentrate more on delivering care, and that funds previously tied up in running legacy systems have been freed to fund care delivery.

Enhancing our cyber security

At the beginning of the year, we moved our IT Security team out of IT to become an independent Cyber Security team. With a new Head of Cyber Security role in place, the team has been delivering our cyber security strategy, starting with a move to more effective AI-driven intrusion detection and prevention services. This keeps our patient services safe and secure, and lowers the risk of our patient and supporter data being exposed.

Using data to streamline work

We've seen the value of our data and insights portal in its first full year in action. Its various dashboards provide a wealth of information in a single portal: from staff lists and details on infection rates, to the diversity of our patients. This is giving us a clearer picture of the communities we work in, meaning we can more closely align our services with people's needs, and adapt as those needs change.

Much of the data is in real-time and provided to operational managers in easy-to-read graphical reports, better equipping them to adjust their schedules. It's about working more efficiently. Now, for example, we can see quickly whether we have nurses waiting to make a visit, and how many are already on scheduled appointments.

On top of this, new scheduling and rostering software has replaced manual processes. Nurses can use an app on their mobile devices to view and select



Having a smooth process from a job offer to the first day is critical to setting employees' expectations of the type of forward-thinking and thoughtful experience they can expect when they work with us.

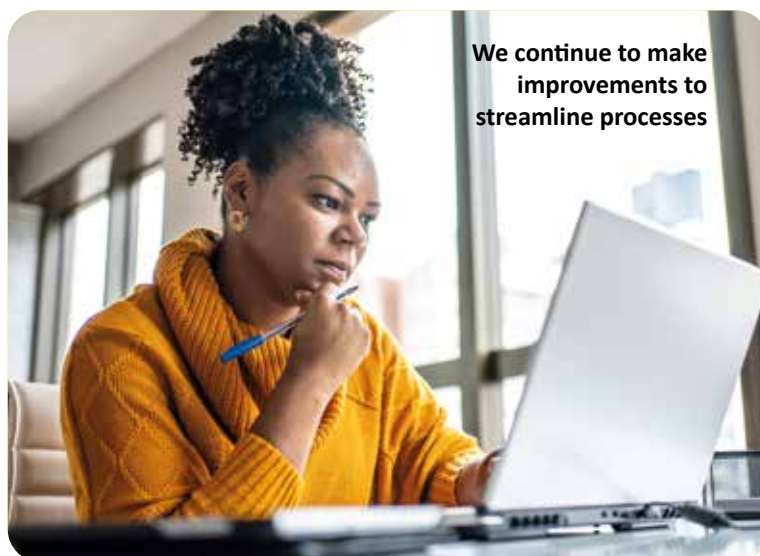


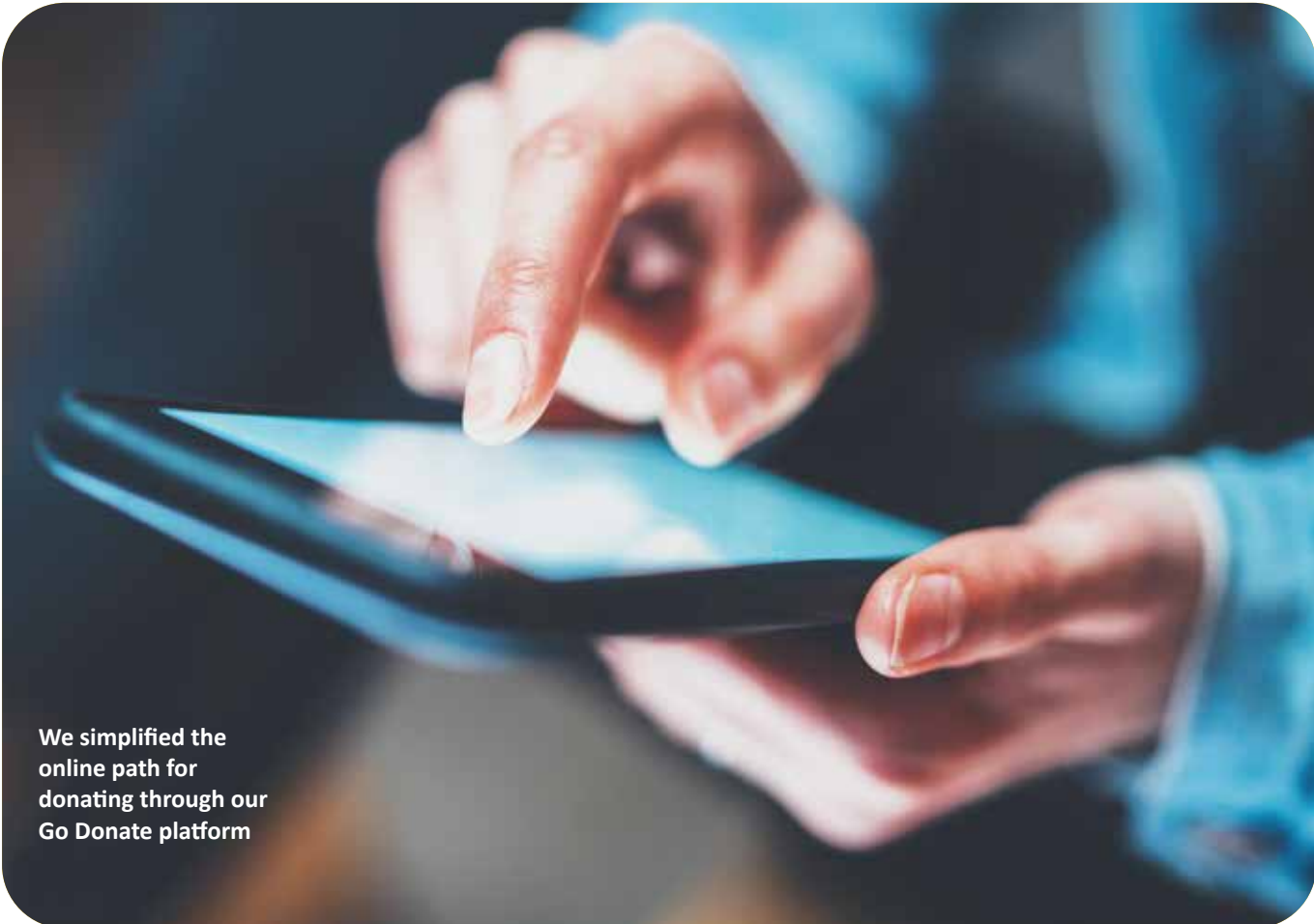
their rosters and patient visits. And they can swap rosters with colleagues without involving a manager. This gives staff more autonomy, avoids uncertainty over who's working when, and saves time. Everyone can get on with the critical tasks around supporting people living with terminal illnesses and their carers.

Implementing new tools for offices and hospices

In the office, new technology is connecting colleagues and simplifying practical processes. For example, we've installed new devices and software that make it easier to book meeting rooms and for colleagues to join physically or virtually. Not only is this enabling more fruitful collaborative working and improving the process of sharing ideas, but easy-to-use technology also makes our headquarters a more attractive environment for home-based and remote workers to visit.

An automated onboarding process has replaced a slower manual system, meaning new talent joins our organisation with minimal delay or inconvenience.





We simplified the online path for donating through our Go Donate platform

Now, within 48 hours of HR confirming a new-joiner, an account and email address are automatically generated, and a laptop is ready for dispatch. Having a smooth process from the point of offer to the first day in a new job is critical to setting employees' expectations of the type of forward-thinking and thoughtful experience they can expect when they work with us. You can only make a first impression once. Our reputation for providing a smooth, speedy process at what can be a daunting time, will have an impact on our ability to attract the highest quality of staff.

In our hospices, we continue to make incremental improvements to streamline processes for staff or to benefit people who use our services. For example, we've upgraded the telecommunication software in hospices. Staff can now use Teams to make telephone calls, which means they can refer calls more easily to internal staff.

Enhancing our team structure

We've invested in the Digital department's capacity and now have a complete team, with the full complement of skills needed to support the rest of the organisation. This reduces our reliance on external suppliers, which not only lowers costs, but also means

15%
Since the implementation of a simplified donation platform Go Donate, online donations have increased by 15%.

our core network of permanent staff has a focused lens on the requirements of our colleagues, volunteers, supporters and patients.

We launched a Technology Business Partnerships team to streamline the flow of work and increase efficiencies in technical change delivery. These colleagues offer strategic business partnering services to the entire

organisation on every tech project that comes in. This will provide more robust change management – streamlining projects, preventing critical changes from being delayed or abandoned, and reducing duplication of ideas, avoiding unnecessary costs and meaning solutions are aligned with the rest of the organisation.

Explaining new tools to our teams

We can't expect our colleagues to adopt new tools and software if it isn't clear how they can be used efficiently, or why they will make a difference to their work.

We started monthly clinics in regions and hospices, exploring topics such as how our technologies support collaborative working and how to make best

use of our clinical IT tools.

The value is twofold: not only do our colleagues learn how to use new tools to ultimately improve the experience for people at the end of life, but our tech teams also understand the results and impact of these changes, which arms them with knowledge for future digitalisation activity or where more focused training is needed.

Collaborating with other functions

We continue to work closely with the rest of the organisation to ensure we realise the potential of digital tools and that they're user-focused and delivering stronger outcomes.

For example, working with our Fundraising colleagues, we rebuilt our online retail hamper function to make it easier for buyers to access through our website, and we added the option for corporate partners to buy in bulk. The result was a 30% increase in revenue year-on-year in hamper sales at Christmas.

We also delivered the Go Donate third-party donation platform that has simplified the online path for donating. It reduces the likelihood of people dropping off if having to take several steps to donate, and it provides more robust information about fundraising, which can be monitored to inform future developments. Since we implemented Go Donate, online donations have risen by 15%.

With our colleagues in Caring Services, we've delivered two new applications to support our 'Echo' professional networks. These host seminars and events to share clinical expertise, as well as our Marie Curie Companion service, which matches volunteers to patients and carers who need practical help and support.

Looking ahead

Our current website is seven years old, and although it's functional and contains useful information and support resources, we've agreed a programme of work that will rebuild the site to run more quickly, more cost-efficiently, and with improved functionality, to ensure the best experience for everyone.

The aim is to launch a website that will have a user log-in, so that we can deliver personalised and relevant information to people who use our services, carers, supporters and volunteers, meaning that they don't have to dig for it. We also plan for the new website to give devolved nations more visibility and localised content.

In 2022-23, we ran internal workshops to gather information and we briefed research agencies to work with our user experience and other digital experts to explore all users' journeys through our website; where mariecurie.org.uk must improve, what users want and need from our website, and the best and

easiest-to-implement functional improvements.

The new website will highlight the comprehensive content and guidance already available from Marie Curie, but make it easier for people to see what will be most useful to them. It shows people we understand them and we know their needs.

“

Our new website will highlight the comprehensive content and guidance already available from Marie Curie, but make it easier for people to see what's most useful to them.

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Paul Chuckle, pictured with Anjali Patel and Harriet White, collects for the Great Daffodil Appeal at Morrisons store in Retford

A collaborative approach to fundraising

Marie Curie could not deliver high-quality care to people at end of life, or make investment plans to grow our reach, without the essential support of our many fundraisers. We're extremely grateful for their commitment, passion, time, expertise and generous donations.

At the start of 2022, we were emerging from Covid-19 with some trepidation, and not quite sure of the UK population's appetite for engaging in face-to-face activity – whether shopping, attending events or giving up their own time to support others. Many people were taking stock of their own lives.

We're grateful, therefore, for the way many supporters and businesses have continued to show their generosity in donating and raising money for Marie Curie. It's motivating and touching that people recognise how important it is to receive good care at end of life.

Making the most of our philanthropy and corporate partners' support

We've been lucky to retain our valuable relationships with corporate partners, philanthropists and trusts – and to develop new relationships. These partners are involved with Marie Curie in myriad ways. They provide money and resources that allow us to help others lead the best life they can, right to the end. Working with partners who share our values and goals will help us achieve our ambition of increasing the number of people we support directly at end of life each year from 44,200 to 100,000 by 2028.

We're working with organisations who support us financially – through funding or encouraging donations internally from employees – but corporate partnerships are about more than money.

These businesses are giving us their time, insight and innovative ideas to help us address and respond to key business issues, and solve some of the challenges of how we work and deliver care. Some of our partners have provided guidance on our business processes that could make a positive difference in how we succeed in our mission. They also raise awareness, help us make valuable connections and break down some of the barriers we face in reaching new individuals and groups of people.

These partnerships are a true collaboration. For example, Marie Curie has worked closely with Superdrug and Savers on a range of products to sell in aid of Marie Curie, while also visiting Superdrug and Savers offices to attend key events, meet with staff and show our gratitude for their support through the year. The company has engaged its customers and staff to get behind our relationship, raising awareness of Marie Curie and our work. The retailer partnered with Marie Curie to launch its Make Up for Me Time campaign, which supports young people through bereavement, as well as a joint research campaign, which calls for changes to improve support for LGBTQ+

people at the end of life.

In addition, Superdrug's bi-annual charity ball returned in 2022 and was its most successful yet, raising £360,000 for Marie Curie.

Meanwhile, in Northern Ireland our long-standing corporate partner, SPAR NI, had a phenomenal year of fundraising – reaching in excess of £200,000, and bringing the amount raised by the partnership so far to more than £750,000.

Our partnership with KPMG goes from strength to strength. We began our partnership in October 2021 with a target of raising £1 million in two years. Not only has the partnership already raised over £750,000, additional pro bono has provided invaluable support for our Technology and Digital teams, while hundreds of KPMG volunteers have helped raise additional funds through collections and our Marie Curie shops. We're delighted to announce that due to the success of our first year in partnership, we'll be extending the partnership for an additional year. In addition, KPMG is providing advice and expertise to help our charity deliver our strategy.

In 2022-23, we started working with new partners, such as Omaze, which raises money for charities by offering people the chance to win life-changing prizes.

We started this significant partnership with a prize draw to win a six-bedroom waterfront house in Cornwall worth £4.5 million. We initially aimed to raise a minimum of £500,000, but with the support of a strong national marketing campaign and brilliant engagement from the UK public, we were thrilled to announce an incredible £2.1 million raised – Omaze's biggest ever donation to date.

26 years

Our longest partnership with the National Garden Scheme. To date, £10.5 million has been raised.

Over £10 million

Our partnership with Superdrug and Savers has raised over £10 million over the past 10 years.

“

We work with corporate partners who support us financially... but these businesses are also giving us their time, insight and innovative ideas to help us solve some of the challenges of how we work and deliver care.

”

We were proud to announce our new three-year partnership with the Gas Distribution Networks – one of our first truly strategic partnerships – focusing on supporting people across the UK struggling with fuel poverty by employing Energy Support Officers on our Support Line, while also training our nursing staff to better support people coping with fuel poverty. We also partnered with

AG Barr in Scotland, which is aiming to raise more than £250,000 over three years, through corporate and staff donations.

Within philanthropy, we greatly appreciate the generous and ongoing support of The Syncona Foundation, whose grant this year took their total grants to date in support of our work to over

£1 million. We're also grateful to The Serendipity Foundation, which has pledged to support a new role of Children and Young People's Counsellor at our Newcastle Hospice over the next three years. Their gift ensures that we can help young people facing bereavement by providing care and specialist support at an incredibly difficult time in their lives.

Making a return to face-to-face events

Although Covid-19 restrictions have lifted, face-to-face events and participation at such events have not bounced back as quickly as we anticipated. However, we're starting to see increasing engagement among our local fundraising groups and individuals, who still

£1.5 million

Our six Brain Games – West Midlands, Yorkshire, Glasgow, Edinburgh, London and a 'Housebuilder' event for the construction sector – throughout 2022-23 collectively raised almost £1.5 million.

have a strong appetite to host events.

Our series of Brain Games – prestigious black-tie fundraising events – has been successful. We're back to organising and hosting six such events a year in England and Scotland. As well as being an amazing funding source, some have prompted conversations between Marie Curie and Brain Game guests about how they can further support us.

Getting back to the high street

The UK consumer trend continues its post-pandemic recovery with customers returning to high streets – which has seen the ratio of 'bricks and mortar' to online shopping bounce back to the 80:20 expected by the retail sector. With rising concerns about the environmental and ethical costs of the consumer goods industry worldwide, second-hand retailing has been of growing interest to shoppers over recent years – and this has driven growth across the charity sector.

Perhaps because of the post-pandemic return to physical shopping, our online retail performance has not been as strong, but we are enhancing the experience for our shoppers. For example, in collaboration with a third-party online garden shop partner, we've been providing more choice in our top selling category of goods for the garden.

We exceeded our £15.44 million retail target for 2022-23, with sales of £17.15 million, 11% above the expected figure. This has been driven by an increasing demand for sustainable shopping and an agile response to stock placement. Our team quickly moved stock to the channel showing the strongest performance – for example, items originally planned to be sold online were also sold in our high street shops where there was



PERSPECTIVE

Cloe's story

Cloe supports Marie Curie by taking part in a gaming stream on Twitch, through which followers raise funds for the charity. She got involved following the death of her grandfather.

"It was a very difficult time. During the night, when Marie Curie Nurses were caring for him, it was like all the stress and the worry had gone, because at least we knew we were in safe hands.

"For me, streaming for Marie Curie feels like a way of trying to destigmatise death. I want to try and make it a more natural thing to talk about.

"Fundraising is something I'd encourage others to take part in. If streaming online isn't what you enjoy, doing a walk or other event just to raise awareness and even the smallest contribution of funds can make a world of difference."

Targets and achievements

	Fundraising	Retail & trading	Total
Target income (gross) for 2022-23	£91.45 million	£15.44 million	£106.89 million
Actual income (gross) for 2022-23	£97.30 million	£17.15 million	£114.45 million
Target income (gross) for 2023-24	£100.70 million	£16.80 million	£117.50 million



increased demand, maximising sales opportunities.

In 2022-23, we opened our first purpose-built Marie Curie community hub and donation centre in Chilwell, Nottingham. This sits at the heart of the local community. These community hubs are designed to be an easy access point for information about Marie Curie's services, as well as a shop and/or donation centre. Staff in the community hubs are trained as Brand Ambassadors, which gives them an understanding of the support and services we offer, enabling them to signpost people to information about our services.

We've invested in upgrades to our stores' electronic point of sale system, which will enhance the overall customer experience, and also in the creation of three more Marie Curie community hubs. We also have plans to invest in the development of a brand licensing channel to extend our reach into new audiences.

We are grateful to our fundraising groups who have raised £1.2 million in collections

Working as one team with a bold cohesive strategy

As a Fundraising team, we aspire to be bolder, braver and more innovative in our campaigns. Offering our supporters new experiences and including them in our plans and proposals will be key to our ambition to double the number of people we support.

Fundraising fast facts

Gifts in Wills – We invested in raising awareness of the importance of having a Will and how people can support Marie Curie in their Wills. We also made it easier for someone to leave a gift in their Will online. Our Legacy funds – money donated as gifts in Wills – grew to a record level of £43.96 million in 2022-23, up from £38.81 million the previous year.

Sponsor A Nurse – A new TV and digital campaign launched in 2022, specifically to support our healthcare professionals.

Great Daffodil Appeal – After nearly 40 years, our annual appeal event is still going strong, with the March 2023 event raising £4.67 million, bringing the total raised since the appeal launched in 1986 to over £134 million. Over the next 12 months, we plan to test innovative fundraising ideas in time for the 2024 appeal.

Online hampers – working with the Retail team, we rebuilt our online function to buy hampers, making it easier to access and adding the option for corporate partners to buy in bulk. There was a 30% increase in hamper sale revenue year-on-year.

Managing our fundraising effectively

In a year of such uncertainty, we remained focused on making sure our fundraising management and processes were as effective as possible.

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. Alongside other charities, Marie Curie contributed to the costs of establishing the Regulator. We review compliance and take corrective action where required. We also employ a dedicated Compliance Officer.

Standards and monitoring

Marie Curie is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits, mystery shopping and call listening). This helps ensure all Marie Curie fundraisers, and those who work on our behalf, are aware of, and are adhering to, our high standards.

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

We are extremely grateful for the advice and direct financial support received from our business partners during the past year. Partner organisations are expected to comply with the requirements of any professional standards or trade bodies, depending on

their activities (including commercial participators), and all applicable laws, statutes, regulations and codes of practice.

Complaints and assurance

The number of complaints received in 2022-23 regarding fundraising was 355 (2021-22: 251) following increased fundraising activity after the pandemic. Over that period, supporters had over 830 million opportunities to see one of our fundraising advertisements. All the complaints were resolved satisfactorily through our in-house procedures and none were escalated to the Fundraising Regulator.

As part of our commitment to adherence to 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.

Fundraisers at the Padstow to Rock open water swim event



Protecting the public

All Marie Curie 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

Marie Curie operates raffles and a weekly lottery as a means for people to support us. These activities are regulated by the Gambling Commission. As of April 2018, it 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, Marie Curie used 54% of income from raffles and the weekly lottery to support people living with a terminal illness. The remaining 46% was reinvested into operating and developing our gaming and fundraising activities. This means we can promote our

raffles and weekly lottery further, to help us raise more money in the long term and increase the percentage of funds going towards supporting people living with terminal illness into the future.

Our fundraising promise

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

- We promise to provide information about our work and our finances so you can see how your money is being spent and 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 our work or answer any questions.

Financial review 2022/23

The result for 2022/23 was a deficit of £8.7 million (2022: £11.6 million surplus) before gains and losses on investments and pensions. The deficit reflects our increased investment in growth across the full scope of our activity with charitable activity spend increasing by 13% to £126.7 million (2022: £111.7 million), including additional investment in our strategic priorities through our Impact and Innovation Fund (£8.2 million, 2022: £0.6 million) and action during the year to increase pay for our nursing, clinical and other staff to aide recruitment and retention and enable us to support delivery and future growth in our services. The strength of our reserves has enabled us to invest further in new services and grow our impact through our Information and Support and Policy and Research teams, while continuing the vital care and support of our hospices and nursing services.

While we saw a modest increase in our income by 1% to £167.3 million (2022: £165.8 million) thanks to the tremendous contribution from our supporters through a challenging time for the economy, our Fundraising and Retail income continued to grow, bringing in £7.2 million more than 2021/22, this growth was offset by the end of the Government Covid-19 support we received in 2021/22.

Our general reserves remain strong at £75.3 million (2022: £76.5 million) and will enable further investment through planned deficits over the next three years, supporting our

service growth ambitions whilst we seek to increase our future income.

Income

Total income was £167.3 million, an increase of 1% from 2021/22 (£165.8 million). Once the effect of Government Covid-19 support in 2021/22 (£8.3 million) is removed, underlying core operating income increased by £9.7 million or 6%. Income from retail showed significant recovery and we increased our total commissioned income from our charitable activities.

Hospice income from the NHS was £21.1 million, an increase of 4% from 2021/22, with our commissioners in Scotland and Wales supporting us with the increased cost of matching NHS pay awards in the year. During 2022/23 we cared for 6,921 patients in our hospices (2022: 7,117), a decrease of 2.8% further reflecting the recent trend in patients' preferences to receive support at home. Income received from the NHS for our Nursing Services saw a modest reduction of 1% to £29.0 million. During 2022/23 we cared for 35,483 patients at home. This was a decrease of 8.8% on the number for 2021/22 (2022: 38,909). Alongside the NHS and other providers of care we faced challenges during the year in retaining nurses and filling nursing vacancies which impacted the support we were able to offer. We took positive action to address this during the year. With our now increasing nursing and clinical staff numbers we

All figures in £m	2022/23	% change	2021/22
Hospice Income	21.1	4%	20.2
Income for the nursing service	29.0	-1%	29.2
Grants and Furlough	1.1	-87%	8.3
Fundraising and other trading income	97.3	4%	93.4
Retail income	17.1	24%	13.8
Other income	1.7	70%	1.0
Total income	167.3	1%	165.9
Expenditure on fundraising, other trading and publicity	(34.8)	22%	(28.6)
Expenditure on retail	(14.4)	3%	(14.0)
Amount available for our services	118.1	-4%	123.2
Invested in:			
Hospices	(54.7)	9%	(50.3)
Nursing services	(58.7)	17%	(50.1)
Helper service	(1.0)	43%	(0.7)
Information and support	(3.1)	11%	(2.8)
Policy and research	(9.2)	18%	(7.8)
Expenditure on charitable activities	(126.7)	13%	(111.7)
(Deficit)/surplus	(8.6)	-175%	11.6

expect further growth in our charitable activity in 2023/24.

Income from fundraising increased by 4% to £97.3 million from £93.4 million, mainly following growth in Legacies. Donations and other voluntary income reduced to £53.3 million from £54.5 million in 2021/22. While our community fundraising and event activity showed further recovery from the pandemic, our 2021/22 income had been boosted by increased direct giving from our loyal supporters, following our emergency appeal earlier in that year.

Income from trading activity was strong, with growth of 24% to £17.1 million from £13.8 million in 2021/22, following the pandemic-related closures in April 2021 and strong growth in the sector as summarised in the Fundraising section above.

Expenditure on fundraising and publicity

Our investment in fundraising activities ensures we can continue to raise vital funds to support our charitable work. We increased investment in the year to attract more regular supporters and legators to help generate much needed increases in future 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 133 shops across the four UK nations. The 3% increase in expenditure follows increases in pay

during the year in line with the Living Wage Foundation rates. In 2022/23 our Retail activities returned to net profit, £2.7 million, (2022: £0.2 million deficit).

Support costs

Support costs allocated to raising funds and our charitable activities have increased to £22.0 million from £20.1 million in 2021/22. This increase, 9%, creates the essential capacity to support the 15% growth in our direct activity to £153.9 million (2022: £134.1 million) and underpins the strengthening of our functions as we look to further grow our services. We have expanded our in-house IT expertise to support development of new technology to provide digital patient services and to drive future operating efficiencies. Support costs also include one-off investment through our Impact and Innovation Fund on improving support to clinical staff to free their time to focus on our patients and other beneficiaries. Our work on continuously improving our systems and the efficiency and effectiveness of our processes, controls and management information has progressed throughout the year. We have embedded improvements from our work on the finance system and processes and further improvements are underway and planned across our operations, linked to our risk management framework, risk appetite and management reviews.

How we invest our charitable funds

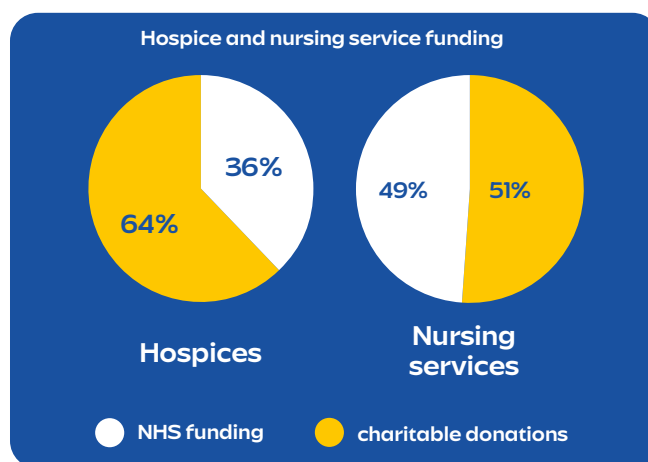
Expenditure on hospices and nursing services

Hospices and nursing services are partly funded by the NHS, but to ensure that we can continue to provide care to as many people as possible, and to the highest standard possible, we are reliant on the generous contributions of our supporters. Our nursing staff provide crucial care for people in their homes, day and night. Our nine hospices provide a full range of palliative care services, including in-patient care, outpatient services and specialist domiciliary visits to patients' homes and care homes.

On average in 2022/23, the NHS paid for 36% of the cost of Marie Curie's hospices (2022: 40%) and 51% of the cost of Marie Curie's nursing service (2022: 57%), with the remainder of the costs funded by our supporters. The reduction in the level of funding from the NHS reflects the fact that we have not been able to recover from the NHS or the government the increased cost of delivering our services across the UK which arose from the need to significantly increase pay for our nurses and clinical staff to support recruitment and retention and the continuation of our services. This underpins the vital need we have to grow our future fundraising income.

Helper and Companions services

We expanded our volunteer services in the community during 2022/23, including our new Wales Bereavement Information Support Service which offered support through trained



counsellors and Marie Curie volunteers, helping us to reach 901 people (2022: 718).

Information and Support services

We continue to grow investment in our 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. In 2022/23 we launched an exciting new partnership with Gas Distribution Networks to provide dedicated energy experts to help people struggling with fuel poverty at the end of their lives find the support they need.

Policy and Research

We further expanded capacity in our Policy and Research team, 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 nations. 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 and 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.

Our funds

Reserves

Total reserves as at 31 March 2023 were £152.5 million (2022: £161.3 million). These comprised:

All figures in £m	2022/23	2021/22
Restricted reserves	16.0	17.4
Designated reserves	61.2	67.4
Impact and Innovation Fund	25.8	30.8
Tangible Fixed Asset Fund	35.4	36.1
Pension scheme surplus	-	0.5
General reserves	75.3	76.5
Total reserves	152.5	161.3

Restricted reserves: £16.0 million (2022: £17.4 million). These are funds received for undertaking an activity specified by the donor when making the gift or may result from the terms of an appeal for funds for a specific initiative. Of these funds, £15.6 million represents the value of hospice assets purchased over time at cost less depreciation. As at March 2023 unspent funds are only £0.4 million (2022: £0.4 million).

Designated reserves: £61.2 million (2022: £67.4 million). These reserves represent funds that have been designated for a particular purpose by the Trustees. They would normally be utilised for that purpose within a specified timescale. We recognise that urgent and radical change is needed to keep pace with society's rapidly growing need for end-of-life care provision. Accordingly, we created a designated reserve for impact and innovation in 2021 to invest in transforming the future of end-of-life experience within the UK by delivering on the strategic initiatives outlined in pages 13-14 of this report. This fund is to be used for one-off investment to support change, innovation of service delivery and to invest to save. The range of investments include activities to build our operational and financial resilience, deliver significant changes within our services to ensure we are set up in the best way to adapt to fast-changing needs at end of life over the coming years, and grow our reach and income to ensure we are able to significantly increase our impact as a charity. The fund balance was £25.8 million at 31 March 2023 (2022:

£30.8 million). We invested £9 million of this fund during 2022/23, including £8.2 million of operating expenditure, and made a further transfer in from general reserves of £4 million offset by a transfer out to the tangible fixed asset fund of £0.8 million capital expenditure, reflecting the increased scale of our ambition in the coming years. In the event of increased financial risk or if no longer required, these funds can be de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves. Designated funds also include the Tangible Fixed Asset Fund (£35.4 million at 31 March 2023), reflecting the value of tangible fixed assets at cost less depreciation. In September 2022 we wound up the Defined Benefit pension scheme and Marie Curie has no further assets or liabilities relating to the scheme. (See the section below on Defined Benefit Pension Scheme for more information).

General (Free) Reserves: £75.3 million (2022: £76.5 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. 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 and nursing 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 £51.0 million of target reserves is required for 2023/24, the same level as for 2022/23. This provides a strong base to allow for increasing macro-economic risk and our plans to grow our scale and impact.

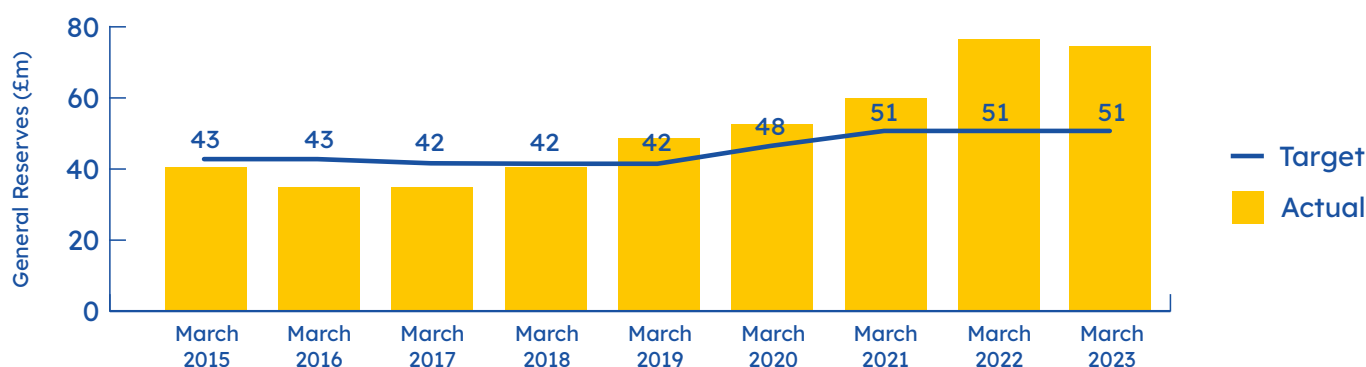
The Charity's reserves policy states that if reserves exceed 115% of target, management should prepare a plan of action, to be approved by Trustees within three months, to restore

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 2023 was £75.3 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 nursing 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
- expand our research, policy and public affairs capacity to further influence the health and social care systems in a rapidly changing context
- strengthen our operations to underpin our growth.

Given these actions we are planning deficits from 2023/24 to 2025/26 which will be funded from our General Reserves.

General reserves (£m)



How we invest our funds

The restricted and designated reserves (excluding the Tangible 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. The General Fund is held in a variety of investments according to the policy below.

Investment policy

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.

During the year the Charity changed its investment arrangements and appointed an appropriately regulated professional investment management firm, SECOR Asset Management, as fiduciary manager to manage the Charity's investment portfolio on a discretionary basis, in line with the Charity's investment policy and to 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. As part of this change in arrangements the Charity reviewed and reset its investment strategy, and as a result the portfolio of assets was restructured, with all investments being managed by SECOR in line with this. These investments comprise UK and 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 (ESG) position of the funds in relation to the Charity's policy position 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 10% of turnover is derived from:

The fiduciary manager has been instructed not to invest in any organisation directly or indirectly where more than 10% 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), 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.

Marie Curie's investment portfolio decreased in value by £0.6 million in 2022/23 (compared with an increase of £3.8 million the previous year) as the investment market has continued to navigate a troublesome political and economic climate.

The portfolio return over the 12 months to 31 March 2023 was -1% compared with the long-term benchmark return of 6.9%.

Asset allocation as at 31 March 2023

	Actual £m	Actual %	Target %	2021/22 Actual £m
UK equities	13.6	24.8%	20-45	15.9
International equities	8.7	15.8%	25-50	20.2
UK government bonds	17.0	31.0%	5-15	3.2
Global bonds	8.5	15.5%	15-20	7.8
Property	4.1	7.5%	-	4.9
Absolute return	-	0.0%	7-15	-
Cash	3.1	5.6%	2-10	3.6
Total	55.0			55.6

Defined benefit pension scheme

Marie Curie was until recently the sponsoring employer of a funded defined benefit pension scheme (the Scheme). In January 2021, the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS) for £30.0 million. This policy secured the full benefits of all Scheme members. In February 2022, the trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the scheme. In June 2022, the policies were assigned to the individual members. The Scheme held a cash surplus and following consultation with members, the Scheme was wound up in September 2022 with the surplus, £0.7 million, transferred to the Charity. The Charity holds no further assets or liabilities in relation to the Scheme.

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.

During 2022/23, Marie Curie implemented further continuous improvement methodologies to their accounts payable processes and the success of these actions is reflected in the timelier payment of invoices during 2022/23 compared to 2021/22 (average time to pay invoices in first half of 2021/22 was 37 days, reducing to 24 days in the second half), and during the second half of 2022/23 compared to the first half of 2022/23.

	1 October 2022 - 31 March 2023	1 April 2022 - 30 September 2022
Average time taken to pay invoices	18 days	20 days
Invoices paid:		
within 30 days	86%	84%
in 31 – 60 days	9%	10%
in 61 days or more	5%	6%
Standard payment terms	30 days	30 days
Maximum contractual payment period agreed	30 days	30 days

Going concern

Our strong financial performance throughout the pandemic has enabled Marie Curie to incur a planned deficit in 2022/23 whilst maintaining our liquidity and reserves position at a reasonable 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 reflect a number of possible scenarios.

Based on our cash flow, liquidity and reserves forecasts, we believe that the going concern basis of accounting remains appropriate for our accounts. 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.

We do not believe that this is the case.

Our stress test scenarios, potential financial impact and probability are linked to our principal risks and include potential:

- reductions in NHS, Fundraising and Retail income and investment portfolio value linked to macro-economic risk
- significant increases in operating costs from continued rising inflation
- risk of regulatory fines.

Any shortfall in income or increase in costs over the next twelve months can be covered from Marie Curie's cash holdings and investment portfolio. At 31 March 2023, Marie Curie held £37.1 million in cash and bank deposits and £54.9 million in longer term investments, most of which are readily accessible.

Working with our stakeholders: S172 statement

Companies are required to include a statement in their strategic report of how directors have complied with their duty to have regard to the matters in section 172 (1) (a)–(f) of the Companies Act 2006 (the Act). As per the Charities SORP Information Sheet 3: The Companies (Miscellaneous Reporting) Regulations 2018 and UK Company Charities, the duty of the Trustee of a charitable company under this subsection of the Act is to act in the way he or she considers, in good faith, would be most likely to achieve its charitable purpose and in doing so have regard (among other matters) to:

- a. the likely consequences of any decision in the long term
- b. the interests of the company's employees
- c. the need to foster the company's business relationships with suppliers, customers and others

d. the impact of the company's operations on the community and the environment

e. the desirability of the company maintaining a reputation for high standards of business conduct

f. the need to act fairly as between members of the company.

We work with, listen to and engage effectively with our wide variety of stakeholders on whom the future success of Marie Curie depends, including service users, their families and carers, supporters, employees, volunteers, and suppliers, to make sure responsible decisions are made. This helps us ensure that decisions are sustainable in the long term and do not disproportionately affect any single stakeholder group.

The Board considers the following to be the key decisions and considerations it has made during the year to March 2023:

Significant board decision	Stakeholders affected	Action and impact
Appointment of a new fiduciary manager to manage the Charity's investments	Our beneficiaries, our employees and society	- Following a tender process managed by an external consultant, the Investment Committee recommended a fiduciary manager to manage the Charity's investments, which was approved. - Management of the Charity's investments to move to a more diversified basis, still ESG-linked.
Support of lobbying related to the Social Security (End of Life) Bill	Our beneficiaries and their families and carers	Following a multi-year campaign alongside the MND Association, the Charity successfully amended legislation to provide fast-track access to benefits for people living with terminal illness. This amendment applies to all four UK nations.
5-year strategy (2022-2027)	Our beneficiaries, our employees and society	The Board had approved a long-term strategy which sets out 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 work towards closing the disproportionate gap in provision of end of life care and support for poorer communities.
Strategic Reward Review	Our employees	The detailed review of pay and benefits across the Charity to balance effectiveness, sustainability and fairness.

Significant board decision	Stakeholders affected	Action and impact
Business Development Strategy	Our beneficiaries and society	- Expanding and enhancing existing services such as Rapid Response, volunteer delivered services, emerging innovations such as Single Points of Access, uptake of Advance Care Planning, supporting people with dementia, 24/7 access. - New ways to deliver services such as Virtual Ward/Hospice - Creating a digital platform and resources to support informal carers.
Research and Policy	Our beneficiaries and society	- To end financial insecurity at end -of-life and ensure that everyone has the support they need to address their practical concerns. - To ensure that everyone affected by death and dying – including the family, friends and carers of the dying person – is supported through and beyond the end of life. - To end inequity in end of life experience by ensuring access to excellent standards of care and support for all.
Change of London office	Our employees and volunteers, the environment	- Relocation to new office space in Central London. - Choice of a building with high sustainability credentials.

Engaging with our stakeholders

In this table, we set out in more detail how we've engaged with our key stakeholders and the impact of that engagement.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2022/23 showing impact of the engagement	Where to find further information in this report
Our beneficiaries, and their families and carers	- End of life care and support that reflects what's most important to them. - High-quality and safe services.	- Expert voices. - Friends and family feedback. - We regularly update our information and support services in line with feedback from users and their families.	99% of nursing service patients and families who completed the Friends and Families Test described the overall service as "very good" or "good". 97% of hospice patients who completed the Friends and Families Test described the service as "very good" or "good". 91% of Support Line callers said we provided them with the information and support they required.	See sections on hospices, nursing and information and support on pages 14 -19.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2022/23 showing impact of the engagement	Where to find further information in this report
Our beneficiaries, and their families and carers	• End of life care and support that reflects what's most important to them. • High-quality and safe services.	• Expert voices. • Friends and family feedback. • We regularly update our information and support services in line with feedback from users and their families.	• 99% of nursing service patients and families who completed the Friends and Families Test described the overall service as "very good" or "good". • 97% of hospice patients who completed the Friends and Families Test described the service as "very good" or "good". • 91% of Support Line callers said we provided them with the information and support they required.	See sections on hospices, nursing and information and support on pages 14 -19.
Our employees Our services are delivered through our experienced, diverse and dedicated workforce.	• Opportunities for development and progression. • Fair and transparent pay and reward structures. • Opportunities to share ideas and make a difference. • Respect for their diversity and an inclusive workplace where all are treated fairly.	• We engaged regularly virtually (via email, our intranet and live video updates from senior management) and in person, through team meetings. • Workforce engagement is measured through employee surveys. • The employee forum meets monthly as a group called "Let's Talk" made up of 16 employee representatives.	• We're reviewing our Equity, Diversity, Inclusion and Wellbeing strategy and action plan to ensure we can deliver and embed EDI and Wellbeing across Marie Curie and foster an inclusive environment where everyone feels able to participate and achieve their potential. • 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 continue to work with the organisation Stonewall. Throughout our partnership, we've made great progress in our standards, policies and procedures on diversity and LGBTQ+ initiatives. • We are working in partnership with the organisations Flair, EA Inclusion and Push Far to scrutinise our culture and metrics and work towards tangible action points to improve our workplace. • Since launching our Mental Health First Aider (MHFA) programme we've trained 70 MHFAs who act as a point of contact for employees experiencing mental health challenges or emotional distress. • The eNPS was 29%, 7% above the on-profit sector benchmark.	See section on volunteering on pages 34-37.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2022/23 showing impact of the engagement	Where to find further information in this report
Our volunteers and supporters We can only achieve our strategic vision with the generous contributions of our volunteers and supporters.	• They require us to make the best use of the resources (time and money) they generously give. • They trust us to follow the rules and treat them with respect.	• We communicate with our supporters in a number of ways according to their preferences: by post and email, on our website and through the media and other campaigns. • We have 133 shops where we engage with supporters who both donate and buy goods. • Each volunteer has an assigned manager to supervise them.	• We generated donation and legacy income of £97.3 million and retail income of £17.1 million during the year. • 13,513 Helper calls/visits were given to Marie Curie during the year. • Our dedicated volunteers remained committed to Marie Curie and played a vital part in our Emergency Appeal, which raised £1.1 million in 2022/23.	See sections on fundraising on pages 42-47, and volunteering on pages 34-37.
The NHS Our essential work is provided in contract to the NHS, who are also our main partner.	• It fulfils its statutory requirement to provide end of life care. • We deliver to our contractual promises. • We provide safe and high-quality care.	• Each contracting NHS organisation has a dedicated member of our business development team assigned to them. • We have operational and contractual management arrangements in place for all NHS relationships, covering each commissioning body. • We regularly discuss palliative and end of life care with the NHS bodies representing the four nations, and actively participate in conversations to improve the experience of dying, death and bereavement. • During the Covid-19 pandemic we've continued to deliver care, but we've also worked with the NHS and other partners to adapt and re-focus our services to meet the changing demands of the pandemic. We've been in very close contact with the regulators across the UK to ensure safety and quality of care is maintained. • At a central level, we engage with NHS England and NHS Digital to drive continuous improvement.	• We received £49.7 million in income from the NHS to provide services to support them. • Active engagement with commissioners during the year led to further growth in income of £2.7 million, 6% on a recurring basis. • Relationships with the NHS in England and with equivalent bodies in Wales, Scotland and Northern Ireland remained strong and responsive.	See sections on hospices and nursing on pages 14-19.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2022/23 showing impact of the engagement	Where to find further information in this report
Suppliers We rely on third-party suppliers and providers to partner with us to deliver our services.	- Working in partnership. - Agreed contracts with clear Service Level Agreement requirements. - Fair payment terms.	- 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.	See Financial Review from page 48.
UK society To fulfil our strategic vision in a responsible and sustainable manner.	- Everyone in the UK has the best end of life experience and care they possibly can. - To close the disproportionate gap in provision of end of life care and support for poorer communities. - Environmental sustainability.	- Working with governments and other decision-making bodies to ensure the best end of life experience for everyone. - Using feedback from society at large to inform policy work. - Public awareness campaign to change the conversation on death and dying. - Funding world-class research to help inform best practice in palliative and end of life care. - Relocation to new office space which is Building Research Establishment Environmental Assessment Methodology (BREEAM) rated excellent. - Secured Renewable Energy Guarantees of Origin (REGO) certified Green Tariff for electricity which commences in 2023 for England, Scotland and Wales. - Electrification of our fleet.	- We successfully campaigned for the government to amend the Health and Care Bill to add palliative care services to the list of services that Integrated Care Boards are required to commission in every part of England from July 2022. The Health and Care Act 2022 received Royal Assent on 28 April 2022. This change will benefit around 490,000 people per year in England by improving both access to and quality of palliative care services available locally. - We developed a place-based plan across the UK to target support and provide care in local communities. - We worked with the new NHS Wales Executive, which came into full operation in April 2023 and acts as a hybrid body between the Welsh Government and NHS Wales. - We secured extra funding from a range of commissioners in Wales. - We secured commitment from Scottish Government to appoint a new national clinical lead for palliative care, and to commission a new palliative and end of life care strategy.	See sections on policy, research and public affairs on pages 20-25.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2022/23 showing impact of the engagement	Where to find further information in this report
UK society continued			• In Scotland, we are a partner in the innovative End of Life Care Together partnership in Highland, led by Highland Hospice and NHS Highland. This partnership takes a population health based approach and recognizes that the solutions to how care must be provided in rural places lie in collaboration between multiple organisations and communities. We received an award through the Northern Ireland Cancer Fund which has supported the appointment of two clinical nurse specialists, additional medical consultant resource and provided access to psychology services for the benefit of patients and their families. • The team in Northern Ireland have also secured funding for an Advanced Nurse Practitioner. • In Northern Ireland, two innovative appointments have been made in partnership with HSC Trust. • Following our “Scrap 6 months” campaign, we were successful in changing the circumstances under which people living with terminal illness can get fast-track access to benefits across all four UK nations. We conservatively estimate that around 80,000 people per year will be affected by this change. From 3 April 2023, people who are thought to be in their final year of life will be able to get guaranteed fast access to all eligible benefits. • The new building has a footprint that is c.50% smaller than the previous London Office, significantly reducing our environmental impact from its London workspace. • This covers the supply of electricity to all our Hospices (owned) and the vast majority of our leased premises (where we have building control). • We are currently sourcing a Green Tariff for Northern Ireland. • We are committed to move to an all-electric fleet by 2030.	

The Board actively engages with Marie Curie stakeholders, for example through the National Advisory Boards in Northern Ireland, Wales and Scotland, site visits and supporter events around the UK. Trustees regularly engage in strategy at Board meetings drawing on reports from management, engagement with other staff throughout Marie Curie, and their own external engagement and experience. The more detailed elements of

strategic scrutiny are carried out by the Board committees – the Finance and Resources Committee, the Quality Committee, Audit and Risk Committee, the Research and Policy Committee, the Investment Committee, the Nominations Committee and the Impact and Innovation Fund Committee – drawing on the expertise of Trustees and non-trustee members in those committees.

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 on biodiversity as a whole, 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're 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, 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 taking into account 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, we 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 2022/23 we carried out a number of actions which have and will continue to have a positive impact on our carbon footprint and use of natural resources. In 2022/23 we:

- Made environmental sustainability one of our strategic objectives.
- Collated and centralised our resource data into a sustainability dashboard that all staff can access, this includes: energy, travel, water and waste.
- Updated our Environment and Sustainability Policy with greater ambitions.
- Strengthened our ethical investment policy in relation to limitations for investments in unconventional oil and

thermal coal exploration, mining, extraction, refining; and transportation, production or distribution of these products. As well as this we introduced an 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.

- Developed an Energy Policy and Energy Saving Procedure.
- Developed the Carbon Management Plan and created an Environment and Sustainability Steering Group to monitor progress.
- Increased engagement with staff to promote a culture of environmental awareness and encourage them to conduct their activities in an environmentally friendly manner.
- Launched a network of Green Champions to facilitate campaigns and projects on the ground.
- Conducted our first ever Commuting and Home Working Emissions Survey.
- Installed nine twin 22kW electric vehicle charging points across our nine hospices.
- Continued to replace our halogen and fluorescent lighting with LED bulbs as routine and in refurbishments and fit outs across shops, offices and hospices.
- Transitioned two community nurse pool cars to electric in the West Midlands.
- Reduced the number of mailouts we send annually, moved to digital communications where possible and removed the plastic outers on envelopes.
- Procured a Renewable Energy Guarantees of Origin (REGO) certified green electricity tariff for Northern Ireland.
- Moved our London office to a new greener premise which is Building Research Establishment Environmental Assessment Methodology (BREEAM) rated excellent.
- Appointed consultants to deliver our phase 3 Energy Saving Opportunity Scheme and 6-Facet Condition surveys at our hospices to identify areas to improve energy efficiency.

Streamlined Energy and Carbon Reporting (SECR) statement

		2022/23	2021/22	2020/21
UK Energy consumption (kWh)	Gas (Scope 1)	5,622,440	5,180,408	7,648,425
	Other fuels (Scope 1)	x	x	x
	Transport fuel (Scope 1 - company fleet)	2,002,512	2,099,691	1,993,694
	Electricity (Scope 2) (2022/23 includes company EVs)	4,993,502	5,376,371	5,018,943
	Grey fleet (Scope 3 – Category 6)	3,507,477	3,573,788	3,891,677
	Total	16,125,931	16,230,258	18,552,739
UK Emissions (tCO ₂ e)	Gas (Scope 1)	1026	949	1,558
	Other fuels (Scope 1)	x	x	x
	Transport fuel (Scope 1 - company fleet)	472	494	504
	Electricity (Scope 2)	966	1,142	1,170
	Grey fleet (Scope 3 – Category 6)	813	836	911
	Rail, air and hotels (Scope 3 – Category 6) (Only 2022/23 includes hotel data)	182	37	6
	Electricity transmission and distributions (Scope 3)	90	101	101
	Well-to-tank (Scope 3) (2022/23 includes WTT for rail and air travel also)	370	251	360
	Commuting and homeworking (Scope 3 – Category 7)	1118	x	x
Total (Gross Scope 1 and 2)		2,464	2,585	3,232
Total (all Scopes)		5,037	3,810	4,610

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of members of staff, the intensity metric of kWh/FTE (full time equivalent employee) was chosen.

	2022/23	2021/22	2020/21
Normalisation Metric (FTE)	2,646	2,462	2,687
Intensity Ratio (tCO ₂ e/FTE)	1.904	1.430	1.579

Carbon footprint

The overall increase in our carbon footprint for 2022/23 compared to 2021/22 comes from the increased data set. During 2022/23 we have worked to record additional resource consumption and emissions to create a more transparent and holistic picture of our environmental impact.

This includes emissions from: hotel stays, commuting journeys, working from home, and well-to-tank emissions for plane and train journeys (not just vehicle journeys). We aspire over 2023/24 to include further data such as waste, water, technology cloud servers and merchandise such as our daffodil pin badges.

Comparing our vehicle data (company vehicles and 'grey fleet') the data has stayed largely the same. We have surveyed staff to request vehicle type so that our grey fleet data is more accurate. We can see that 9% of our staff drive an electric vehicle (EV), and we anticipate that this will increase significantly over the next one to three years. We have also accounted for the small, but growing, number of EVs in our company car fleet under scope 2 electricity.

Scope 3, Category 6 business travel for rail, air and hotels has significantly increased, in part due to the inclusion of hotel stays for 2022/23 which accounts for 30 tCO₂e out of the 182. However, rail and air travel is up by 311% (from 37 tCO₂e to 152 tCO₂e). This follows our emergence from the pandemic and our staff's willingness and need to travel to perform their roles. Whilst this is significantly lower than pre-pandemic (475 tCO₂e for 2019/20), the organisation will work to ensure all travel is essential.

Our gas consumption (kWhs) and emissions (tCO₂e) have increased this year, this is partly due to the inclusion of our London office. This year we moved office, and we were successful in obtaining energy data from both our previous and new landlords, enabling this data to be included for the first time. During the transition to our new office, we occupied two sites for a few months, increasing our consumption. However, positively, the move to our new Building Research Establishment Environmental Assessment Methodology (BREEAM) excellent office is showing a significant reduction in energy consumption.

Comparing the data for winter 2022 at our old office with winter 2023 at our new office, we are saving over 50% on

our gas consumption and 10% on our electricity consumption.

We have had a 9% increase in gas consumption over 22/23 compared to 21/22. Comparing our hospice gas consumption, as our biggest users of gas, the largest increase comes from our Edinburgh hospice. We have recently had a condition survey on our gas boilers at Edinburgh and this highlighted that the four boilers in the Education Block at Edinburgh have reached the end of their recommended lifespan. We will be upgrading them during FY23/24.

We have had a 7% reduction in our electricity consumption which may be attributed to our building improvements such as LED lighting and more efficient electric heating in our retail stores. For example, we refitted our Locks Heath store with LEDs and lower wattage electric heaters (ceiling tile heaters which provide a more even coverage across the store) and have saved 41% on our electricity bills in 2022/23 compared to 2022/21. Additionally, we have worked hard to engage staff to 'switch off' through our Energy Policy and providing 'top tips' via our internal comms platforms (graphic overleaf).

DEFRA provided a lower emission factor for electricity again this year due to the greening of the grid, so this means we reduced our emissions associated with electricity by 15%. Our Renewable Energy Guarantees of Origin (REGO) certified Green Electricity Tariff commences in FY23/24.

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 taken from UK Government GHG Conversion Factors for Company Reporting, 2022 factors.

Scope 1 and Scope 2 consumption data (gas and electricity) taken from validated and verified Utility Supplier invoices.

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 as defined in HM Government Environmental Reporting Guidelines 2022.

Seven steps to reduce energy waste

1  Turn off lights when you don't need them	2  Fully turn off electronics when you're finished	3  Unplug your devices when they're fully charged	4  Turn off spare screens when you're not using them
5  Only boil the amount of water you need	6  Only print when necessary and turn the printer off after use	7  Inform the Facilities team when you see faulty appliances, doors or windows: facilities@mariecurie.org.uk	

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 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 embedded risk appetite, established a board assurance framework and introduced a maturity model to monitor the development of risk across the charity. The board assurance framework has allowed the Trustees visibility of the continuous improvement of our risk framework as improvements are made.

Our risk management framework is regularly reviewed to ensure it is aligned to 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 if 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. We've put processes in place to investigate and report on any serious incidents, including the implementation of any corrective actions required.
- 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 promoting becoming risk enabled and driving risk improvement to support us achieving our strategy. The Executive Leadership Team reviews all significant operational risks at least quarterly and has established a deep dive programme of 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/or evaluated in a consistent way. These 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 to the board. 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 independent assurance. It receives regular reports from the Internal Audit function on the effectiveness of controls, and on the progress made in meeting the audit plan and any recommendations made in its reports.
- 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 first ever risk appetite statement was approved by the Board of Trustees in March 2022 and has now been subject to its first periodic review. 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 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 and 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, on occasions if we can demonstrate significant and measurable potential benefits which will enable us to optimise our ability to care for more patients and make a bigger impact on the socio-political environment, and the trade-off between risks is understood, we're prepared to take more open risks.

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. Having risk appetite defined has been well received by our staff as it establishes clear parameters in which they can operate, and they acknowledge that without taking some risks and/or by trying to eliminate risk we may miss opportunities and/or inefficiencies.

Strategic risk overview

Over the last year, we've seen our portfolio of strategic risks continue to evolve, as we faced significant challenges from the volatile economic and social environment we operate in. To enhance our risk reporting a specific sustainability risk has been introduced as a separate risk to acknowledge the importance of being aligned to societal expectations and the challenges of compliance with the evolving environmental legislation. Previously it was consolidated within our effective governance risk.

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.

The geopolitical risk established following Russia's invasion of Ukraine has been removed from this year's overview as all the direct risks identified at the outset are now considered managed and our ongoing ability to continue to maintain or transform our services in the face of shocks and stresses, internally and externally, is captured under our corporate resilience risk. We do acknowledge the need to be increasingly agile to respond to such challenges and work is underway to ensure our resilience planning remains robust.

The overall level of risk remains high and despite the tough economic conditions some risks are reducing following the work undertaken in the last year to create enhanced strategies, introduce specialist skills, strengthen our enabling functions and our focus on people related programmes.

Principal risk and why it's relevant	Key mitigations	Trend*	Risk appetite
Change: There is a risk we fail to execute organisational change and transformational programmes effectively, to achieve the intended benefits, resulting in other key risks materialising and/or leading to the inefficient use of the charity resources and reducing our ability to be flexible and agile and/or adversely impacting business as usual.	- We have continued to deliver an ambitious portfolio of transformational programmes and strengthened our central change team, and the project management teams to ensure we have sufficient capabilities and capacity. - We maintain robust project oversight and governance and, where appropriate, independent assurance is undertaken. During the year we introduced an additional health check tool.	Constant	Open appetite (high) for innovation and change however cautious (low) for failure to deliver change because of factors within our control.
Attract and retain staff: There is a risk if we are unable to attract or retain the right people with the right skills and values, we will be unable to deliver our ambitious strategy.	- Our people are our most important asset and, like many operators in the healthcare sector, we've been affected by staff reassessing their careers in the wake of the pandemic, and external market factors. - To ensure we are attractive in a competitive market we have implemented the first phase of our Strategic Reward Review, which was set up to ensure we have a fair reward strategy - We've continuously looked for opportunities to further improve our recruitment approaches and processes and completed a recruitment optimisation project. - Investing in our people continues to be a priority and a new people leadership team has been recruited to develop our people strategic ambitions.	Reduced	Moderate appetite (limited) to ensure we attract the right people and values to fulfil objectives and deliver our strategy.

Principal risk and why it's relevant	Key mitigations	Trend*	Risk appetite
People resilience: There is a risk that if we fail to promote a safe environment for all colleagues where wellbeing is prioritised, and we are not satisfied that work expectations are realistic, then this may lead to burnout or increased stress levels or poor mental health and sickness rates.	- The implications for everyone's health and wellbeing during the pandemic was significant and whilst we continue to adapt to deal with the effects of long covid and continued covid risks, the rising cost-of-living and energy crisis has impacted many. - During the year we've further developed our comprehensive wellbeing framework and released a variety of communications, ensuring key messages are distributed effectively providing practical and emotional support. - As ever priorities are continually reassessed and, where appropriate, to ease workloads, major pieces of work have been rescheduled or resources reallocated.	Constant	We are committed to creating a safe environment for all our staff and have a cautious appetite (low).
Service delivery: There is a risk that we are unable to maintain our bed capacity and available hours of clinical care due to capacity constraints caused by sickness, Covid 19 isolation, or vacancies which could impact on contractual compliance, patient experience, quality and safety of our services, poor staff morale, and our reputation.	- The quality of our services, patient safety, safeguarding and patient/family experience is at the heart of everything we do. On the rare occasions we've been unable to find additional resources (reallocated, overtime or bank staff) to ensure our clinical standards are met, we've taken the difficult decision to reduce our services in both our hospices and the community. - The necessity for such action has reduced during the year as staffing numbers have improved however when implemented services were re-established as a priority.	Reduced	We have a cautious risk appetite (low) in relation to the delivery of services and will always ensure they are person centred, clinically effective, safe, responsive and efficient.
Place-based: There is a risk we fail to execute and achieve the intended benefits of building expanded integrated place-based end of life services in partnership with others and during the transformation period ensure staff are supported so there is no impact on quality or on service provision resulting in significant reputational and people risks.	- Changing to place-based ways of working is a key way that Marie Curie has adapted to the new commissioning landscape in England, and to capitalise on new opportunities in all nations. - During the year the Board has approved a business development strategy and our ten Associate Directors, have developed business plans. We continually assess if our operating model is supporting the place-based teams and all teams are operating in a collaborative and efficient way.	Reduced	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.

Principal risk and why it's relevant	Key mitigations	Trend*	Risk appetite
Financial sustainability: There is a risk that we have insufficient income and reserves to achieve our strategic objectives, and we are using our resources to achieve the greatest impact.	- We operate a comprehensive annual planning and budgeting process and have robust reserves in place to maintain resilience. During the year we enhanced this with a new five year financial strategy to support medium to long term financial sustainability. - Financial risks being closely monitored include inflation, pay settlements, fundraising performance and safety of our investments and returns. - Increasing our income and driving down net cost of delivery remain key organisational objectives and we continue to find best value for money through procurement; explore commercial opportunities to diversify our income; maximise our fundraising initiatives; and increase our digital capabilities.	Constant	Our financial decisions are heavily scrutinised, with value for money and impact being key a factor in decision making but we will accept some financial risks (moderate appetite) on the basis these can be expected to balance out and will not put the delivery of our services at risk.
Data: There is a risk we fail to manage all forms of data compliantly and effectively to minimise the possibility of data being exposed or breached and promote availability of well organised and accurate information which in parallel will support good decisions and potentially exploit opportunities that data presents and also drive quality.	- 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. - A new Head of Information Governance has been recruited to develop our information governance framework to ensure all data is of high quality, and properly protected as long as we hold it. - Our Data and Insights Strategy is being implemented. 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.	Constant	We hold a significant amount of sensitive information and data and the accidental or deliberate wrongful disclosure may erode trust and damage our reputation. As such we have a cautious appetite (low) for such risks.
Business Development Strategy: There is a risk that the entire charity does not embrace the growth agenda, or the overall strategy does not adapt, or the financial framework is not an enabler to maximise impact, leading to reduced impact on system change.	- Our approach to creating and implementing the strategy for growth is ambitious and fearless and we recognise we will not achieve our strategy if there is not clarity and full engagement amongst all of our workforce. - During the year we have continued to provide support to colleagues to understand the mission, our strategic objectives, and the important role everyone has to play. - We are undertaking a review of our brand to ensure that it articulates our aspirations and inspires others to become part of the Marie Curie family. - We have comprehensive monitoring in place to monitor our progress and regularly check strategic direction and assumptions.	Increased (reflecting the challenges of implementing a new strategy in a volatile economic environment)	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 and are determined to maximise our impact on system change and deliver our strategic objectives.

* since the approval of the last annual report in September 2022.

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 2023 is wholly owned and registered in England and Wales. Details are included in Note (see page 72-97) to the financial statements. 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 directing our affairs. The Board determines the charity's long-term strategy and approves the annual business plan and budget. Specific responsibilities are delegated to seven committees which report back to the Board on a quarterly basis. The Board delegates the day-to-day management of the charity to the Chief Executive and Executive Leadership Team.

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 was in force throughout the last financial year and is currently in force. The Company also purchased and maintained throughout the financial year Trustees' and Officers' liability insurance in respect of itself and its Trustees.

In October 2022, Prerana Issar joined as a Trustee. Steve Carson retired from the Board in June 2022.

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 2022/23

Trustees	Meetings attended	Maximum possible
Vindi Banga (Chair)	4	4
Chrisha Alagaratnam	4	4
Dr Rachel Burman	4	4
Richard Flint CBE	4	4
Professor Richard Harding	2	4
Mary Hinds	4	4
Prerana Issar (from October 2022)	2	3
Patricia Lee	4	4
Chris Martin	4	4
Maria McGill CBE	4	4
Dame Barbara Munroe DBE	4	4
Ian Waller	4	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 thirteen 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 Executive Leadership Team 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.

The Board and committees concluded that they had operated effectively in the year and agreed action plans to address areas identified for development.

All committee terms of reference are reviewed annually to ensure they accurately reflect current practice and a consistency of approach.

All Trustees and independent committee members completed a skills audit to inform the recruitment programme for 2023. 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 'Who's Who' (pages 102-103).

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

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 Trustee 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 Trustee 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 Executive Leadership Team.

• 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.

• 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 December 2022.

Board committee membership as at 31 March 2023

Trustees	Audit and Risk	Finance and Resources	Investment	Nominations and Remuneration	Quality	Research and Policy	Impact and Innovation	National Advisory Boards
Vindi Banga		Member		Chair			Chair	
Chrisha Alagaratnam	Member				Member			
Dr Rachel Burman					Member	Member		
Richard Flint CBE		Chair	Member	Member (from June 2022)			Member	
Prof Richard Harding						Chair		
Mary Hinds					Member	Member		Chair (Northern Ireland)
Prerana Issar (from October 2022)								
Patricia Lee				Member (from June 2022)	Chair		Member	
Chris Martin	Member	Member						Chair (Wales)
Maria McGill CBE					Member			Chair (Scotland)
Dame Barbara Munroe DBE		Member		Member	Member	Member		
Ian Waller	Chair	Member		Member			Member	
Richard Wohanka CBE			Chair	Member				
Number of meetings	6	7	5	5	4	5	1	12

Please see pages 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 are responsible for preparing the Trustees' Annual 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
- 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 and,
- 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 18 October 2023.



Vindi Banga, Chair of Trustees

Independent auditor's report

to the members and Trustees of Marie Curie

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 2023 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 2023 which comprise the Consolidated Statement of Financial Activities, the Group and Charity 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 and Accounts, 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 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 health and safety legislation.

Our procedures in respect of the above included:

- Review of the minutes of meetings 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 legal expenditure accounts to understand the nature of expenditure incurred; and
- Review of financial statement disclosures to ensure disclosure was in line with our expectations.

Fraud

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

Our risk assessment procedures included:

- Enquiry with management, internal audit 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 meetings 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;
- Completeness of legacy debtor and cut off of legacy income;
- Completeness of donation income;
- Completeness of gift aid income;
- Completeness of contract income; and
- Completeness of trading income.

Our procedures in respect of the above included:

- Testing a sample of journal entries throughout the year, which met a defined risk criteria, by agreeing to supporting documentation;
- Reviewing and challenging management's assessment of significant estimates and judgements for indications of bias;
- Testing a sample of income transactions throughout the year, and around the year end to ensure that the recognition is line with the SORP requirements;
- Testing a sample of unaccrued legacy debtors to ensure that non recognition was appropriate and in line with SORP requirements; 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. 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
19 October 2023

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

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2023

		2022/23			Restated 2021/22		
	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	75,586	16,011	91,597	71,694	16,595	88,289
Other trading income	2	5,694	-	5,694	5,065	-	5,065
Retail sales of donated and purchased goods		10,917	6,228	17,145	8,896	4,914	13,810
Investments	3	1,395	-	1,395	998	-	998
		93,592	22,239	115,831	86,653	21,509	108,162
Charitable activities	4	51,109	-	51,109	50,293	7,357	57,650
Other income		312	-	312	26	-	26
Total income and endowments		145,013	22,239	167,252	136,972	28,866	165,838
Expenditure on raising funds							
Cost of generating voluntary and other trading income		29,122	2,788	31,910	23,709	2,245	25,954
Publicity		2,550	-	2,550	2,304	-	2,304
Fundraising trading: cost of goods sold		10,697	3,731	14,428	10,395	3,564	13,959
Investment management costs		301	-	301	353	-	353
		42,670	6,519	49,189	36,761	5,809	42,570
Net income available for charitable application		102,343	15,720	118,063	100,211	23,057	123,268
Expenditure on charitable activities							
Hospices		45,452	9,273	54,725	33,312	17,015	50,327
Nurses		51,797	6,948	58,745	40,313	9,796	50,109
Helper		972	38	1,010	611	63	674
Information and support		2,868	204	3,072	2,244	531	2,775
Policy and research		8,483	686	9,169	7,688	81	7,769
Total charitable expenditure		109,572	17,149	126,721	84,168	27,486	111,654
Total expenditure	5	152,242	23,668	175,910	120,928	33,295	154,224

	Note	2022/23			Restated 2021/22		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Net (expenditure)/income for the year before investment gains		(7,229)	(1,429)	(8,658)	16,043	(4,429)	11,614
(Losses)/gains on investments	7	(316)	-	(316)	3,803	-	3,803
Net (expenditure)/income for the year		(7,545)	(1,429)	(8,974)	19,846	(4,429)	15,417
Other recognised gains							
Actuarial gains on defined benefit pension scheme	16	198	-	198	181	-	181
Net movement in funds		(7,347)	(1,429)	(8,776)	20,027	(4,429)	15,598
Reconciliation of funds							
Total funds at 1 April	17	143,845	17,420	161,265	123,818	21,849	145,667
Total funds at 31 March		136,498	15,991	152,489	143,845	17,420	161,265

All of the charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 80 to 101 form part of these financial statements.

Balance sheets

for the year ended 31 March 2023

		Group		Charity	
	Note	2023 £'000	2022 £'000	2023 £'000	2022 £'000
Fixed assets					
Tangible assets	8a	43,455	45,100	43,455	45,100
Intangible assets	8b	7,546	7,974	7,540	7,965
Investments	7	54,938	55,503	55,269	55,835
		105,939	108,577	106,264	108,900
Current assets					
Stocks	9	495	486	-	-
Debtors	10	38,348	36,274	39,365	36,600
Investments	11	32,573	27,579	32,573	27,579
Cash at bank and in hand		4,504	18,441	4,380	18,161
		75,920	82,780	76,318	82,340
Creditors:					
Amounts falling due within one year	12a	(27,447)	(25,842)	(28,158)	(25,677)
Net current assets		48,473	56,938	48,160	56,663
Total assets less current liabilities					
		154,412	165,515	154,424	165,563
Creditors:					
Amounts falling due after more than one year	12b	(540)	(1,166)	(540)	(1,166)
Provision for liabilities and charges	14	(1,383)	(3,556)	(1,383)	(3,556)
Net assets (excluding pension asset)		152,489	160,793	152,501	160,841
Defined benefit pension asset	16	-	472	-	472
Net assets (including pension asset)	17	152,489	161,265	152,501	161,313
Funds					
Restricted funds	17	15,991	17,420	15,991	17,420
Designated funds	17	61,186	67,372	61,186	67,372
		77,177	84,792	77,177	84,792
Free reserves					
General funds	17	75,312	76,473	75,324	76,521
		152,489	161,265	152,501	161,313

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 £164.4 million (2022: £164.5 million) less resources expended of £173.0 million (2022: £152.7 million) leading to a deficit before gains and losses of £8.6 million (2022: surplus of £11.8 million) and a deficit after gains and losses of £8.8 million (2022: surplus of £15.3million).

These financial statements for Marie Curie Ltd, Company number 00507597 were approved and authorised for issue by the Board of Trustees on 18 October and signed on its behalf by Vindi Banga, Chair of the board of trustees.



Vindi Banga, Chair of the Board of Trustees

Consolidated cash flow statement

for the year ended 31 March 2023

	Note	2023 £'000	2022 £'000
Cash flows from operating activities:			
Net cash (used in)/from by operating activities	A	(6,896)	8,373
Cash flows from investing activities:			
Dividends received		1,198	990
Interest received		197	8
Capital expenditure		(3,691)	(4,619)
Investment purchases		(12,613)	(2,771)
Investment proceeds		12,694	1,944
Cash withdrawn from short term investments		-	1,386
Cash withdrawn from property and unlisted investments		168	-
Net cash (used in) investing activities		(2,047)	(3,062)
Change in cash and cash equivalents in the reporting period		(8,943)	5,311
Cash and cash equivalents at 1 April		46,020	40,709
Cash and cash equivalents at 31 March		37,077	46,020
Net debt reconciliation			
Cash at bank and in hand		4,504	18,441
Money market and other deposits		32,573	27,579
		37,077	46,020

Analysis of net movement in funds	At 1 April 2022 £'000	Cash flows £'000	Other changes £'000	At 31 March 2023 £'000
Cash at bank and in hand	18,441	(13,937)	-	4,504
Money market and other deposits	27,579	4,994	-	32,573
Total	46,020	(8,943)	-	37,077

Note A:	2023 £'000	2022 £'000
Reconciliation of net (expenditure)/income to net cash flow (used in)/from operating activities		
Net (expenditure)/income for the year	(8,974)	15,417
Adjustments for:		
Depreciation	3,887	5,892
Amortisation	1,520	-
Losses on disposal of fixed assets	357	-
Losses/(gains) on investments	316	(3,803)
Pension funding adjustment	670	111
Dividends receivable	(1,198)	(990)
Interest receivable	(197)	(8)
(Increase) in stocks	(8)	(160)
(Increase) in debtors	(2,075)	(5,528)
(Decrease) in creditors and provisions	(1,194)	(2,558)
Net cash (outflow)/inflow from operating activities	(6,896)	8,373

The movement in net funds represents the decrease in cash balances during the year. The notes on pages 80 to 101 form part of these financial statements.

Notes to the financial statements

for the year ended 31 March 2023

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 2006* and adapted the Companies Act formats to reflect the special nature of the charity's activities.

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.

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

Going Concern

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 twelve 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 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 if they formed a single 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 with the exception of our property investments which are valued at Net Asset Value (NAV).

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 at cost.

(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 a straight line basis as follows:

Freehold Land and Buildings Major Projects	50 years
Freehold Land and Buildings Minor Projects	5 or 10 years
Freehold Land and Buildings Plumbing	15 years
Freehold Land and Buildings Fixtures and Fittings	15 Years
<i>Freehold Land and Buildings Windows</i>	25 Years
<i>Freehold Land and Buildings Electrics</i>	10 Years
<i>Freehold Land and Buildings Alarms and Communications</i>	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

During the year management reviewed the accounting policy in relation to the treatment of software costs. Upon review management have decided to change the previous accounting policy applied. Tangible fixed assets (note 8a) has been split into tangible fixed assets and intangible fixed assets (note 8b). This amendment was made in order to give a more accurate representation of the fixed assets held at Marie Curie. In the 2022 accounts the closing group tangible fixed assets totalled £53,704,000, this has now been split into tangible fixed assets of £45,100,000 and intangible fixed assets of £7,974,000. Overall, there has been no effect on the balance sheet.

(f) Income

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

Legacy income

Legacy income is recognised when it is probable that it will be received. Pecuniary legacies are recognised when probate is granted. Residuary legacies are recognised when either probate has been granted, the estate accounts, 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 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 are treated as a contingent asset.

Donations

Donations are accounted for as soon as there is entitlement and the amount is measurable and receipt is probable. Gift Aid donations made to the charity are recognised as income in the charity when there is entitlement. Lottery and raffle income is recognised at the point the associated draw occurs. Income from trading in subsidiary undertakings is transferred to the charity by making a qualifying charitable donation.

Events

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

Retail

Income is recognised at point of sale. Goods donated for sale are included as income at point of sale.

Investment income

Investment Income is accounted for on an accruals basis. See above (c).

Gifts in kind

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

Government grants

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

Grants payable

The total sum awarded during the year is expensed 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.

Fundraising 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 costs

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

Governance costs

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

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.

(h) Pensions

Defined benefit scheme

For the Marie Curie defined benefit pension schemes the amounts charged in expenditure are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the income and expenditure account if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs. The interest losses are recognised in the 'Other recognised gains and losses'.

The Marie Curie defined benefit scheme is funded, with the assets of the scheme held separately from those of the charity, in trustee-administered funds. Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit credit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities. The actuarial valuations are obtained every three years. A valuation in accordance with FRS 102 is produced at each balance sheet date. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the balance sheet. At 31 March 2022 there was a net asset which has been recognised in accordance with FRS 102, as Marie Curie would be able to recover this net asset either through reduced contributions in the future or through refunds from the plan.

In January 2021, the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS) in the name of the trustees. In February 2022, the Trustees

of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme's assets comprised the individual policies held in trust for the members together with cash holdings held in the Scheme. As the individual annuity policies with LGAS cover the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary has valued the bulk annuity policy as at 31 March 2022 at an amount that is equivalent to the Scheme's pension obligations. This takes no account of any other net current assets or liabilities which are thereby effectively be assumed to be immaterial. Additional Voluntary Contributions are excluded from the assets and liabilities as these match each other.

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.

(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 16 to the financial statements. Funds contained within the designated fund comprise:

- (1) Tangible Fixed Asset Fund which represents the value of general funds invested in fixed assets.
- (2) Impact and Innovation Fund which has been established to support new developments in end of life care or to support changes and improvements in the efficiency of existing services.
- (3) Pension reserve which represents the valuation under FRS 102 of the charity's defined benefit pension scheme.

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

(k) Provisions

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

(l) Accounting estimates and judgements

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

Legacy income

Legacy income 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 85% (2022: 85%) of their aggregate valuation to reflect the uncertainty of an 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.

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% (2022: 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.

Cost allocation

Support costs are allocated across all charitable activities. Dependant upon each type of support activity, costs are applied directly against a function or appropriate cost drivers such as time allocations are utilised.

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.

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, short-term highly liquid investments with a maturity of three months, from the date of acquisition, or less 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.

(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.

2 Donations, legacies and other trading income

	2022/23			Restated 2021/22		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Donations, events and other voluntary income	40,596	7,046	47,642	42,095	7,384	49,479
Legacies	34,990	8,965	43,955	29,599	9,211	38,810
Other trading income	5,694	-	5,694	5,065	-	5,065
	81,280	16,011	97,291	76,759	16,595	93,354

There has been a change to the prior year reported figure for donations and legacies on the Statement of Financial Activities due to an error in classification.

Last year's figure for unrestricted donations and legacies on the SOFA, as well as unrestricted donations, events and other voluntary income in note 2, contained income streams of £5,065,000, which should have been classified as other trading income.

The prior year figure for donations and legacies of £93,354,000 on the SOFA has been split between donations and legacies of £88,289,000 and other trading income of £5,065,000. This reclassification has had no impact on the net result for the prior year or the net assets of the Group or Charity.

3 Investment income

	2022/23			2021/22		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Listed investments	921	-	921	733	-	733
Cash investments	197	-	197	8	-	8
Property fund	203	-	203	200	-	200
Other investments	74	-	74	57	-	57
	1,395	-	1,395	998	-	998

4 Charitable activities income

	2022/23			2021/22		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
NHS funding for nurses	28,153	-	28,153	28,762	-	28,762
NHS funding for hospices	21,050	-	21,050	20,174	-	20,174
Other NHS funding	494	-	494	341	-	341
Other income	310	-	310	120	-	120
Grants and furlough	1,102	-	1,102	897	7,357	8,254
	51,109	-	51,109	50,293	7,357	57,650

Grants and furlough income comprises Government funding of £Nil (2022: £0.2 million) in furlough relief received under the Coronavirus Job Retention Scheme, £0.0 million (2022: £7.4 million) in restricted grants in relation to hospices and nursing services, and £1.1m (2022: £0.7m) in other grants.

5 Expenditure

	2022/23			2021/22		
	Direct costs £'000	Support costs £'000	Total 2023 £'000	Direct costs £'000	Support costs £'000	Total 2022 £'000
Cost of raising funds						
Fundraising	28,417	3,493	31,910	22,800	3,154	25,954
Publicity	2,126	424	2,550	1,918	386	2,304
Retail activities	12,781	1,647	14,428	12,464	1,494	13,958
Investment management costs	272	29	301	318	35	353
	43,596	5,593	49,189	37,500	5,070	42,570
Charitable activities						
Hospices	47,864	6,861	54,725	44,100	6,227	50,327
Nurses	51,187	7,558	58,745	43,077	7,032	50,109
Helper	935	75	1,010	605	70	674
Information and support	2,589	483	3,072	2,334	440	2,775
Policy and research (Note C)	7,750	1,419	9,169	6,475	1,294	7,769
	110,325	16,396	126,721	96,591	15,063	111,654
Total	153,921	21,989	175,910	134,091	20,132	154,224

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 2023 £'000
Hospices	1,077	237	973	2,768	1,666	140	6,861
Nursing	1,162	237	1,002	2,769	2,332	56	7,558
Helper	2	-	-	-	66	7	75
Information and support	35	7	29	79	333	-	483
Policy and Research	218	47	200	554	400	-	1,419
Total charitable activities	2,494	528	2,204	6,170	4,797	203	16,396
Fundraising	402	88	372	1,028	1,533	70	3,493
Publicity	62	14	57	158	133	-	424
Retail activities	220	47	201	554	200	425	1,647
Investment management costs	-	-	29	-	-	-	29
Total support costs allocated	3,178	677	2,863	7,910	6,663	698	21,989

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 2022 £'000
Hospices	934	346	1,196	2,160	1,472	120	6,227
Nursing	1,187	346	1,231	2,160	2,060	48	7,032
Helper	5	-	-	-	59	6	70
Information and support	39	10	35	62	294	-	440
Policy and Research	193	69	246	432	353	-	1,294
Total charitable activities	2,358	771	2,708	4,814	4,238	174	15,063
Fundraising	352	128	458	802	1,354	61	3,155
Publicity	55	20	70	123	118	-	386
Retail activities	203	69	246	432	177	367	1,494
Investment management costs	-	-	35	-	-	-	35
Total support costs allocated	2,968	988	3,517	6,171	5,886	603	20,133

Support costs allocated to raising funds and our charitable activities have increased to £22 million from £20.1 million in 2021/22. This includes the impact of cost of living pay awards, one-off investment in our HR operations to drive future efficiency 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	2023 £'000	2022 £'000
Governance Costs		
Internal audit	173	315
External audit fees (Note B)	175	98
Trustees' travel and meeting expenses (Note 16)	-	-
Trustees' indemnity insurance (Note 17 iv)	56	50
Compliance	273	525
	677	988

Note B	2023 £'000	2022 £'000
Net (expenditure)/income for the year is stated after charging;		
Fees payable to the charity's auditor for:		
the audit of these financial statements - charity	130	82
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	35	6
	175	98
Amounts paid under operating leases:		
land and buildings	3,648	3,641
plant and machinery	1,068	822
	4,716	4,463
Depreciation and amortisation of owned assets	5,407	5,897

The audit fee in 2022/23 was higher due to a rebase of the audit fee and the additional work required on payables/payroll, procurement and key financial controls.

Note C	2023 £'000	2022 £'000
Policy and Research costs		
Grant funding of activities:		
Marie Curie Palliative Care Research Department at UCL	-	-
Marie Curie Palliative Care Research Department at Cardiff University	578	529
National grant programme	559	863
Other recipients	1,217	793
Other Policy and Research activity undertaken directly	5,396	4,290
Support costs	1,419	1,294
	9,169	7,769

6 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 they gift aid all profits to the charity.

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.

7 Investments

	Listed investments £'000	Property and unlisted investments £'000	Money market deposits £'000	Group total £'000	Investment in subsidiaries (Note 19) £'000	Charity total £'000
Group and charity						
Market Value at 1 April 2022	55,335	168	-	55,503	331	55,835
Movements in deposits	-	(168)	-	(168)	-	(168)
Additions at cost	12,613	-	-	12,613	-	12,613
Disposals at book value	(14,915)	-	-	(14,915)	-	(14,915)
Unrealised gains	1,905	-	-	1,905	-	1,905
Market Value at 31 March 2023	54,938	-	-	54,938	331	55,269
Historic cost at 31 March 2023	38,335	-	-	38,335	331	38,666
Historic cost at 31 March 2022	40,636	75	-	40,711	331	41,043
Gains on investments					2023 £'000	2022 £'000
Realised (losses)/gains					(2,221)	1,751
Unrealised gains included in market value					1,905	2,052
					(316)	3,803
Listed investments					2023 £'000	2022 £'000
UK					46,271	35,168
Non UK					8,667	20,167
					54,938	55,335
Analysis of investment class					2023 £'000	2022 £'000
UK equities					13,608	15,874
International equities					8,667	20,167
UK Government Bonds					17,045	3,246
Global Bonds					-	7,766
Investment Grade Bonds					7,753	-
Sub Investment Grade Bonds					741	-
Property funds (listed investments) and unlisted					4,059	4,886
Cash					3,065	3,564
					54,938	55,503

8a Group 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 2022	86,463	10,256	20,939	117,658
Additions at cost	1,304	398	897	2,599
Disposals at cost	(862)	(2,015)	(10,857)	(13,734)
Transfers	44	(20)	(24)	-
At 31 March 2023	86,949	8,619	10,955	106,523
Depreciation				
At 1 April 2022	44,782	9,009	18,767	72,558
Provided in the year	2,584	368	935	3,887
Disposals depreciation	(633)	(1,894)	(10,850)	(13,377)
Transfers	9	-	(9)	-
At 31 March 2023	46,742	7,483	8,843	63,068
Net book value				
At 31 March 2023	40,207	1,136	2,112	43,455
At 31 March 2022	41,681	1,247	2,172	45,100

Land and buildings consist of nine Marie Curie Hospices of which one, Belfast Hospice, 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 (2022: £1.6 million). Short leasehold land and buildings consists of administrative offices and shops. All short leases

are less than 50 years. The disposals in the year relate to assets identified as no longer being in use following the asset verification exercise that took place during the year. The net book value of the total disposals was £357,000. The transfers relate to assets being reclassified between the asset categories.

8b Group intangible fixed assets

	Software development £'000	Software development work in progress £'000	Total £'000
Cost			
At 1 April 2022	20,450	23	20,473
Additions at cost	666	426	1,092
Disposals at cost	(6,237)	-	(6,237)
Transfers	-	-	-
At 31 March 2023	14,879	449	15,328
Amortisation			
At 1 April 2022	12,499	-	12,499
Charge for the year	1,520	-	1,520
Disposals	(6,237)	-	(6,237)
Transfers	-	-	-
At 31 March 2023	7,782	-	7,782
Net book value			
At 31 March 2023	7,097	449	7,546
At 31 March 2022	7,951	23	7,974

During the year the intangible assets, which relate to software development costs, have been separated from the tangible fixed assets and transferred to separate note as shown above.

The disposals in the year relate to assets identified as no longer being in use following the asset verification exercise that took place during the year. The net book value of these items was nil. For changes to the accounting policy please refer to (e) Tangible and intangible fixed assets.

Group capital commitments

At 31 March 2023, approved and contracted capital commitments amounted to £1.0 million (2022: £1.0 million) which will be funded from designated, restricted and general funds.

All capital commitments at 31 March 2023 are planned for completion by 31 March 2024.

	2023 £'000	2022 £'000
Capital expenditure authorised and contracted for	987	996
Capital expenditure authorised but not contracted for	3,913	8,521

9 Stocks

	Group		Charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
Inventory for resale	495	486	-	-

10 Debtors

	Group		Charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
Trade debtors	4,506	3,513	4,502	3,394
Taxation recoverable	4,260	3,542	4,260	3,542
Prepayments	3,378	4,403	3,378	4,380
Legacy debtors	21,942	17,350	21,942	17,350
Amounts due from subsidiary undertakings	-	-	1,128	501
Other debtors	4,262	7,466	4,155	7,433
	38,348	36,274	39,365	36,600

The charity has been notified of legacies with an estimated value of £13.7 million (2022: £17.6 million) which have not been recognised as income at 31 March 2023 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.

11 Current asset investments

	Group		Charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
At 1 April	27,580	33,263	27,580	33,263
Movements in deposits	4,695	(5,645)	4,695	(5,645)
Unrealised (losses)/gains	298	(38)	298	(38)
At 31 March	32,573	27,579	32,573	27,579

12 Creditors

	Group		Charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
(a) Amounts falling due within one year				
Trade creditors	3,073	8,004	3,008	7,921
NHS contract obligations	-	5	-	5
Palliative care research grants	6,032	4,887	6,032	4,887
Tax and social security creditors	2,309	1,596	2,309	1,596
Accruals	13,191	8,343	13,153	8,262
Deferred income (Note 13)	1,746	1,990	1,746	1,990
Pensions and other payroll	1,052	1,016	1,052	1,016
Other creditors	44	-	42	-
Amounts due to subsidiary undertakings	-	-	816	-
	27,447	25,842	28,158	25,677

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

	Group		Charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	249	962	249	962
Investment Managers' performance fee	291	203	291	203
	540	1,166	540	1,166

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

13 Deferred income

Group and charity	At 1 April 2022 £'000	Amounts released in the year £'000	Amounts deferred £'000	At 31 March 2023 £'000
Caring services	710	(710)	654	654
Fundraising events	1,280	(1,174)	986	1,092
Other	-	-	-	-
	1,990	(1,884)	1,640	1,746

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

14 Provision for charges and liabilities

Group and charity	At 1 April 2022 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2023 £'000
Dilapidations	1,095	-	(22)	(475)	598
Rent	505	97	-	(602)	-
Staff costs and other liabilities	1,956	106	(53)	(1,224)	785
	3,556	203	(75)	(2,301)	1,383

Dilapidations

Dilapidations relate to properties where there is a legal responsibility to pay for these costs before the end of the lease period.

Rent

Rent relates to amounts that may become due once rent reviews are completed on individual properties or where a decision has been made to vacate early.

Staff costs and other liabilities

These include provisions for restructuring and redundancy costs, costs associated with the planned closure of a small number of shops, and a holiday pay provision in relation to the Working Time Regulations.

15 Financial instruments

Marie Curie has the following financial instruments:	Note	Group 2023 £'000	Group 2022 £'000	Charity 2023 £'000	Charity 2022 £'000
Financial assets at fair value through statement of financial activities					
Long-term investments	7	54,938	55,503	55,269	55,834
Short-term investments	11	32,573	27,579	32,573	27,579

16 Pensions

Schemes available to employees

The current scheme available to employees is a Group Personal Pension Plan with Scottish Widows which was started in April 2013. This is a defined contribution scheme.

Marie Curie employees also participate in two multi-employer defined benefit plans: the Universities Superannuation Scheme and the NHS Pension Schemes.

Sufficient information is not available to account for these as defined benefit schemes, therefore they have been accounted for as defined contribution schemes.

Marie Curie meets the employer costs required by the Universities Superannuation Scheme.

The NHS Pension Schemes are statutory unfunded defined benefit schemes.

Defined contribution pension charge in the Statement of Financial Activity (SoFA)

The employer's contribution rates at the year end and the employer's total pension contributions made during the financial year in respect of the above three open schemes were as follows:

	2023			2022		
	No. members	% rate	£'000	No. members	% rate	£'000
Marie Curie Group Personal Pension Plan with Scottish Widows	2,780	4-15%	3,914	2,492	4-15%	3,595
NHS Pension Scheme	412	14.38-22.5%	2,216	475	14.4-22.5%	2,177
Universities Superannuation scheme	2	21.6%	27	2	21.6%	27
			6,157			5,800

Closed scheme

Marie Curie Defined Benefit Scheme

The charity previously operated a defined benefit pension scheme, which was closed to new members and future accrual. The assets were held in a trust separate from the charity. In January 2021, the Scheme commenced a plan to wind up the scheme with the purchase of a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS). In February 2022, the trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme's assets comprised the individual policies held in trust for the members together with cash holdings held in the Scheme. As the individual annuity policies with LGAS covered the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary valued the bulk annuity

policy as at 31 March 2022 at an amount that is equivalent to the Scheme's pension obligations. On 26 September 2022 the Charity entered into a deed with the Scheme Trustees to confirm the Scheme had been wound up following due legal and regulatory process, and for the Charity to provide an indemnity to the Scheme Trustees should any future claim arise. This indemnity is backed by an insurance policy. The Scheme was therefore fully wound up by 31st March 2023 and there were no active members in the Scheme during 2023/22 or 2021/22.

The last FRS 102 valuation prior to the wind up was as at 31 March 2022 by a qualified independent actuary which took account of the requirements of FRS 102 in assessing the liabilities of the scheme and the fair value of the assets at the date.

	2023 £'000	2022 £'000
Present value of funded defined benefit obligation	-	(22,168)
Fair value of scheme assets	-	22,640
Net asset	-	472

The movement in the defined benefit pension scheme surplus is as follows:	2023	2022
	£'000	£'000
Asset at 1 April	472	402
Net finance credit	-	7
Administration expenses	-	(118)
Employer's contributions	-	-
	472	291
Remeasurement gain	-	181
Defined benefit scheme closed	(472)	-
Asset at 31 March	-	472
Movements in present value of defined benefit obligation	2023	2022
	£'000	£'000
At 1 April	22,168	24,780
Administration expenses	-	118
Interest cost	-	447
Remeasurement losses/(gains)	-	(1,855)
Benefits paid	-	(1,322)
Defined benefit scheme closed	(22,168)	-
At 31 March	-	22,168
Movements in fair value of scheme assets	2023	2022
	£'000	£'000
At 1 April	22,640	25,182
Interest credit on scheme assets	-	454
Remeasurement gains/(loss)	-	(1,674)
Contributions by employer	-	-
Benefits paid	-	(1,322)
Defined benefit scheme closed	(22,640)	-
At 31 March	-	22,640
Expense recognised in the Consolidated Statement of Financial Activities	2023	2022
	£'000	£'000
Interest on defined benefit pension plan obligation	-	447
Interest credit on scheme assets	-	(454)
Net finance credit	-	(7)
Administration expenses	-	118
Total	-	111

Remeasurement gain charged to the Consolidated Statement of Financial Activities	2023 £'000	2022 £'000
Remeasurement gain/(loss) - return on scheme assets	198	(1,674)
Remeasurement gain - actuarial gain	-	1,855
Total	198	181

The fair value of the scheme assets was as follows:	2023 £m	%	2022 £m	%
Insurance contracts	-	-	22.2	97.9%
Cash	-	-	0.5	2.1%
Total net assets	-	-	22.6	100.0%

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:	2023	2022
Discount rate	-	2.7%
Retail Prices Index (RPI) Inflation	-	4.3%
Consumer Prices Index (CPI) Inflation	-	3.4%
Future increases in deferred pensions	-	4.2%
Future salary increases	N/A	N/A
Rate of increases in pensions in payment:		
Fixed 4%	-	4.0%
CPI subject to min 4% pa and max 5% pa pre 2030	-	4.3%
CPI subject to min 4% pa and max 5% pa post 2030	-	4.4%
CPI subject to max 5% pa pre 2030	-	3.2%
CPI subject to max 5% pa post 2030	-	3.9%
CPI subject to max 2.5% pa pre 2030	-	2.2%
CPI subject to max 2.5% pa post 2030	-	2.4%
Cash commutation: 100% of members commute 25% of their pension		

Life expectancies used to determine benefit obligations are as follows:	2023	2022
Future life expectancy of male aged 65 at balance sheet date	-	22.2
Future life expectancy of male aged 65, 20 years after the balance sheet date	-	23.5
Future life expectancy of female aged 65 at balance sheet date	-	24.5
Future life expectancy of female aged 65, 20 years after the balance sheet date	-	26.0

The main assumptions for 2021/22 are derived as follows:

Discount rate on corporate bonds: We've used zero coupon yield curve data.

Inflation: We've derived the market's expectation for RPI inflation by reference to the RPI swaps market. Specifically, the rate of inflation is derived as the rate that equates to the yield of the swap rate curve at the duration of the Scheme's liabilities.

The CPI inflation rate is assumed to increase with effect from 2030 following the Government's announcement that the methodology for calculating CPI would change at that date.

Life expectancy: SP3xA base table and the CMI model for 2020 with a long-term rate of mortality improvement of 1.25% pa.

17 Funds

	Note (see below)	At 1 April 2022 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2023 £'000
Restricted Funds (Group and Charity)							
Hospices - Capital Fund	i	17,004	-	(1,427)	-	43	15,620
Hospices - Revenue		178	14,003	(13,809)	-	(43)	329
Nurses	ii	89	7,393	(7,440)	-	-	42
Helper	ii	25	13	(38)	-	-	-
Information & Support	ii	123	96	(220)	-	-	-
Palliative care research	ii	-	734	(734)	-	-	-
Total restricted funds		17,420	22,239	(23,668)	-	-	15,991
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	30,830	-	(8,160)	-	3,134	25,804
Tangible Fixed Asset Fund	iv	36,070	-	(3,980)	-	3,292	35,382
Capital Investment Fund		-	-	-	-	-	-
Pension scheme surplus/(deficit)	v	472	-	-	198	(670)	-
Total designated funds		67,372	-	(12,140)	198	5,756	61,186
General Funds (Group)							
General Fund	vi	76,473	145,013	(140,102)	(316)	(5,756)	75,312
Total general funds		76,473	145,013	(140,102)	(316)	(5,756)	75,312
Consolidated Funds							
		161,265	167,252	(175,910)	(118)	-	152,489
General funds (Charity)		76,522	142,105	(137,231)	(316)	(5,756)	75,324

The above funds carried forward at 31 March 2023 represent:

- Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper and Information and Support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.
- The Impact and Innovation Fund was created in 2020/21 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 8-13 of 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 de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves. The transfer figure above comprises of a £4million transfer from the general fund, this increase to the Impact and innovation fund was agreed by the Board during the year to provide sufficient funding for expected future strategic initiatives and is offset by a transfer to the tangible fixed asset fund of £0.87million capital expenditure. In total the Impact and innovation fund has financed £9million of strategic change projects and investments in future growth

during the year with a further £8.16 million being expensed to the income and expenditure account. These projects and investments will significantly strengthen the Charity's future operations, reach and income generation.

- iv. The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).

- v. The valuation under FRS 102 of the defined benefit pension scheme surplus which was repaid to the Charity during the year on the wind up of the Scheme.

- vi. The General Fund represents the net amount that the Trustees have available to meet possible shortfalls in funding and increases in costs.

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

	2023 £'000	2022 £'000
The charity	(9,904)	14,928
Intra-group profit	1,128	670
	(8,776)	15,598

Prior year funds for comparison

Group and charity

	Note (see above)	At 1 April 2021 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2022 £'000
Restricted Funds (Group and Charity)							
Hospices – Capital Fund	i	18,574	-	(1,634)	-	64	17,004
Major capital appeals							-
Hospices – Revenue	ii	1,626	19,513	(20,897)	-	(64)	178
Nurses	ii	1,053	9,121	(10,084)	-	-	89
Helper	ii	66	23	(63)	-	-	25
Information and Support	ii	530	125	(531)	-	-	123
Palliative care research			85	(85)	-	-	-
Total restricted funds		21,849	28,866	(33,295)	-	-	17,420
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	31,400	-	(570)	-	-	30,830
Tangible Fixed Asset Fund	iv	35,774	-	(4,258)	-	4,554	36,070
Capital Investment Fund		1,618	-	-	-	(1,618)	-
Pension scheme surplus/(deficit)	v	402	-	(111)	181	-	472
Total designated funds		69,194	-	(4,939)	181	2,936	67,372
General Funds (Group)							
General Fund	vi	54,624	136,971	(115,989)	3,803	(2,936)	76,473
Total general funds		54,624	136,971	(115,989)	3,803	(2,936)	76,473
Consolidated Funds							
		145,667	165,838	(154,224)	3,984	-	161,265
General funds (Charity)		54,472	135,420	(114,237)	3,803	(2,936)	76,522

The above funds carried forward at 31 March 2022 represent the funds numbered i to vii on pages 97 and 98 together with the remaining funds on the major capital appeal which were expensed by 31 March 2022.

Analysis of net assets between funds

	2023			2022		
	Unrestricted funds £'000	Restricted funds £'000	Total 2023 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2022 £'000
Tangible fixed assets	27,835	15,620	43,455	36,070	17,004	53,074
Intangible fixed assets	7,546	-	7,546	-	-	-
Investments	87,511	-	87,511	83,083	-	83,083
Stocks	495	-	495	486	-	486
Debtors	38,348	-	38,348	36,272	-	36,272
Cash	4,504	-	4,504	18,441	-	18,441
Creditors	(29,741)	371	(29,370)	(30,979)	416	(30,563)
Defined benefit pension scheme surplus	-	-	-	472	-	472
Total net assets	136,498	15,991	152,489	143,845	17,420	161,265

18 Staff

i) Remuneration	2023 £'000	2022 £'000
Wages and salaries	96,519	83,501
Social security costs	8,734	7,172
Other pension costs	6,157	5,800
Total Marie Curie staff costs	111,410	96,473
Contracted staff	8,057	5,532
Total remuneration	119,467	102,005

Contract staff includes costs for nurses, consultants, other medical staff and health professionals employed by the NHS for whom the charity reimburses the NHS for the time spent working at the charity.

These people are not employed by the charity and so are not included in the analysis of staff employed.

The total amount of termination payments in the year was £600,353 (2022: £997,860). There were four termination payments to senior management team members in 2022/2023 totalling £169,000.

ii) Average number of employees	2023	2022
Hospices	784	854
Nurses	1,412	1,705
Clinical Management, Quality and Education	465	120
Research	28	11
Information and Support	20	15
Fundraising	12	260
Publicity, Policy and Public Awareness	321	74
Shops	416	411
Support	385	271
	3,843	3,721
Comprising		
Full time	1,560	1,395
Part time	2,283	2,326
	3,843	3,721

iii) Remuneration of higher paid staff	2023 Number	2022 Number
£60,000 - £69,999	65	41
£70,000 - £79,999	41	16
£80,000 - £89,999	9	14
£90,000 - £99,999	12	6
£100,000 - £109,999	5	3
£110,000 - £119,999	1	1
£120,000 - £129,999	4	1
£130,000 - £139,999	2	4
£140,000 - £149,999	2	-
£150,000 - £159,999	1	-
£160,000 - £169,999	-	1
£170,000 - £179,999	-	-
£180,000 - £189,999	-	-
£190,000 - £199,999	1	-
Included in the above are the following number of medical practitioners	11	10

Contributions of £771,055 (2022: £272,830) were made to the NHS defined benefit pension schemes for 132 (2022: 23) higher paid employees.

Contributions of nil (2022: £253,378) were made to defined contribution schemes for 0 (2022: 54) higher paid employees. The total remuneration of the key management (the Executive Leadership Team) including any employer pension contributions was £1,158,278 (2022: £824,635). The increase compared to the prior year is primarily due to two additional roles being included in the Executive Leadership Team, as roles that were previously unfilled or filled by contractors now have permanent staff in place.

The salary of the Chief Executive in 2022/23 was £190,000 (2021/22: £160,000).

(iv) Trustees' expenses

No trustees received any remuneration in the year. The total of £341 was paid to or on behalf of two trustees of the charity as reimbursement of travel and subsistence expenses incurred in attending meetings (2022: none). In respect of overnight stays for six trustees to attend meetings a further cost of £1,635 was incurred (2022: none). The charity maintains liability insurance covering trustees in their capacity as directors and other officers of the charity at a cost of £56,280 per annum (2022: £50,120).

19 Lease commitments

The charity has annual operating lease commitments as follows:

	2023 £'000	2022 £'000
Land and Buildings		
Within one year	3,056	3,254
Between two and five years	9,472	7,406
Over five years	2,841	1,759
	15,369	12,419
Other		
Within one year	301	271
Between two and five years	575	223
	876	494

20 Subsidiary undertakings

The charity has the following subsidiary undertakings which were 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 exempt charity, including the sale of new goods such as Christmas cards and certain events. The company made a profit of £1.1m million for the year ended 31 March 2023 (2022: £0.7 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	2023 £'000	2022 £'000
Turnover	4,035	2,221
Cost of sales	(1,846)	(763)
Gross profit	2,189	1,458
Other expenses	(1,044)	(778)
Interest payable	(17)	(10)
Payment to the charity under Gift Aid	(1,128)	(670)
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.

Marie Curie Trading Limited company number 02292795

21 Related party transactions

Marie Curie Trading owes the Charity £0.3 million (2022: £0.5 million). This includes the current year dividend of profits to the Charity of £1.1 million (2022: £0.7 million) which will be paid to the Charity by means of a payment as a qualifying charitable donation, as well as accumulated management and support charges for services received from the Charity. This is partly netted off by £0.8 million (2022: £0.2 million) that the Charity owes to Marie Curie Trading in respect of other general intercompany balances. There were no other transactions with Trustees or other related parties in the year.

22 Post Balance Sheet Events

There are no adjusting or non-adjusting post balance sheet events.

Who's who*

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The former Prince of Wales

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Sir Thomas Hughes-Hallett

Vice Presidents

Major General Sir Michael Carleton-Smith CBE DL

John Carson CBE

Pauline Clarke

Dr Jane Collins MSc MD FRCP FRCPCh

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Christine Hamilton Stewart MBE

Dame Deirdre Hine DBE FRCP

Sir Martyn Lewis CBE

Bill Midgley FCIB MIMgt

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Chrisha Alagaratnam

Dr Rachel Burman FRCP MA

Steve Carson (to June 2022)

Richard Flint CBE

Professor Richard Harding

Mary Hinds

Prerana Issar (from October 2022)

Patricia Lee

Chris Martin BPharm (Hons) FRPharmS

Maria McGill CBE

Dame Barbara Monroe DBE

Ian Waller

Richard Wohanka CBE

Bankers

The Royal Bank of Scotland

280 Bishopsgate, London EC2M 4RB

Solicitors

Bates Wells and 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

Audit and Risk Committee

Ian Waller (Chair)

Chrisha Alagaratnam

Chris Martin BPharm (Hons) FRPharmS

Robert Milburn MA FCA (to December 2022)

(Independent Committee Member)

Finance and Resources Committee

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Vindi Banga

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Tim Peters (Independent Committee Member)

Kathy Seddon (from June 2022)

(Independent Committee Member)

Quality Committee

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Dame Barbara Monroe DBE

Chrisha Alagaratnam

Dr Rachel Burman FRCP MA

Mary Hinds

Maria McGill

Dr Crystal Oldman EdD MSc MA PG Dip Public Health PGCE

RHV RGN (to March 2023)

(Independent Committee Member)

Shital Bhaloo (to April 2022)

(Marie Curie Voices Group member)

Harry Bunch (Marie Curie Voices Group Member)

Executive Leadership Team**Chief Executive**

Matthew Reed

General Counsel and Company Secretary

Kelly Young (from June 2022)

Chief Technology Officer

Tiffany Willcox (to 15 September 2023)

Interim Chief Technology Officer

Mike Cadden (from 11 September 2023)

Chief Financial Officer

Amanda Oakley Smith (to 30 September 2023)

Interim Chief Financial Officer

Matthew Tyler (from 11 September 2023)

Chief Innovation, Income and Engagement Officer

Maria Novell

Chief Nurse, Executive Director of Quality and Caring Services

Julie Pearce (to March 2023)

Chief Nursing Officer

Vacant Post

Chief Medical Officer

Dr Sarah Holmes (from 1 April 2023)

Chief Place and Service Delivery Officer

Andrew Wilson-Mouasher (from 1 August 2023)

Executive Director of Policy and Research

Dr Sam Royston (from 1 April 2023)

Executive Director of People and Organisational Development/ Chief People Officer

Mike Bath (to June 2022)

Chief People and Transformation Officer

Nina Vendemiati (from August 2022)

Scottish Advisory Board

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Richard Baker (from June 2022)

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Jo Hockley (from June 2022)

Mark O'Donnell

Mairi O'Keefe

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Professor Sonja McIlfatrick

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Amanda Davies

Ellen Donovan

Owen Evans

Joanne Ferris (from March 2022)

Anish Kotecha (from March 2022)

Esyllt Lloyd

Vicki Spencer-Francis (from March 2023)

Peter Max (from March 2023)

General Counsel and Company Secretary

Juliet Dearlove (interim October to June 2022)

Kelly Young (from June 2022)

*** 1 April 2022 to 30 September 2023**

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

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Diana Orr Ewing, Wigtownshire
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Kate Corbett-Winder
Paul Thandi, CBE, DL

Our thanks

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

AG Barr
 Ahmadiyya Muslim Youth Association UK
 Alison Steadman OBE
 Amber Zoe
 Anneka Rice
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Our thanks

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

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For more information

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).

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Wales

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Penarth CF64 3YR

**Thank you to everyone who supports us
and makes our work possible.**

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MARIE CURIE

England & Wales - Charity number 207994

Accounts

Annual Report and Accounts 2021/22

Working together for a better end of life for all



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Welcome

Discover the vital work you've made possible over the past financial year to support people living with a terminal illness, their families and friends – as well as our plans for the year ahead.

It was another year of extraordinary challenges for end of life care and the families around the UK who rely on it. But your support helped us build, develop and grow in key areas to meet their needs, and work towards our vision for a better end of life for all.

We'd like to start by saying a huge and heartfelt thank you. Whether you're a supporter, a member of staff, a volunteer, or a partner, we simply couldn't have had such a strong year without you.

As you'll read in this report, despite the pandemic, we've continued to deliver results in several vital areas.

Firstly, in providing expert care and support to people living with a terminal illness and those close to them. This has always been at the heart of what we do, and you'll read how we've provided nursing care in people's homes, in our nine hospices around the UK, and through information and support online and over the phone to millions.

We've changed how we organise our care so we're better able to focus on local needs, working closely with local providers across ten UK regions. And we've developed our technology to help us grow our services even further.

Secondly, we've made good progress in building our resilience – both financially and in terms of how we work as an organisation. Bouncing back strongly from the challenges of lockdowns and social distancing, we performed very well in retail and fundraising last year, but we were also very careful with the purse strings. As a result, we emerged with an operating surplus. We'll use this surplus to absorb some of the financial turbulence that may lie ahead as the UK and global economies face significant economic challenges over the coming months and years.

On behalf of the millions of dying and bereaved people across the UK, we also pushed for the vital changes needed at a policy level to challenge injustices in end of life support. We published a proactive care strategy in Scotland and a dedicated cancer strategy in Northern Ireland while, in Westminster, we saw the Scrap 6 Months campaign reach a positive conclusion.

Fresh from that success, we secured a commitment to make it a legal requirement to provide palliative care in every part of England if local people need it – another huge step forward in making sure all dying people are treated with dignity, care and compassion in their final months, weeks and days of life.



Matthew Reed,
Chief Executive

A continuing challenge for Marie Curie is delivering results while still developing new ways of working in response to the pandemic. At the time of writing, care-giving colleagues still have to wear PPE for 12-hour shifts, for example, which takes a physical toll. Office-based staff, meanwhile, were adapting at short notice throughout the year as government guidance changed. However, we've been humbled time and time again by our staff and volunteers' resilience and ability to find a way through these challenges.

We forged some formidable partnerships with other organisations as we campaigned together for shared causes. Our *Health and Care Bill* work is a great example of this, and so is the National Day of Reflection, which returned for its second year in March 2022. Both of these projects were made so much more powerful by working collaboratively with others.



Vindi Banga,
Chair of the Board of Trustees

This is just the tip of the iceberg and we hope you'll agree, after reading this report, that we've all achieved fantastic things together over the last 12 months.

You'll also find out about the plans we have in place to help us move towards our bold but achievable goal of seeing a United Kingdom where everyone can have a positive end of life experience. Looking forward, we'll be focused on delivering essential care more effectively, building our resilience as an organisation, and growing our influence as a thought leader in end of life matters.

Thank you for reading – we hope you find this report helpful and informative.

Matthew.

Matthew Reed, Chief Executive

Vindi Banga

Vindi Banga, Chair of the Board of Trustees

Our year at a glance

With nearly 75 years’ experience, Marie Curie is the UK’s leading end of life charity. Across our four nations, we support people affected by all terminal illnesses, and we’re the UK’s largest charitable funder of palliative and end of life research.

Care  46,000 people cared for by Marie Curie Nurses and Healthcare Assistants	Support  904 bereavement support sessions	Volunteers  Over 6,500 volunteers donate their time to our vital cause	Reach and influence  Almost 1.2 million people accessed our online and printed Information and Support materials
 1,904 registered Nurses and Healthcare Assistants	 18,649 Information and Support enquiries via phone and web	 8,014 home visits by Helper volunteers	 Our online magazine Talkabout generated over 423,000 visits
 9 hospices across all 4 nations	 718 households supported by Helper Volunteers	 423 volunteer fundraising groups raised £2.5 million	 An estimated 600,000 people to benefit from our palliative care campaigning successes

Who we are

Marie Curie is here for everyone because we all deserve the chance to have the best death we can. To prepare and to say our goodbyes. To remain ourselves. To feel safe. To have our wishes known. For it to be how we expect it to be. In recent years, we've seen how, when it's not right, the repercussions can last a lifetime.

Marie Curie nursing teams and hospices, and our trusted information and free Support line, are here to help everyone in the UK through all aspects of dying, death and bereavement. Through our policy and campaigning work, we're also fighting for a society where everyone gets to lead the best life they can, right to the end.

We'll help you to talk, plan and prepare, to get things sorted in advance. We'll support you through your final years, months, days and hours of life – whether you have Parkinson's, Motor Neurone Disease (MND), late stage cancer or any illness you're likely to die from.

We'll be there for the people you love. And we'll push the boundaries of knowledge around what makes a good end of life, and fight for your rights, to make that experience the best it possibly can be.

All this is possible thanks to your continuing support.

Community nursing and hospice care

Marie Curie Nurses and Healthcare Assistants work night and day, in people's homes across the UK, providing hands-on care and emotional support. They help people living with a terminal illness to stay surrounded by the people they care about most, in the place they're comfortable. See pages 14-21.

mariecurie.org.uk/nurses

Our hospices offer the reassurance of specialist care and support, in a friendly, welcoming environment. Our hospices provide this to people living with terminal illness, some staying in the hospice, some just coming in for the day – and we support their loved ones too. See pages 14-21.

mariecurie.org.uk/hospices



Helper volunteers: We know the little things can make a big difference when you're living with a terminal illness. That's where our trained Helper volunteers come in. They can visit regularly to have a friendly chat over a cup of tea, help you get to an appointment or run an errand. See pages 40 - 43.

mariecurie.org.uk/helper

Information and support: Whatever your question, we're here to help with practical information and support on all aspects of life with terminal illness, dying and bereavement. You can call us, chat to us online, visit our website, order information in print, or join our online community. See page 19.

mariecurie.org.uk/support

Research: We're a leader in end of life research across the UK. We fund research to help improve care and support across our services, as well as those provided by others. We also use our findings to help us campaign for a better world for people affected by death, dying and bereavement. See pages 22-27.

mariecurie.org.uk/research

Policy and campaigning: We're determined to fight for a world where everyone gets the best experience they possibly can at the end of their lives. We campaign and influence decision-makers on issues that affect people reaching the end of their lives and their families and friends, to help them access high-quality care and support when they need it most. See pages 22-27.

mariecurie.org.uk/policy

Public awareness: We know talking and planning can help make life better at the end. We offer resources to help families and friends start important conversations around end of life earlier, so, as a nation, we can be better prepared for death. See pages 28-31.

mariecurie.org.uk/talkabout

Our strategy, growing our services to reach more people who need us

Marie Curie currently provides expert care and support to one in 14 people dying in the UK. But we want to be in a position to do so much more. By 2040, we expect the need for palliative and end of life care to have increased by up to 42%. So it's vital that we grow our organisation to meet the demands of the world we operate in.

Without urgent change, the gaps in end of life provision will only get larger and more people will die without adequate help or support.

What's more, the pandemic has shone a harsh light on structural problems and inequities in the communities we serve. So, to start reaching more people urgently, we need to use all of our 75 years of experience to collaborate with others and find new ways to support more people. With this in mind, we've developed a strategy focused on five areas.

Care at a more local level

We'll continue to work closely with others in local communities to design and influence the support we provide people where they live. This will help us identify and overcome the barriers people face, ensuring more people have the best possible experience, getting the individual care and support they need at the end of their life.

We've made a very strong start on this journey, re-organising our clinical teams so that they're more similar in structure to established local and national health and social care systems. Our place-based approach is already getting good results at a local level (see *Caring for people*, pages 14-21, for more).

Helping people understand end of life

Empowering people to make the right plans and preparations and find the information and support they need – whether they're facing terminal illness or bereavement – is crucial for a better end of life experience for all. By providing

high quality, freely accessible information and support services we can ensure more people turn to Marie Curie for help.

In 2021 our information and support services were accessed by over 1.68 million people. And, as we move forward, we'll continue to build our information and support so we can reach more people. We'll also continue to invest in our digital capabilities to ensure we're making the most of technological opportunities, and providing our information and support in the most easily accessible ways.

The fight for change

We'll continue using our UK-wide influence to change policies, laws and systems to create a better environment for people at end of life across the UK. We've made some truly noteworthy progress in this area already; see *Campaigning for change*, pages 22-27, to find out more.

Adapting to challenges

We'll address the predicted increase in need for our services by running our charity in the most efficient way possible, making our funds work even harder. So we'll set up our organisation in a way that allows us to work as effectively as possible and build long-term sustainability. We're creating strong foundations now by focusing on our people, our processes and our digital capability, to help us drive positive change across the end of life care system.

Reaching everybody who needs us

Finally, we'll prioritise social inclusion, because our research and insight shows that some communities get disproportionately less support than others at end of life.

In all, we believe these areas of focus will allow us to have the greatest positive impact we can on the growing number of people across the UK who'll need us over the coming years.



Our plans for the coming year

Like everyone, in the coming year we expect to be facing an uncertain financial outlook. So we're focusing on sustainable growth in our services, alongside providing vital care today and pushing for longer term change that will benefit more people in future.

Deliver vital care and support

From the first day we opened our doors, care and support has been at the heart of everything we do.

We'll need to be able to respond effectively to any further pandemic challenges, and adapt seamlessly to the ever-changing healthcare landscape. So we will:

- complete the move to place-based integrated working in our ten regions around the UK (see *Caring for people*, pages 14-21)
- improve our understanding of what local communities need and where the gaps in end of life care and support are
- improve our technological capabilities to deliver innovative care
- increase the total reach of our services (see *Grow our influence, scale and impact* section below)
- improve the patient experience through our Transforming Care Delivery programme (see *Caring for people*, pages 17-18).

Grow our influence, scale and impact

We need to reach more people so that everyone, regardless of their background or location, has access to the best possible end of life experience. But we also need to fully understand the difference we make to people's lives, so that we can continue to invest in services that provide the greatest impact for people when they need us. So we will:

- increase the care and support we provide directly to people through our services by 5%,

and increase the total reach of our services by 8%

- update the Marie Curie brand so it reflects our strategy more closely and expands our relevance to more people
- increase public engagement so we can identify areas of need, make an even stronger case for policy changes, and recruit more volunteers and financial supporters
- raise the income needed to grow the number of people we support at end of life.

Build operational and financial resilience

To make the biggest difference we can for people at the end of life, we need to make sure our organisation is set up to allow us to work as effectively as possible.

So, to improve our core business, strengthen our operations and make our charity even more efficient, we will:

- make sure we're doing everything we can to recruit and retain the best staff in the face of sector-wide issues in this area (see pages 36-39)
- improve our technology and business intelligence so we can provide better support to staff, and better services to the people we support
- take action to become more financially resilient and sustainable, raising £107 million through fundraising, retail and trading (see pages 44-51)
- reduce our impact on the environment by developing and implementing our green strategy (see pages 64-65).





Caring for people

Marie Curie works night and day in people's homes, in our nine hospices, on the phone and online to provide expert care and vital emotional, clinical and spiritual support to the people who need us. We collaborate closely with local organisations to plan and offer services that meet the specific needs of the local population as part of our placed-based approach.

Continuing to adapt to Covid-19

For the second year, the pandemic posed extraordinary challenges to how we delivered our care. But we continued to support people face-to-face in our hospices and in communities – as well as over the phone, online, and via video consultations. Our doctors, nurses, allied health professionals, social workers and healthcare assistants cared for over 46,000 people in communities across the UK last year, which is an increase on our pre-pandemic numbers.

At the time of writing, there are still some restrictions in place to reduce the risk of Covid-19 transmission which are affecting our hospices and community services, and we're continuing to monitor the pandemic carefully.



Over 1.2 million people received direct care, telephone support or accessed our online information



Phil Hardman/Marie Curie



England: focus on place-based care

In the Northwest, our Integrated Mersey Palliative Care Team (IMPACT), a service delivered in partnership with Liverpool University Hospitals, Woodlands Hospice and Mersey Care, continues to go from strength to strength.

IMPACT is a group of specialist palliative care clinicians working together to optimise palliative and end of life care to patients in the area. In data collected last year, the service has achieved a reduction of 44% in the average number of unplanned admissions to hospital in the last 90 days of life, a mean length of hospital stay reduced from 31.1 to 21.9 days and the number of deaths in hospital reduced by 12%.

In Yorkshire, our Bradford team developed the Marie Curie React service in partnership with the District and Craven Clinical Commissioning Group, Bradford Teaching Hospital NHS Foundation Trust and Social Finance, who invested over £2.5 million into the project. Marie Curie React aims to prevent unnecessary hospital admissions and time spent in hospital by placing senior palliative care clinicians in A&E and providing a 24/7 Rapid Response community nursing team. The project, starting in June 2022, aims to reduce admissions to hospital by 14% for 1,024 people in their last year of life in the City and District areas.

Targets and achievements 2021/2022

Targets

- Build and co-design end of life care services with others, to support people in the best possible way in their local communities.
- Develop and implement a plan to transform the end of life care experience at a national level in all four nations.
- Develop community services that are locally inclusive and meet their end of life needs.
- Support a virtual Learning Academy to share our end of life knowledge and skills with other organisations to ensure that more people have the best possible experience at the end of life.
- a further 1,197,855 through our Information and Support online and print materials.
- We continued to move towards a place-based approach to planning and organising palliative and end of life care.
- We grew the proportion of UK GPs signed up to our Daffodil Standards quality improvement framework to 20%.
- We carried out a feasibility study to understand the education and learning needs for our own staff and staff working in care homes.

Achievements

- We reached 1,296,788 people through our services, including:
 - 66,024 through our hospices, nursing services, helper and companion services, and Information and Support calls
- We received 21,000 unique page views of our new Workplace Bereavement Hub.
- We created a Business Development function help us to secure more commissioned services and build impactful partnerships all over the UK so we can reach more people.

A closer focus on local needs

Three of our priorities for the last year were to build and co-design end of life care services with others, to support people in the best possible way in their local communities; to develop and implement a plan to transform the end of life care experience at a national level in all four nations; and to develop community services that are locally inclusive and meet their end of life needs.

We continued to move towards a place-based approach to planning and organising palliative and end of life care to address these priorities. Our place-based approach means that, across Scotland, Wales, Northern Ireland, and our seven regions in England, we prioritise planning for the needs of the local population, offer services as close as possible to where people live, and collaborate closely with local organisations, community groups and individual families wherever possible.

As part of this approach, our Hospice and Community Nursing teams started to work more closely, with joint arrangements for

governance, education, and leadership in place.

Virtual Learning Academy

Our fourth priority for this year was to support a virtual Learning Academy to share our knowledge and skills with other organisations, so more people have the best possible experience at the end of life.

We carried out a feasibility study to understand the education and learning needs for our own staff and staff working in care homes. We provided small scale learning programmes with care home staff to find out what was needed and explore the best way of providing education and learning.

The next steps are to look at ways in which we can scale up and improve access to good quality education, learning and accreditation for a wide range of people working in the health and care sector including volunteers.

Releasing more time to care

Our Transforming Care Delivery programme –



Scotland: focus on place-based care

In Scotland, we've supported palliative care delivery for people in prisons, firstly through direct involvement with prisoners who have palliative care needs, and secondly, by providing support and education to prison staff for whom palliative care is a complex and challenging element of their role.

In January, we launched a Project ECHO network with 10 prisons to form a community of practice across Scotland. Across the network, 40 people attended the sessions, which looked at different aspects of palliative care delivery in prisons. These sessions have been evaluated positively, and meant palliative care and clinical staff in prisons had a chance to learn together about how to best deliver palliative care in that setting. Our commitment to this population of patients continues and remains one of our strategic objectives for the year ahead.

which is designed to help community nurses spend more time delivering care, and less on administration – is largely complete, and our Community Nursing teams are reaping the rewards.

We now have an electronic referral and allocation system and electronic patient records right across our services, and we're seeing tangible improvements in terms of operating efficiency, data accuracy, and the amount of time our clinical staff get to spend directly caring for people living with a terminal illness.

"In the northeast of England and Yorkshire, staff are really excited about the Transforming Care Delivery programme. We've seen how it will streamline our

processes, getting the right nurse to the right patient in the most efficient way possible, and free up our patient-facing staff to concentrate on delivering even more high quality, compassionate care."

Helen Forrow, Associate Director of Strategic Partnerships and Services, North East and Yorkshire

Supporting GPs to provide the best care

GPs are a vital part of health infrastructure in this country, so it's important they're able to help their patients access end of life care and bereavement support. *The Daffodil Standards* are a free, evidence-based framework from Marie Curie run in conjunction with the Royal College of General Practitioners (RCGP) to help GP practices offer the best end of life and bereavement care for people living with a terminal illness and those close to them.

We grew the proportion of UK GPs signed up to this framework to 20%, and feedback from GPs on how the Standards are working have helped inform a new set of advance care planning principles with NHS England and the Care Quality Commission (CQC). These principles help to better support people to plan and prepare for the end of life support that's right for them.



Phil Hardman/Marie Curie

Information and Support

We can't reach everyone who needs us with our services on the ground. But we can provide vital information and emotional support via our Support Line, website, and printed information. This year, these services were accessed more than 1.68 million times. The Support Line answered a total of 18,649 enquiries, including over 11,000 calls and over 5,300 web chats.

It's important that people know they can trust our information, so we applied and were successful in being awarded the PIF Tick in April 2021 – the UK quality mark for trustworthy health information.

Bereavement

Lots of the information and support we provide is to people facing bereavement and grief. For example, in 2021/22, we provided over 900 sessions via our Bereavement Support Line to people who needed a listening ear.

We also conducted extensive research into bereavement in the workplace, including what support is offered by employers and what support employees might need. That research revealed that many employees who'd been bereaved felt pressured to return to work before they were ready, and that many line managers would welcome help



We answered 18,649 Support Line enquiries



Brian Morrison/Marie Curie



Wales: focus on place-based care

We partnered with Diverse Cymru, an equalities charity with expertise in connecting with under-represented communities, to secure £357,000 of Welsh Government funding to improve access to bereavement services in Wales over three years.

The work will focus on minority groups and individuals who currently find it difficult to access services due to language or cultural barriers.

We've started providing some services already, and we hope to be fully up and running by autumn 2022. At that point, we expect to provide bereavement support to different communities via the following:

- **accessible information resources in different languages and formats**
- **the recruitment of 30 volunteers to support the bereavement information and support line, with each volunteer providing support to 40 to 50 people per year**
- **expanding our Helper Service across Wales with the recruitment of an additional 20 volunteers, who would support two people each**
- **the recruitment of a counsellor to manage a caseload of 450 people per year**
- **at least 10 bereavement cafes per year, supporting 100 to 120 people per year.**

on supporting bereaved employees. This led to the launch of our new Workplace Bereavement Hub in September 2021 – a resource full of helpful information for bereaved workers, their colleagues, and management. It's proved popular too; the hub had over 21,000 unique page views over the year.

Even as the UK started to emerge from government pandemic restrictions, our Covid-19 information hub continued to be a trusted and valuable resource. It received over 185,000 web views during 2021-22, and was shortlisted by the British Medical Association, reaching the final three in their 2021 Patient Information Award.

Preparing for a future where more people are dying

According to Office of National Statistics calculations in 2018, the number of people dying in England will increase by 24% over the next 20 years. In turn, the number of people close to them who need support with grief and bereavement will rise too. Which is why, during 2021/22, we created a Business Development function. This team will help us to secure more commissioned services and build impactful partnerships all over the UK so we can reach more people.



Northern Ireland: focus on place-based care

We secured £770,000 over a three-year period from the Cancer Fund Northern Ireland, which is enhancing partnership working between Marie Curie and the NHS. As part of this, we're developing a programme of work which includes establishing key roles within the workforce, like clinical nurse specialists, community consultants and a service improvement facilitator. We're also developing a single point of access for palliative care services within the Belfast Trust. If this model proves successful, we'll look into replicating it across the region.

£376,000 in additional funding from HSBC has assisted with cost pressures we've experienced in Northern Ireland as a result of Covid-19.

Developing the skills of our clinical experts

We updated our Clinical Supervision Policy, which focuses people in supervisory positions on compassion, self-awareness, mindfulness

and understanding of emotional systems. Meanwhile, 12 of our clinical staff completed the Nightingale Challenge Programme, a Marie Curie initiative which provides future nursing leaders with bespoke interactive learning to help develop their leadership skills.

Inspections

The South West Community Service was inspected by the Care Quality Commission (CQC) in October 2021 and the Eastern community service was inspected by the CQC in November. Both services maintained the overall 'good' rating with 'good' achieved in all five of the CQC domains: safe, effective, caring, responsive and well led.

Healthcare Improvement Scotland carried out focused inspections of Edinburgh and Glasgow hospices in April 2021. Edinburgh was rated 'good' for safe delivery of care and 'satisfactory' for leadership of improvement and change. Glasgow was rated 'good' for safe delivery of care and 'good' for leadership of improvement and change.

Our hospice in Belfast was inspected by Northern Ireland's Regulation and Quality Improvement Authority (RQIA) at the end of

March 2022. The report is not yet available.

The quality of our care

Our Quality Account sets out how we monitor, measure and ensure the quality of the care we provide. It contains additional background, context and detail relating to nursing and quality. You can read the Quality Account online at mariecurie.org.uk/qualityaccount



Brian Morrison/Marie Curie

In 2022/23, we will:

- **increase our total reach by 8% and increase the care and support we provide directly to people through our services by 5%**
- **undertake work to better understand the needs of the population within each of the three devolved nations and our seven place-based regions in England**
- **aim to improve access to services for the diversity of the populations we serve, based on need, and we will actively plan to make this happen over subsequent years**
- **set agreed themes for continuous quality improvement so that we continue to improve the experience for patients and families**
- **implement our new framework for career development and career progression for our nursing staff**
- **look at ways in which we can reduce our operating costs so that we can reinvest savings into providing more care.**



Phil Hardman/Marie Curie



Pete Jones/Marie Curie

Improving end of life care for all

Our Research, Policy and Public Affairs team helps us to build evidence and then use it to make end of life care better and fairer across the UK, through making the case for changes to policy and practice.

Marie Curie Nurse Precious Obidimalor, Baroness Finlay of Llandaff and campaign supporter Joanne Aitken lobbying for an amendment to the new *Health and Care Bill*.

Making history in England

One of the highlights of the year was successfully lobbying for an amendment to the new *Health and Care Bill*. This change ensures that, for the first time in NHS history, health commissioners are now required by law to commission palliative care services in every part of England. Almost 500,000 people a year in England could benefit from better access to better quality palliative care near them.

Evidence from our Better End of Life programme, led by researchers at the Cicely Saunders Institute at King’s College London, played a key role in securing this change. Shockingly, the programme showed that, of 23 Integrated Care Boards which had published their strategies in response to the new bill, only six had any strategy outlined for palliative care. And only three of those had identified any targets relating to palliative care, such as reduced hospital admissions. These findings were central to our case, and frequently quoted in Parliament.

Our four priority areas

We launched our brand-new combined Research, Policy and Public Affairs strategy for 2022/25. This sets out four priority areas where we think we can make the biggest difference to people living with a terminal illness and their families:

- Mental and physical health and wellbeing
- Ending financial insecurity at end of life
- Carer and bereavement support
- Ending inequity in end of life experience



Brian Morrison/Marie Curie

Targets and achievements 2021/2022

Targets

- Continue to focus on work in our four key thematic priority areas. Some key projects for the coming year include: continuing to work closely with the UK Commission on Bereavement; publishing an analysis of how many people are dying in poverty in the UK; and working with the NHS throughout England to deliver palliative care strategies.
- Meet the specific needs of all four UK nations by continuing to develop and deliver vital policy and research work at both local and national levels.
- Work in partnership with stakeholders across the sector to co-develop a What Works Centre for End of Life Care. This centre would focus on delivering the best available evidence on “what works” to key decision-makers in palliative and end of life care.

Achievements

- We helped establish a UK Commission on Bereavement – an independent commission exploring what improvements are needed to bereavement support across the four UK nations. This work was partly motivated by independently funded research by the Marie Curie Research Centre in Cardiff and Bristol University.
- We delivered the Better End of Life programme’s 2021 report focusing on experiences of delivering palliative care during the pandemic.
- We delivered an online Marie Curie Palliative and End of Life Care Research Conference that attracted over 1,200 attendees, watching an average of 2.3 sessions each.

Cutting red tape for people living with terminal illness

Our Scrap 6 Months campaign with the Motor Neurone Disease Association achieved fantastic success in summer 2021. Previously, people with a terminal illness had to show it was likely that they had just six months or less to live (via a doctor’s letter) before they could get fast-track access to benefits. The process often meant dying people had to endure long delays, distressing assessments and unnecessary red tape.

We argued that this was not only inhumane for people living with terminal illnesses and their loved ones, but also an impractical demand to place on doctors. Our lobbying was eventually successful, and it’s now easier for people living with a terminal illness to access vital financial support. We conservatively estimate that around 80,000 people per year will benefit from this change.



We estimate 80,000 people a year will benefit from our successful Scrap 6 months campaign

Enabling vital research

Research provides us with evidence to support everything from planning our services to lobbying for vital changes to make life better for people affected by terminal illness. This year, we offered research grants to projects falling within our four priority areas and, at time of writing, seven new grants are in the process of being finalised. The research will study a range of areas including why people in lower socioeconomic positions are more likely to die in hospital, and how paramedics currently provide end of life care.

Our small grants scheme aims to rapidly deliver evidence in key areas where we have policy-related activities planned. It awards grants to successful applicants inside Marie Curie.

Nine new projects were funded last year, covering areas as diverse as homelessness, end of life care in prisons, long term grief during the pandemic, and how fundraising can impact the bereavement journey.

Understanding and combating loneliness in Northern Ireland

We awarded a small research grant to gather insights from Marie Curie staff in Northern Ireland who had cared for people experiencing loneliness. The team working on this project then turned the research into a policy report and ran a very successful engagement event.

Using this research, we're campaigning for Northern Ireland to develop a national strategy to tackle loneliness; it's the only country in the UK that doesn't yet have one.

Public attitudes to death and dying

Our Marie Curie Palliative Care Research Centre (MCPCRC) at Cardiff University conducted a survey of over 8,000 people across the UK about how they understand dying, death and bereavement. The survey covered areas like palliative care services, what those services needed, and what matters most to people affected by serious illness.

The survey revealed that as many as a third of people in the UK are not familiar with common terms used by professionals caring for dying people. Results from the survey were used to support Marie Curie's lobbying work at party conferences in 2021, and our call for an amendment to *The Health and Care Bill*.

Campaigning in all four nations

Our strategy commits us to working across all four UK nations, and over the last year made a real difference to improving end of life care for all, across the UK.

England

In England, we successfully campaigned for the Government to amend the *Health and Care Bill* – see the *Fighting for change* section above for more details.

Scotland

We campaigned tirelessly during the Scottish Parliament Elections 2021, securing a commitment from the Holyrood government to appoint a new National Clinical Lead for Palliative and End of Life Care, and to a new national *Palliative and End of Life Care Strategy*, which we'll co-design over the coming year. We estimate that almost 56,000 people in Scotland could benefit from these changes.



Wales

We helped develop the new high level policy statement for end of life care in Wales, aiming to ensure that high quality end of life care is delivered equitably across the whole of Wales.

Meanwhile, the Marie Curie Research Centre in Cardiff conducted a consensus exercise across Wales and asked patients and their families to select what their priorities would be at the end of life. From this, a set of recommendations was made about how the palliative care system can meet the preferences of people affected by death, dying and bereavement more effectively.

Northern Ireland

For too long, palliative and end of life care has not been given the attention it deserves at the strategic policy level in Northern Ireland. But in March 2022, we managed to get palliative and end of life care included in the 10-year *Cancer Strategy for Northern Ireland*.

We estimate that 27,000 people across Northern Ireland could benefit from the palliative and end of life care recommendations included in the Cancer Strategy.



Up to 490,000 people a year could benefit from changes we helped make to the *Health and Care Bill*



Dr Ami Nwosu is Research Manager at Marie Curie Hospice, Liverpool and a Clinical Lecturer in Palliative Medicine.

Sarah's story

Sarah Stanley is a Research Nurse at the Marie Curie Hospice, Liverpool. Sarah has played a key role in creating a research culture within the hospice, and has presented at many conferences. She's had 26 publications and counting, and her recent work investigated digital communications during the pandemic.

"Historically there wasn't much research here at the hospice, so it was essential to talk to staff about what research is, why we do it, and why we involve patients. Once staff understood this and saw that patients wanted to be involved, it really helped shift the culture. Since then, I've helped staff to write summaries of research papers, and develop posters for conferences, to showcase the great work they do.

"I also help to run a journal club where staff from across the hospice discuss scientific research. We recently looked at research about pet therapy and found evidence that it improves wellbeing for patients. This prompted



a wider conversation because, since the first lockdown, pets hadn't been coming into the hospice. We took our findings to a senior management meeting, and there was a therapy dog visiting the hospice the very next day; it's a nice example of how research can guide practice."



Brian Morrison/Marie Curie

Leading the conversation

Our marketing and communications experts help us make sure our important messages are heard loud and clear across the UK, by the people we need to hear them. 2021/22 was another busy year of supporting vital activities across the charity, helping to raise awareness of our services and supporting our campaigning and lobbying work.

Visitors post messages onto a Wall of Reflection as part of the Marie Curie-led National Day of Reflection.

The second National Day of Reflection

Building on the success of the first National Day of Reflection in 2021, we led the second event on 23 March 2022, two years from the day the UK first entered lockdown. We mobilised organisations from every sector, and communities around the UK once again, as we called on people to come together, acknowledging and supporting the millions bereaved during the pandemic.

The continuing importance of the National Day of Reflection was highlighted by medical research in December 2021, and a consumer survey in March 2022. We found that 30% of respondents didn't think the UK had had the opportunity to properly reflect on the loss of the last two years. While 53% felt that "we need a moment to reflect and process the impact and communal loss we have experienced".

Over 700 organisations supported the event, including emergency services, schools, charities, businesses, institutions, community and faith groups, and bereaved families across the UK. The day was also supported by cross-party politicians, celebrities and members of the public.



National Day of Reflection
23 March

Over 700 organisations
around the UK joined the
National Day of Reflection

Activities on the day included a minute's silence at noon, a series of online events, evening vigils, and buildings lit up yellow. We also welcomed our Royal Patron His Majesty the King, Charles III to the Marie Curie Hospice, Belfast, where he joined the minute's silence and met patients, staff and supporters. The day was supported and promoted by several of our celebrity ambassadors too, including Jim Carter, Janet Ellis and Chris Kamara. New for this year, a series of Walls of Reflection across the country acted as community spaces where people could share thoughts, memories and pictures of loved ones who've died.

Marie Curie's Life Questions campaign

It's important people know they can come for us for help. So last year we ran a TV advertising campaign to highlight how our Support Line



We created over 427 million media opportunities for people to see and engage with our *Health and Care Bill* campaign



Visit of His Majesty the King, Charles III to the Marie Curie Hospice, Belfast on the Day of Reflection, 23 March 2022. Here he adds a special message to the Wall of Reflection.

Brian Morrison/Marie Curie

Targets and achievements 2021/2022

Targets

- Drive fundraising and awareness by promoting the Great Daffodil Appeal and other fundraising campaigns throughout the year.
- Promote awareness of Marie Curie and our services to the public through an autumn TV brand campaign.
- Drive awareness of our charity and the need for bereavement support by leading the second National Day of Reflection.
- Promote our policy work with high profile media coverage, public campaigning actions, social media engagement, and storytelling to influence change.

Achievements

- We supported Marie Curie's big campaigns across the year to make the public aware of the work we do, so more people will consider

- donating to us or supporting us, including the Great Daffodil Appeal in March 2022 and our One Last Wish legacies campaign in October 2021.
- We led the second National Day of Reflection in March 2022, achieving 1,800 pieces of PR coverage, over a billion opportunities to see the campaign, reaching 63% of opinion leaders, and with the day trending number one in the UK on Twitter.
- We supported our research and policy work with high profile media coverage, public campaigning actions, social media engagement, and storytelling to influence change (see pages 22-27).
- We won two awards in recognition of the impact of our work.

can help anyone across the UK. Called Life's Questions, the adverts depicted people from different ages and backgrounds asking seemingly innocuous questions, leading up to a much bigger question that Marie Curie could help with.

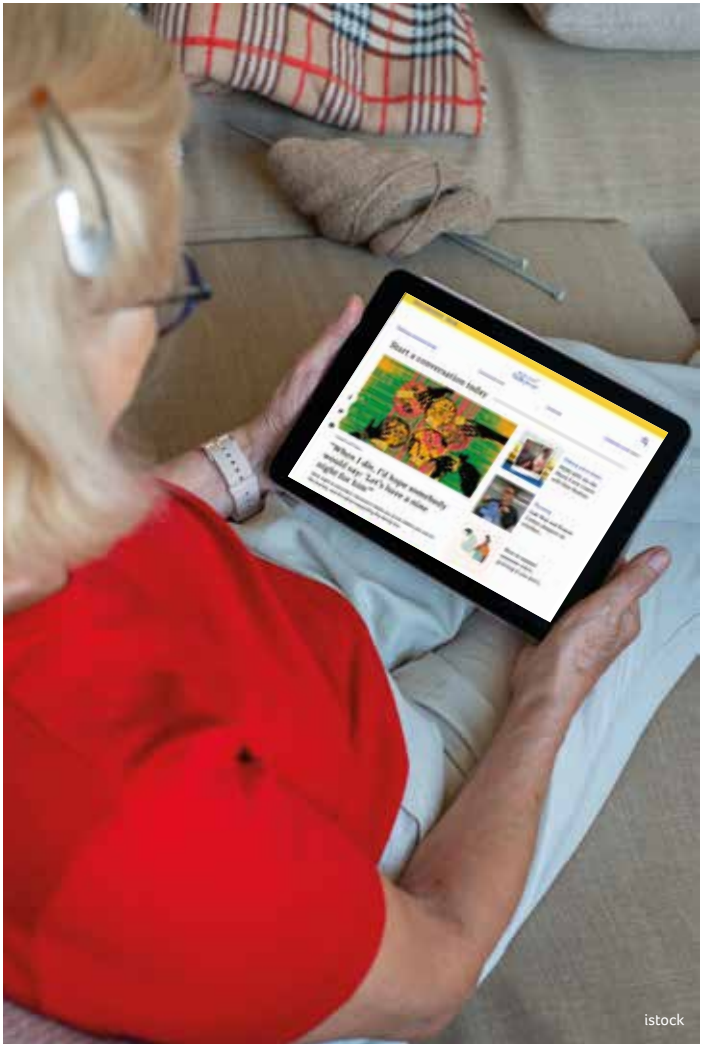
The campaign helped to increase public awareness of Marie Curie. The Support Line itself received 18% more calls in November and December 2021 than the same period in 2019, and webchats increased by 80% in the same period.

Talkabout

This year, we saw a consistent level of site visits to our *Talkabout* online magazine, with over 423,000 sessions and 375,000 users. *Talkabout* aims to stimulate conversations about death and dying, and encourage more people to think and plan earlier for the end of life. It contains a wide and ever-increasing range of articles and features, from powerful personal stories to popular culture and celebrity stories, and advice or tips for coping with aspects of death, dying and bereavement.



Our online magazine *Talkabout* generated over 423,000 visits



istock



Innovating in technology

In order to adapt to people's end of life needs and provide more vital services in new ways all over the UK, we need to evolve our technological capabilities. During 2021/22, we nurtured innovation across the organisation, and increased our impact through digital tools and tech.

Digital developments

It's been a busy year for Marie Curie in the digital space. We developed the first version of the Marie app, which is designed to provide people with easier, 24-hour access to vital care. At the time of writing, the app is being tested with users.

To understand how colleagues, beneficiaries and supporters use technology (and therefore what they need from it), we've been investing in our data and analytics capabilities. We started to see that investment really bear fruit in 2021/22, as we created a dedicated online Data and Insights Portal, a secure area where we can report on all the data we collect across the organisation in one place.

We also brought together the data from our key clinical systems into one place, so we have better insight to help us improve our care.

Technology to support future ways of working

Like all organisations, we're still feeling the effects of the pandemic in many ways, but the last two years have provided us with significant opportunities to embrace new ways of working.

This year, we deployed new technology to help us work more efficiently for our patients, and to give staff and volunteers more control over how they work, too.

This included upgraded devices and software for staff and volunteers working in the community, self-service booking options for patients and carers wanting virtual consultations, and advanced desk booking facilities for hybrid office workers.



Our improved booking system means patients can now book their own appointments



Philip Hardman/Marie Curie

Targets and achievements 2021/2022

Targets

- Innovate to meet the needs of our colleagues, volunteers, donors and patients.
- Develop our data and analytics capabilities, making Marie Curie more data driven.
- Support future ways of working through technology.
- We improved our virtual consultation technology for patient and carers.
- We launched the Digital Collaborative, a group of leaders from across the charity who pool knowledge and work to support digital innovation in all areas.

Achievements

- We integrated our IT, Analytics & Data, and Digital teams into a new Technology directorate, and appointed a new Chief Technology Officer to lead it.
- We developed the first version of our innovative Marie app and tested it with supporters.
- We delivered the Data and Insights Portal, incorporating self-service analytics dashboards for hospices and many other areas.
- We built and launched a significantly refreshed Marie Curie e-card platform, which raised over £50,000 in its first four months.
- We delivered a new suite of integrated cyber security tools, improving our capability to deal with threats.
- We started to develop an Enterprise Architecture function, aimed at linking together our business and technology architectures in a more holistic way.



The new Marie app is being tested, and aims to give more people 24 hour access to vital support and information



Ben Gold/Marie Curie



Supporting our people

We couldn't support people living with a terminal illness and those close to them without our fantastic staff and volunteers. During the year we continued to foster a workplace which underpins our values and ensures we remain agile, inclusive and resilient.

Adapting during challenging times

Our people are our most important asset and we are committed to creating a safe environment where all our colleagues can develop and thrive. Everyone has been impacted by the pandemic and many of our colleagues have been operating in very difficult conditions for over two years. We continue to evolve our wellbeing framework to ensure everyone feels supported and informed. Our People team plays an important role in making sure we are making every effort to comply with employment law and meet regulator expectations.

Attracting and keeping the best people

As part of our ongoing response to a highly competitive labour market, we launched a project to evaluate our structure, leadership and continuous improvement, and develop new strategies for attracting the best talent. We've already made positive steps towards our targets and look forward to achieving more next year.

An important part of this is making sure we're keeping up with the rest of the market in terms of pay and benefits. So this year, we developed

our Strategic Reward Review to address inequality in pay and benefits in ways that are sustainable for the charity.

Equity, Diversity and Inclusion

We expanded the Marie Curie Equity, Diversity and Inclusion (EDI) programme, and, towards the end of the financial year, we started work on building an anti-racism strategy. There is no place for racism in our charity and we won't tolerate discrimination from our service users, members of staff, or volunteers. To demonstrate our commitment a zero-tolerance-to-abuse policy was approved and a code of conduct was introduced. Work began with a survey to all staff aimed at having an open and honest conversation about how we can make Marie Curie truly inclusive, and how to shape our anti-racism strategy. We hope to launch, and therefore start implementing, the strategy during the 2022/23 financial year.



Targets and achievements 2021/2022

Targets

- Develop the Strategic Reward Review to ensure employees are paid fairly and competitively.
- Expand our wellbeing offer for staff, specifically focusing on mental health support.
- Increase our programme of bespoke training courses for departments across Marie Curie.
- Ensure our policies and processes are effective and efficient, managing risks within approved appetite.

Achievements

- We launched a People Policy Forum and strengthened our HR policy development and review approach including a Code of Conduct.

- We developed the Strategic Reward Review which is now in delivery.
- We continued to respond at pace to government policy changes for Covid-19.
- We significantly increased our wellbeing offer including an increase in the number of our colleagues trained as mental health first aiders.
- We developed bespoke learning opportunities for retail, Digital and Marketing and many local Marie Curie teams across the UK.
- We launched a new series of online learning modules, covering a broad range of topics, a series of podcasts and a leadership e-library.

Investing in our people

Marie Curie is firmly committed to helping staff and volunteers develop their skills and pursue their ambitions within the charity. So we continued to offer virtual training, but also gradually increased our face-to-face training events, including our Leadership Excellence programme, Heading North Change Management, Step in Step Up to Leadership, Rise Middle Management, and the Nightingale Nurse Leadership programme.

We continue to support staff to gain professional qualifications, and we design and deliver bespoke team development

programmes on request. We provided bespoke training for teams throughout the organisation, as well as a range of online learning courses, newly refreshed last year.

Gender pay gap

Since April 2017, we've reported on our gender pay gap. This figure shows the difference between the average salary of men and women at Marie Curie. It doesn't compare salaries earned by men and women in similar roles.

Our mean gender pay gap in 2021/22 was 13.5%, a reduction on last year (17.6%). Our median in 2021/22 was 14.2%, a reduction of 0.4%. We're pleased to see this slowly reducing and have agreed an action plan to further reduce this gap focusing on three areas across the organisation. This includes reviewing how overtime is offered, the removal of unconscious bias in higher paid roles, and a revised job evaluation process as a part of the Strategic Reward Review.





Celebrating our amazing volunteers

The care we provide simply wouldn't be possible without our thousands of remarkable volunteers across the UK. Many volunteering activities were put on hold by the pandemic but 2021/22 was a year for celebration, as we started to welcome huge numbers back to the Marie Curie family.

A big thank you

We'd like to start by thanking every Marie Curie volunteer. The work you do is amazing, it makes so much of our vital care and support possible, and your commitment is truly inspirational.

Our 6,500 regular volunteers perform many different roles, including phone support for lonely and vulnerable people, home visits for patients and their families, essential hospice support, helping to run our retail shops, and countless fundraising activities that help pay for our services year in, year out.

A warm welcome

Last year, we recorded some of the greatest numbers of new starter volunteers we've ever seen. This was helped by the fact that we improved our on-boarding process for new volunteers, using an online application system that combines faster turnaround times with even stronger regulatory compliance.

Hospice volunteers

As pandemic restrictions eased, many of our wonderful hospice volunteers returned to their usual activities, showing resilience and flexibility as they supported hospice teams in delivering vital care and support. We developed new hospice-based volunteering roles too, in response to Covid-19 requirements. This included Lateral Flow Support volunteers, who enabled loved ones to visit patients in our hospices safely.

A helping hand and a listening ear

Lots of our volunteers provide vital support directly to people who need it. This includes bereavement counselling and helper volunteering, which offers much-needed in-person companionship and carer respite. At times during 2021/22, our Helper volunteers had to adapt and provide virtual assistance, but we're pleased to say that many are now back to home visiting.



718 households have been supported with over 8,000 visits from our Helper volunteers



Volunteer gardener Eileen Tedford at the Marie Curie Hospice, Liverpool.

Volunteer fundraising

There are over 3,600 Marie Curie volunteer fundraisers across the UK covering many different roles, from speaker volunteers to collection box coordinators. We supported 423 dedicated fundraising groups and a raft of clubs, groups and associations that raise funds on our behalf. This year, we celebrated the tenth anniversary of our fundraising group programme.

It was heart-warming and inspiring for us to see more and more of our volunteers and groups return to their pre-pandemic activities, as Covid-19 restrictions eased during 2021/22.

Their continued support, dedication, and creativity helped our volunteers adapt to changing restrictions and new challenges, ultimately raising more than £2.5 million last year. We're in awe of that effort, and we can't thank our fundraising volunteers enough.



Over 6,500 regular volunteers across the UK

Targets and achievements 2021/2022

Targets

- Continue recruiting volunteers to support Marie Curie, and ensure people are given roles they'll enjoy and perform well in, based on their skills, interests, and experience.
- Recruit corporate and skilled volunteers to maximise the impact of volunteering and increase the diversity of our volunteering pool.
- Improve the experience of our volunteers by developing a new management system, improved centralised communication and a place-based approach.

Achievements

- We carried out an audit to identify areas of overlap in volunteering roles and improve the accuracy of volunteer data.
- We accelerated volunteer recruitment as we

emerged from the Covid-19 pandemic, with nearly 2,000 volunteers onboarded from the beginning of 2022 until the end of the financial year.

- We improved both the content and delivery of volunteer manager training and resources with a thorough review and analysis of existing materials.
- We developed a plan to overhaul our corporate volunteering, which will improve what we can offer to corporate partners and deliver greater impact for the charity.
- We enhanced safeguarding with our new retail volunteer investigation and complaints procedure, and ensured parental consent is captured for volunteers under the age of 18.
- We employed a dedicated communications officer, who will help us deliver better volunteer communications, and improve volunteering collaboration with other teams.

Retail volunteers

Marie Curie shops across the UK are heavily reliant on the generosity and hard work of our Retail volunteers, who provide a consistent source of support for shop staff, keeping our shops serving their local communities. Our Retail volunteers are now back to carrying out the tasks they enjoy, collecting donations, preparing items for sale, and offering a friendly welcome to customers, all to help raise vital funds to support end of life care.

Improving volunteer support

We wanted to communicate more effectively with our volunteers, so we created more opportunities for volunteers to share their views and opinions on important aspects of their roles at Marie Curie. These include regular forums to provide a space for people to exchange information, ideas, and experiences.

We also did a full review of our safeguarding controls, including an audit and digitisation process of volunteer records, a more robust process capturing parental/guardian consent for under-18s, and improved mandatory training compliance.

Jas's story

Jas gives his time to our Information and Support team, and as a Ward Support volunteer at the Marie Curie Hospice, West Midlands.

"Volunteering gives me something quite unique. Why Marie Curie? I suppose I wanted something to remind me of how fragile we are and how precious life is."



"There are tangible benefits to volunteering, like having the opportunity to meet people from different walks of life and everything else that comes from the engagement. It's a privilege when people let you into their lives and you become part of their journey."

"Then there's the intangible benefit. Volunteering doesn't have a monetary reward, but it is truly a nurturing experience, a journey of personal growth if done with sincerity. It's not something that you get in reading a book or something you can buy."



Raising vital funds

This year, we grew our fundraising thanks to the amazing support of our donors, and the dedication of our inspiring volunteers. We exceeded our overall fundraising target, and it proved to be a particularly strong year for legacy giving and retail.

What a year

Once again, we've been blown away by how our supporters and partners have stood by us during what's been a challenging time for everyone in the UK. We want to say a huge and heartfelt thank you.

The return of retail

As restrictions eased and the high street reopened, our shops recovered well. We saw sales trends go up week-on-week, eventually returning to pre-pandemic levels in the final quarter of the year.

Sales through our online shop and mail order continued growing strongly; up almost a third compared to pre-pandemic levels. Donors gifting us items to sell contributed £800,000 through Gift Aiding.



Over £3 million growth in fundraising income, year on year



Stuart Jamieson raised over £9,000 on his Guinness World Record-breaking Land's End to John O'Groats scooter in memory of his wife. He beat the record by an amazing 10 days!

Gifts in Wills

During 2021/22, we received our highest legacy income on record, with more gifts in Wills left to us than ever before.

Marie Curie relies on the remarkable generosity of gifts in Wills to maintain our vital services. To make the process easier for supporters, we offer a free Will-writing service via partners, and we promote legacies in various ways, including our One Last Wish TV campaign, which aired for the first time in October 2021.



Over £38 million received through gifts in Wills, our highest ever amount



Sheena Havlin and family take part in our Twilight Walk in memory of their aunt Breda who was cared for by Marie Curie in Northern Ireland.



Light up the Night event in the garden of the Marie Curie Hospice, Belfast.

Targets and achievements 2021/2022

Targets and achievements

	Fundraising	Retail and Trading	Total
Target income (gross) for 2021/22	£81.00 million	£13.11 million	£94.11 million
Actual income (gross) for 2021/22	£93.35 million	£13.81 million	£107.16 million
Target income (gross) for 2022/23	£91.45 million	£15.44 million	£106.89 million

Achievements

- We passed some amazing corporate partnership milestones. SPAR UK reached £2 million, donations from Amazon Smile have raised over £500,000 since 2018, and we celebrated Hotter Shoes raising over £200,000 with the launch of a new Marie Curie shoe.
- Full-scale in-person events were resumed in March 2022 with the return of the London Brain Game. It was held for the first time in conjunction with an online matched funding campaign, The Marie Curie London Appeal, to support services across the London area. Particular thanks to Committee Chairman Richard Roberts and the London Brain Game Committee, for their outstanding efforts in helping to raise over £800,000.
- Our virtual event offerings continued, including a Christmas carol concert and two smaller scale live events: the Glasgow Brain Game and A Private View of the Summer Exhibition at the Royal Academy (with an online art auction). Thanks to Tennants Auctioneers for their support in hosting the auction website.

The Great Daffodil Appeal

The 2022 Great Daffodil Appeal saw the return of public collections for the first time in two years, with our wonderful volunteers back out in yellow, collecting donations on the streets.

This year we worked with a wide range of stakeholders, including supporters, to come up with innovative ideas which would appeal to existing supporters and help us find new ones too. We hope to have these ready to build the success of 2023's appeal and beyond.

Far-reaching individual support

Throughout the year, Marie Curie's individual supporters continued to show incredible dedication to our cause in many different ways. Regular givers have stayed with us despite a difficult climate, and donors to our appeals, newsletters, raffles or prize draws contributed almost £10 million during 2021/22.

Philanthropy and partnerships

Thank you to the individual philanthropists, charitable trusts, foundations and corporate partners that went above and beyond in supporting us this year.

We celebrated 25 years of partnership with the National Gardens Scheme (NGS), raising an incredible £10 million. To celebrate, we launched the National Garden Scheme Nightingale Challenge – a bespoke nurse leadership coaching programme for nursing leaders of the future. The NGS continues to be Marie Curie’s longest partner and we’re hugely thankful to their colleagues, county organisers and garden owners for their ongoing support.

In November 2021, we were delighted to be chosen as KPMG’s new charity of the year. Our partnership, which hopes to raise £1 million over two years, will help support our front-line nursing care as well as the digital transformation of our services. We’re grateful that, alongside KPMG’s employee fundraising, Marie Curie will benefit from their expertise through pro bono support and thought leadership.

Longstanding partners Superdrug and Savers raised over £500,000 last year – an amazing achievement in itself, but even more so



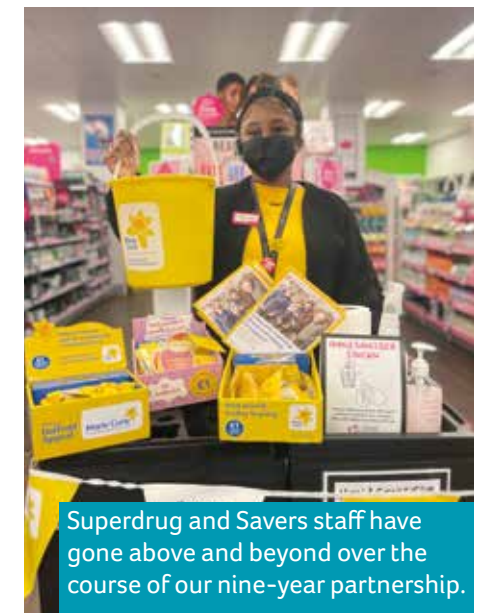
because it meant their Marie Curie fundraising total surpassed £9 million since 2013. Our partnership is based on a shared belief that everyone should get to lead the life they want, right to the end. Staff from both businesses showed remarkable commitment, with over 97% of all store teams hosting customer fundraisers. We’re incredibly grateful to Superdrug and Savers for their many years of loyal support.

The Liz and Terry Bramall Foundation continue to support the core work of our Marie Curie Hospice, Bradford. Recognising the importance of sustainable funding through an incredible five-year pledge, the third instalment of which was received this year. This gift has helped ensure that the hospice team have been able to provide much needed support to people throughout Bradford and West Yorkshire.

We continued to receive amazing support from Oak Foundation, and we’re delighted that they’ve renewed their commitment to our cause with a special interest grant of £1 million over three years. This gift will help us implement our place-based ways of working (see *Caring for people*, pages 14–21). It will also help us make sure our work is led by research learnings via the Better End of Life Programme (see *Campaigning for change*, pages 22–27) so that we’re providing care that’s tailored to what’s most needed. We thank Oak Foundation for recognising the importance of this work and helping us innovate for the future.

Throughout the year, we were also incredibly grateful for the support of NatWest Group, Royal Bank of Scotland and Ulster Bank NI. We were the beneficiaries of the UK-wide #Download2Donate appeal and the partner for Royal Bank of Scotland’s One Week in September campaign, where staff hosted fundraising activities for Marie Curie across Scotland, England and Wales. Royal Bank of Scotland and Ulster Bank NI were instrumental in their support in the second National Day of Reflection too.

A special thank you to all our patrons, development board members and special events committee members for their much-valued dedication and support.



Sandra and Clare’s story

Sandra and Clare met in 2014, just when Sandra had been given the all-clear from breast cancer. Then in 2018, the cancer came back. Sandra died in the Marie Curie Hospice, Liverpool, in 2021. While she was being cared for there, Sandra, who’d always written poetry, came up with a unique fundraising idea for Marie Curie, giving away digital copies of her poetry collection, *Most Women I Know...*

Before she died, Sandra explained: “We suggested a £5 donation, but some people are actually donating £50! I’ve always had a dream to get my poetry out in the world.”

The poetry fundraiser went viral, raising over £7,000, and celebrities including Jon Snow, Leanne Best and John Cooper Clarke recorded readings of Sandra’s poems, encouraging others to do the same and helping spread the word further.

Sandra said: “Hearing the poems back is like hearing them for the first time every time. It’s a different voice telling your story and it’s so powerful. It really is the greatest healer I’ve ever had. You wouldn’t believe how much it’s making my spirits soar.”

Clare reflected: “Perhaps one of the hardest parts of living with terminal illness is not knowing when that truck of devastation and



loss is going to hit you. It was coming at us for three years. You couldn’t get a harder journey for me and Sandra, but at the same time there was so much love and beauty and power in it. It was an amazing journey too, almost magical.”

It was a privilege to be able to care for Sandra and Clare, and we’d like to say a huge thank-you to them both for their generous and imaginative support for our charity.



In a year of such uncertainty, we remained focused on making sure our fundraising management and processes were as effective as possible.

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the *Code of Fundraising Practice*. Alongside other charities, Marie Curie contributed to the costs of establishing the Regulator. We review compliance and take corrective action where required. We also employ a dedicated Compliance Officer.

Standards and monitoring

Marie Curie is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits, mystery shopping and call listening). This helps ensure all Marie Curie fundraisers, and those who work on our behalf, are aware of, and are adhering to, our high standards.

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

We are extremely grateful for the advice and direct financial support received from our business partners during the past year. Partner organisations are expected to comply with the requirements of any professional standards, or trade bodies, depending on their activities (including commercial participators), and all applicable laws, statutes, regulations and codes of practice.

Complaints

The number of complaints received in 2021/22 regarding fundraising was 251 (2020/21:205). Over that period, supporters had over 470 million opportunities to see one of our fundraising advertisements. All the complaints were resolved satisfactorily through our in-house procedures and none were escalated to the Fundraising Regulator.

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 Marie Curie 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 Friends training to help to recognise and understand the impact for people affected by dementia. 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.

Raffles and lotteries

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

To run a raffle or a lottery legally, 20% of income must go to a good cause. This is the level that many organisations work to. However, last calendar year Marie Curie used 65% of income from raffles and the Weekly Lottery to directly support people living with a terminal illness. The remaining 35% was reinvested into operating and developing our gaming fundraising activities. This means we can promote our raffles and Weekly Lottery further, to help us raise more money in the long term and increase the percentage of funds going towards supporting people living with terminal illness into the future.

Last calendar year, Marie Curie raffles raised more than £814,000 from donations on top of income from ticket sales.

Our fundraising promise

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

- We promise to provide information about our work and our finances so you can see how your money is being spent and 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 our work or answer any questions.

Financial review 2021/22

The result for 2021/22 was a surplus of £12 million (2020/21: £25 million) before gains and losses on investments and pensions, reflecting the tremendous efforts of our supporters through another challenging year. The year began in lockdown which continued into April across the four nations, with all our retail shops closed and significant uncertainty remaining over the potential for fundraising activity. However, as the year progressed, we saw significant improvement in income, particularly from our retail shops, which saw income up £8.5 million compared with 2020/21. Fundraising income also grew £3.3 million despite continued constraints on face-to-face fundraising activity, following an improvement in income from legacies, which more than offset a reduction in donations and other voluntary income.

To protect our services through the further wave of the pandemic in December 2021, we received further grant support from the governments of all four nations which totalled £7.4 million (2020/21: £21.5 million), excluding furlough payments and retail support grants. We're grateful for this government support over the last two years, which has enabled us to invest further in our services and further grow our impact through our Information and Support and Policy and Research teams, while continuing the vital care and support provided by our hospices and nursing services.

All figures in £m	2021/22	% change	2020/21
Hospice income	20.2	3%	19.7
Income for the nursing service	29.2	8%	27.1
Grants and furlough	8.3	-69%	26.8
Fundraising income	93.4	4%	90.1
Retail income including retail grants	13.8	160%	5.3
Other income	1.0	-9%	1.1
Total underlying income	165.9	-2%	170.1
Expenditure on fundraising and publicity	(28.6)	1%	(28.3)
Expenditure on retail	(14.0)	20%	(11.7)
Amount available for our services	123.2	-5%	130.0
Invested in:			
Hospices	(50.3)	6%	(47.6)
Nursing services	(50.1)	1%	(49.8)
Helper service	(0.7)	17%	(0.6)
Information and support	(2.8)	87%	(1.5)
Policy and research	(7.8)	34%	(5.8)
Surplus	11.6	-53%	24.7

Income

Total income was £166 million, a decrease of 2% from £170 million in 2020/21. Government grant support through the pandemic was reduced to £8.3 million during 2021/22, down from £27.8 million in 2020/21. Core income from fundraising and retail showed significant recovery and we increased our commissioned income from our charitable activities. With government grant income excluded, income increased by 11% to £158 million from £142 million in 2020/21.

Hospice income from the NHS was £20 million, an increase of 3% from 2020/21. During 2021/22 we cared for 7,117 patients in our hospices (2020/21: 7,385). Income received from the NHS for our nursing services increased by 8% to £29 million. During 2021/22, we cared for over 39,000 patients at home. This was a slight decrease on the number for 2020/21 (42,168) as demand for care at home reduced following a significant increase during the first year of pandemic. The number we cared for at home was above the pre-pandemic level of 35,999 in 2019/20.

Income from fundraising increased by 4% to £93 million from £90 million, mainly following an improvement in legacy income. Donations, events and other voluntary income were reduced to £55 million from £60 million in 2020/21, as face-to-face fundraising activity was still constrained by

Reconciliation of grant income	2021/22 £m	2020/21 £m
Support for hospice and community nursing services (Government)	7.4	21.5
Coronavirus Job Retention Scheme – furlough (Government)	0.2	5.1
Other grants (non-Government)	0.7	0.2
Sub-total – grants and furlough per income table	8.3	26.8
Retail grants (Government)	0.7	1.2
Total	9.0	28.0
Less: Other grants (non-Government)	(0.7)	(0.2)
Total Government grants	8.2	27.8

the response to the pandemic throughout the year. Our 2020/21 performance was also boosted by our successful emergency appeal launched at the beginning of the pandemic, generating £6 million of fundraising in that year, which reduced to £1.1 million in 2021/22 before the conclusion of the appeal.

Although the year started with the temporary closure of our retail shops through much of April 2021, income from trading activity recovered to £13.8 million from £5.3 million in 2020/21, with lower retail grant income of £0.7 million (2021: £1.2 million) as lockdown restrictions were lifted. Despite the challenging trading conditions, average income per shop was increased to £92,500 from £91,400 in 2019/20 before the pandemic, reflecting the success of the rationalisation of our shop portfolio to retain the strongest performing stores. Our online trading platform continued to perform well, matching the income of £1 million in 2020/21. Looking forward to 2022/23, we plan to boost retail income by diversifying our products, channels and markets, and continuing to cultivate a culture of innovation to drive income. We also continue to expand our community hubs within our retail stores, with Chilwell in Nottingham opened in June 2022 and two further sites planned for later this year. These hubs support the local community to learn more about the services we offer, with staff trained to provide support for bereaved customers.

Expenditure on fundraising and publicity

Our investment in fundraising activities ensures we can continue to raise vital funds to support our charitable work. We were able to increase this investment during 2021/22, with increased community fundraising activity and greater investment in regular giving than had been possible during 2020/21.

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 133 shops across the four UK nations. They also provide a community outpost and we're fortunate to be supported by staff and loyal volunteers who can signpost those with questions about our work to our Information and Support teams. The 19% increase in expenditure reflects the recovery in retail trading activity following the lockdown closures of 2020/21. In 2021/22, our retail activities made a net loss of £0.15 million, which is already a significant recovery compared to a net loss of £6.44 million in 2020/21. In addition, £0.12 million of furlough grants received in 2021/22 relate to retail staff (2020/21: £2.5 million), so including this effectively results in our retail activities breaking even. This shows the significant progress and recovery that we have made during the pandemic, particularly as we did not have a full year's worth of trading as the shops were not open for much of April 2021. We plan to improve this further going forward with cost saving initiatives to ensure we are getting best value for money, so that our retail activities return to providing a significant net contribution to the Charity. We also recognise the impact that our shops have, not just financially, but in supporting the community and representing the Marie Curie name across the UK.

Support costs

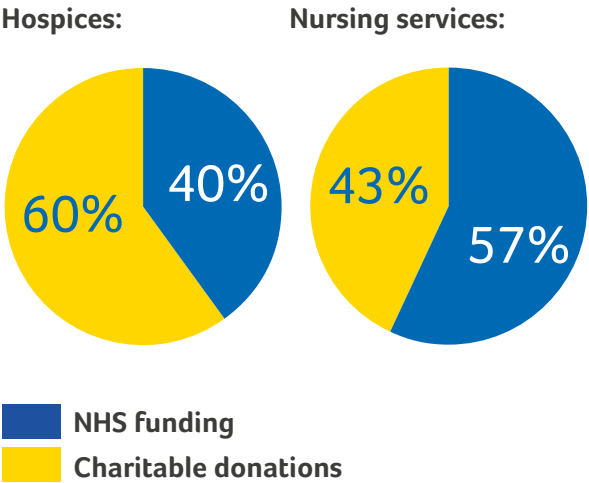
Support costs allocated to raising funds and our charitable activities have increased to £20.1 million from £14.2 million in 2020/21. We had unusually low expenditure in 2020/21 as we undertook precautions to ensure our financial resilience during the uncertainty of the pandemic, including a freeze on recruitment and certain senior staff donating a proportion of their salary. In part, 2021/22 marks a return to normal operations, with increased expenditure to be expected. We also incurred several one-off costs in 2021/22 in order to enable our

continued development. For example, in recognition that work patterns are changing, we are roughly halving the size of our London estate, moving into a new London office towards the end of 2022 which will be better-suited to our needs. We also saw this as an opportunity to strengthen our focus on sustainability, and have selected highly energy-efficient new premises. The lease for our new office was signed on 27 May 2022. However, this has led to costs of £1.1 million in dilapidations and an onerous lease at our existing office, as we will be paying dual rent until March 2023. Another one-off cost of £2.3 million was incurred in 2021/22 in order to improve our systems and processes to streamline our operations and support our growth, and we will continue to benefit from this for years to come. Excluding these one-off items, our support costs would be more comparable to the 2019/20 figure of £15.0 million which is a more relevant year for comparative purposes than 2020/21, which was hampered by the pandemic.

How we invest our charitable funds

Expenditure on hospices and nursing services

Hospices and nursing services are partly funded by the NHS, but to ensure that we can continue to provide care to as many people as possible, and to the highest standard possible, we are reliant on the generous contributions of our supporters. Our 1,705 nursing staff provide crucial care for people in their homes, day and night. Our nine hospices provide a full range of palliative care services, including in-patient care, outpatient services and specialist domiciliary visits to patients' homes and care homes.



On average in 2021/22, the NHS paid for 40% of the cost of Marie Curie's hospices (2021: 41%) and 57%

As noted in the Trustees Report and Accounts for 2020/21, we implemented Oracle Finance and HR systems in December 2021, based on proprietary Oracle software. A remediation plan was implemented in spring 2021 to address the issues that arose after implementation, embed the changes in processes and to ensure that the benefits envisaged were realised. Significant improvements in processes have been achieved over the year following the additional £2.3m one off investment in remediation work, enabling us to embed the new automated purchase to pay system and improved functionality of the Finance and HR systems. We have a continuous improvement project now in place to realise further benefits from the functionality of the systems, and to improve the efficiency and effectiveness of our processes and management information.

of the cost of Marie Curie's nursing service (2021: 54%), with the remainder of the costs funded by our supporters. As in 2020/21, we received a number of one-off government grants to support hospice care and nursing services totalling £7.4 million (2020/21: £21.5 million) to ensure we were able to continue to deliver vital services to our patients.

Our services are organised around place-based teams which are able to influence the strategic decisions made about the overall funding of end of life care to the populations served within each area of the country.

Information and support

We continue to grow investment in our 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. During 2021/22 we also invested in Project ECHO, a unique and highly collaborative system of sharing knowledge, experience and innovation on end of life care via a series of digital networks across the UK. These networks constitute professional communities of practice mobilised through hubs staffed by Marie Curie doctors, nurses and research officers, where everyone is seen as a 'learner' and a 'teacher' in a non-hierarchical structure and takes equal ownership for the work undertaken. Through Project ECHO, we've engaged with the wider

community in places such as care homes, prisons and local councils, covering topics such as homelessness, fundamentals of palliative care, health and wellbeing and mouthcare matters. To date, we've created nine networks, running 46 sessions with 739 attendees. Following the success of these, we have many more planned as we seek to grow Project ECHO's scale and impact to reach more people.

Policy and research

We further expanded investment in our Policy and Research team, seeing this as essential to improvement in standards of care and experience at end of life, increasing our capacity to influence policy across the four UK nations. The benefits of this approach can be seen in the success of our *Make end of life care fair* campaign – end of life care must now be provided by law in every part of England where local people need it.

Our funds

Reserves

Total reserves as at 31 March 2022 were £161.3 million (2021: £145.7 million). These comprised:

All figures in £m	2021/22	2020/21
Restricted reserves	17.4	21.9
Designated reserves		
Impact and Innovation Fund	30.8	31.4
Tangible Fixed Asset Fund	36.1	35.8
Capital Investment Fund	0.0	1.6
Pension scheme surplus	0.5	0.4
General reserves	76.5	54.6
Total reserves	161.3	145.7

Restricted reserves: £17.4 million (2021: £21.9 million). These are funds received for undertaking an activity specified by the donor when making the gift, or may result from the terms of an appeal for funds for a specific initiative. Of these funds, £17.0 million, represents the value of hospice assets purchased over time at cost less depreciation. As at March 2022, unspent funds are only £0.4 million (2021: £3.3 million).

Designated reserves: £67.4 million (2021: £69.2 million). These reserves represent funds that have been designated for a particular purpose by the Trustees. They would normally be utilised for that purpose within a specified timescale. We recognise that urgent and radical change is needed to keep pace with society's rapidly growing need for end of life care provision. Accordingly, we created a £31.4 million designated reserve for impact and innovation in 2021 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 10-11. This fund is to be used for one-off investment to support change, innovation of

service delivery and to invest to save. The range of investments include activities to:

- build our operational and financial resilience
- deliver significant changes within our services to ensure we're set up in the best way to adapt to fast-changing needs at end of life over the coming years
- grow our reach and income to ensure we're able to significantly increase our impact as a charity.

We invested £0.6 million of this fund during 2021/22, with significant investment planned and due to commence in 2022/23. In the event of increased financial risk or if no longer required, these funds can be de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves.

Designated funds also include:

- the tangible fixed asset fund (£36.1 million at 31 March 2022), reflecting the value of tangible fixed assets at cost less depreciation.

- the FRS 102 surplus on the Marie Curie defined benefit pension scheme. The scheme had a surplus of £0.5 million at 31 March 2022.

The Capital Investment Fund was designated for the improvement of hospices and other capital projects. This fund has now been used in full, having delivered significant improvements to the hospice estate and the modernisation of our IT infrastructure, and has now been closed.

General (Free) Reserves: £76.5 million (2021: £54.6 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.

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 and nursing 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.

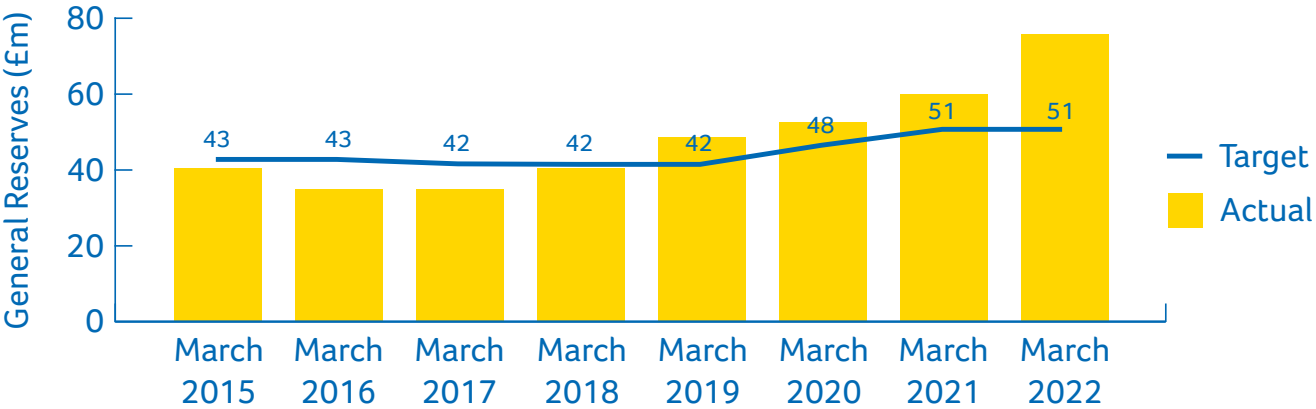
The Trustees calculate the amount required to be held in target reserves based on the assessment of the risks affecting the income and expenditure of the charity on an annual basis. In assessing the amount of target reserves required, the Trustees estimate the risk of a shortfall in income or an increase 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 £51.0 million of target reserves is required for 2022/23, the same level as for 2021/22. This reflects that while risks related to the pandemic have reduced, macro-economic and geopolitical risks have increased and our plans to grow our scale and impact require a strong base.

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 2022 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 nursing 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
- expand our research, policy and public affairs capacity to further influence the health and social care system in a rapidly changing context
- strengthen our operations to underpin our growth.

Given these actions, we expect a planned deficit in 2022/23 and 2023/24 which will be funded from our General Reserve.



How we invest our funds

The restricted and designated reserves (excluding the Tangible Fixed Asset Fund and the pension surplus) 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. The General Fund is held in a variety of investments according to the policy below.

Investment policy

The investment objective for the General Fund portfolio is to generate a return in excess of inflation over the long term while generating an income to support the ongoing activities of Marie Curie. The investments are managed by independent investment managers appointed by the Trustees according to the powers defined in the charity’s constitution. The Trustees rely upon specialist advice for fund selection and allocation. The performance of our investment advisers and our investment portfolio is monitored by senior Finance staff and the Investment Committee. We have adopted an ethical investment policy to ensure that our investments do not conflict with our aims and support Marie Curie’s values as much as possible. For example, we’re invested in several leading healthcare companies focused on creating, building and funding innovative treatments for a variety of health issues. Our investment managers actively monitor and engage with the companies they invest in from an Environmental, Social and Governance (ESG) perspective, using proprietary research, engagement and proxy voting rights to influence change. We also

monitor the environmental impact of our portfolio, carefully tracking the weighted average carbon intensity of the portfolio.

Our investment managers have been instructed not to directly invest in any organisation where more than 10% of turnover is derived from the production of tobacco products, tar sands, oils shale extraction and services or coal mining. Most of our investment fund is managed on a discretionary basis by Newton Investment Management Limited. These investments comprise UK and international equities and fixed interest securities. Marie Curie’s property investments are invested in the Charities Property Fund.

Marie Curie’s investment portfolio, most of which is managed by Newton Investments, saw investment gains of £3.8 million in 2021/22 compared to gains of £9.8 million the previous year, as the investment market has continued to recover from the pandemic, though the onset of the Russian invasion of Ukraine and the resulting uncertainties had a negative impact on the portfolio towards the end of the year, limiting the overall growth in 2021/22. Following the invasion, the Trustees worked to ensure that there were no direct investments held in Russian or Belarusian entities and that the remaining investment portfolio only included entities that had either withdrawn, suspended or significantly scaled back their operating activities linked to Russia.

The portfolio return over the 12 months to 31 March 2022 was 8.5% against the long-term benchmark return of 8.7%.

Asset allocation as at 31 March 2022	Actual £m	Actual %	Target %	2020/21 Actual £m
UK equities	15.9	28.6%	20–45	11.6
International equities	20.2	36.4%	25–50	22.6
UK Government Bonds	3.2	5.8%	5–15	3.4
Global Bonds	7.8	14.1%	15–20	7.9
Absolute return	–	0.0%	7–15	1.3
Cash	3.6	6.5%	2–10	1.4
Sub-total	50.7			48.2
Property and unlisted	4.9	8.8%	N/A*	4.1
Total	55.5			52.3

* The targets relate to our Newton Investments portfolio, which excludes property and unlisted assets.

The investment market is expected to be more volatile in 2022/23 due to Russia’s invasion of Ukraine and increased inflation. However, we plan to mitigate this both through robust review and selection of investments and by pursuing a more dynamic investment strategy. In 2022/23, Marie Curie will be moving to a new basis of managing our Investment Portfolio with the appointment of a Fiduciary

Manager to manage our portfolio against a total return target, maximum volatility and liquidity rates and ESG requirements instead of setting benchmarks in order to enable greater flexibility to generate net returns. They will review our investments and will have discretion to respond to market conditions and reshape our portfolio within the parameters they're given.

Defined benefit pension scheme

Marie Curie is the sponsoring employer of a funded defined benefit pension scheme (the Scheme). In January 2021, the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS) for £30.0 million. This policy secured the full benefits of all Scheme members. Given the financial strength of LGAS, this buy-in substantially removes the risk of further contributions being required from the Charity to provide benefits to members. In February 2022, the Trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme’s assets comprised the individual policies held in trust for the members plus £0.5 million of cash. As the individual annuity policies with LGAS cover the liability for all of the members’ benefits in the Scheme, under FRS 102 the Scheme actuary has

valued the bulk annuity policy at the same value as the Scheme’s pension obligations.

Subsequent to year end, in June 2022, the policies were assigned to the individual members. The trust now has no further purpose and the Scheme Trustees are working to complete a windup of the Scheme. Pension regulations require that the members are consulted before any surplus is repaid to the sponsoring employer. This consultation period ended on 29 August 2022. Subject to confirmation from The Pension Regulator that the regulatory requirements have been complied with, the Scheme will be wound up, with the net surplus being paid back to the Charity. The 2021/22 pension scheme year has been extended to 18 months, to the end of September 2022, to facilitate the wind-up and it is anticipated that all will be completed by this date.

Payment terms

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

During 2020/21, Marie Curie implemented a new finance system. Issues that emerged subsequent to that implementation resulted in a delay in the payment of suppliers’ invoices. However, during 2021/22, continued action has been undertaken to improve payment performance. The success of these actions is reflected in the more timely payment of invoices during 2021/22 compared to 2020/21, and during the second half of 2021/22 compared to the first half of 2021/22.

Activity	1 Oct 21 – 31 Mar 22	1 Apr 21 – 30 Sep 21
Average time taken to pay invoices	24 days	37 days
Invoices paid:		
<i>Within 30 days</i>	82%	64%
<i>In 31 – 60 days</i>	10%	21%
<i>In 61 days or more</i>	8%	15%
<i>Standard payment terms</i>	30 days	30 days
<i>Maximum contractual payment period agreed</i>	30 days	30 days

Going concern

Our strong financial performance throughout the pandemic has enabled Marie Curie to maintain our liquidity and reserves position at a reasonable 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 reflect a number of possible scenarios.

Based on our cash flow, liquidity and reserves forecasts, we believe that the going concern basis of accounting remains appropriate for our accounts. We've also considered whether there's 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. We do not believe that this is the case.

Our stress-test scenarios, potential financial impact and probability are linked to our principal risks and include:

- reductions in NHS, Fundraising and Retail income and investment portfolio value linked to macro-economic risk;
- significant increases in operating costs from continued rising inflation; and
- the risk of regulatory fines.

Any shortfall in income or increase in costs over the next twelve months can be covered from Marie Curie’s cash holdings and investment portfolio. At 31 March 2022, Marie Curie held £46.0 million in cash and bank deposits and £55.5 million in longer term investments, most of which are readily accessible.

Data and cyber security breaches

During the year, the Charity remained vigilant to the risk of cyber-attack and information security breaches and strengthened our defences to mitigate these risks. We reported two incidents to the Information Commissioner’s Office (ICO), one involving a cyber-attack and one involving an internal data breach. The ICO took no formal enforcement action in respect of these incidents as neither

reached the requirement for regulatory action and it has confirmed it is satisfied with how the Trustees have managed these matters. Information security measures including cyber security and training for staff was strengthened and the remedial measures identified were implemented at pace in order to further strengthen the Charity’s defences.

Working with our stakeholders: s172 statement

Companies are required to include a statement in their strategic report of how directors have complied with their duty to have regard to the matters in section 172 (1) (a)–(f) of the *Companies Act 2006* ('the Act'). As per the Charities SORP Information Sheet 3: The Companies (Miscellaneous Reporting) Regulations 2018 and UK Company Charities, the duty of the Trustee of a charitable company under this subsection of the Act is to act in the way he or she considers, in good faith, would be most likely to achieve its charitable purpose and in doing so have regard (among other matters) to:

- a) the consequences of any decision in the long term
- b) the interests of the company’s employees
- c) the need to foster the company’s business relationships with suppliers, customers and others

- d) the impact of the company’s operations on the community and the environment
- e) the desirability of the company maintaining a reputation for high standards of business conduct
- f) the need to act fairly as between members of the company.

We listen to and engage effectively with our wide variety of stakeholders on whom the future success of Marie Curie depends, including service users, supporters, employees, volunteers, and suppliers, to make sure responsible decisions are made. This helps us ensure that decisions are sustainable in the long term and do not disproportionately affect any single stakeholder group.

The Board considers the following to be the key decisions and considerations it has made during the year to March 2022:

Significant Board decision	Stakeholders affected	Action and impact
Appointment of a new fiduciary manager to manage the Charity’s investments	Our beneficiaries, our employees and society	- Following a tender process managed by an external consultant, the Investment Committee recommended a fiduciary manager to manage the Charity’s investments, which was approved. - Management of the Charity’s investments to move to a more diversified basis, still ESG-linked.
Support of lobbying related to the <i>Health and Care Bill</i>	Our beneficiaries and their families and carers, our employees, our volunteers, the NHS and society	The Charity lobbied successfully for the bill to be amended to introduce a legal duty for palliative care services to be commissioned, which was incorporated by Government amendment into the <i>Health and Care Act 2022</i>.
Action plans for hospices suffering from staffing challenges	Our beneficiaries and their families and carers, our employees and volunteers, the NHS	Consideration of arrangements for management of hospices and proposed action plans, including temporary reduction in service offering where felt appropriate.
Strategic Reward Review	Our employees	The detailed review of pay and benefits across the Charity to balance effectiveness, sustainability and fairness.
Establishment of the Research and Policy Committee	Society	Oversight of the scope and effectiveness of the Charity’s Research and Policy strategy as a whole, to support delivery and ensure alignment with the organisational strategy.
Updating the Charity’s strategic goals	Our beneficiaries and their families and carers, our employees and volunteers, the NHS and society	- Consolidating and building; - Delivering vital care and support; and - Growing – in influence, scale and impact.
Change of London office	Our employees and volunteers, the environment	- Relocation to new office space in Central London. - Choice of a building with high sustainability credentials.

Engaging with our stakeholders

In this table, we set out in more detail how we've engaged with our key stakeholders and the impact of that engagement.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2021/22 showing impact of the engagement	Where to find further information in this report
Our beneficiaries, and their families and carers	- End of life care and support that reflects what’s most important to them. - High-quality and safe services.	- Expert voices. - Friends and family feedback. - We regularly update our information and support services in line with feedback from users and their families.	99% of nursing service patients and families who completed the Friends and Families Test described the overall service as “very good” or “good”. 97% of hospice patients who completed the Friends and Families Test described the service as “very good” or “good”. 91% of Support Line callers said we provided them with the information and support they required.	See sections on hospices, nursing and information and support on pages 14 –21.
Our employees Our services are delivered through our experienced, diverse and dedicated workforce.	- Opportunities for development and progression. - Fair and transparent pay and reward structures. - Opportunities to share ideas and make a difference. - Respect for their diversity and an inclusive workplace where all are treated fairly.	- We engaged regularly virtually, via email, our intranet and live video updates from senior management and in person, through team meetings. - Workforce engagement is measured through employee surveys. - The employee forum meets monthly as a group called “Let’s Talk” made up of 16 employee representatives.	- We’re reviewing our Equity, Diversity, Inclusion and Wellbeing strategy and Action Plan to ensure we can deliver and embed EDI and Wellbeing across Marie Curie and foster an inclusive environment where everyone feels able to participate and achieve their potential. - We recruited a full-time Wellbeing Lead in November 2021 to further support the staff wellbeing agenda in partnership with our EDI Lead and Head of Wellbeing and EDI. - 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 continue to work with the organisation Stonewall. Throughout our partnership, we’ve made great progress in our standards, policies and procedures on diversity and LGBTQ+ initiatives. Our efforts were recognised in the <i>Workplace Equality Index 2021</i>, where we received the Bronze Award. - We established an anti-racism action plan. As part of this, we’ll soon be working in partnership with the organisations Flair, EA Inclusion and Push Far to scrutinise our culture and metrics and work towards tangible action points to improve our workplace. - In March 2021, we launched our Mental Health First Aider (MHFA) programme. To date, we’ve trained 70 MHFAs who act as a point of contact for employees experiencing mental health challenges or emotional distress. 74% staff satisfaction, just below the benchmark for the non-profit sector.	See section on volunteering on pages 40–43.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2021/22 showing impact of the engagement	Where to find further information in this report
Our volunteers and supporters We can only achieve our strategic vision with the generous contributions of our volunteers and supporters.	• They require us to make the best use of the resources (time and money) they generously give. • They trust us to follow the rules and treat them with respect.	• We communicate with our supporters in a number of ways according to their preferences: by post and email, on our website and through the media and other campaigns. • We have 133 shops where we engage with supporters who both donate and buy goods. • Each volunteer has an assigned manager to supervise them.	• We generated donation and legacy income of £93.4 million and retail income of £13.8 million during the year. • 13,513 Helper calls/visits were given to Marie Curie during the year. • Our dedicated volunteers remained committed to Marie Curie and played a vital part in our Emergency Appeal, which raised £1.1 million in 2021/22.	See sections on fundraising on pages 44-51, and volunteering on pages 40-43.
The NHS Our essential work is provided in contract to the NHS, who are also our main partner.	• It fulfils its statutory requirement to provide end of life care. • We deliver to our contractual promises. • We provide safe and high-quality care.	• Each contracting NHS organisation has a dedicated member of our business development team assigned to them. • We have operational and contractual management arrangements in place for all NHS relationships, covering each commissioning body. • We regularly discuss palliative and end of life care with the NHS bodies representing the four nations, and actively participate in conversations to improve the experience of dying, death and bereavement. • During the Covid-19 pandemic we've continued to deliver care, but we've also worked with the NHS and other partners to adapt and re-focus our services to meet the changing demands of the pandemic. We've been in very close contact with the regulators across the UK to ensure safety and quality of care is maintained. • At a central level, we engage with NHS England and NHS Digital to drive continuous improvement.	• We received £49 million in income from the NHS to provide services to support them. • Active engagement with commissioners during the year led to further growth in income of £2.7 million, 6% on a recurring basis. • Relationships with the NHS in England and with equivalent bodies in Wales, Scotland and Northern Ireland remained strong and responsive.	See sections on hospices and nursing on pages 14-21.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2021/22 showing impact of the engagement	Where to find further information in this report
Suppliers We rely on third-party suppliers and providers to partner with us to deliver our services.	• Working in partnership. • Agreed contracts with clear Service Level Agreement requirements. • Fair payment terms.	• 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. • During the Covid-19 crisis, we've been working closely with suppliers to make sure we can keep our cash at adequate levels while still paying them fairly.	• We paid suppliers on average within 31 days. We implemented improvements during the financial year to reduce this period compared to the previous financial year. • We've put a new supplier portal in place to improve communication with suppliers and management of supplier data.	See Financial Review from page 52.
UK society To fulfil our strategic vision in a responsible and sustainable manner.	• Everyone has the best end of life experience they possibly can. • Environmental sustainability.	• Working with governments and other decision-making bodies to ensure the best end of life experience for everyone. • Using feedback from society at large to inform policy work. • Public awareness campaign to change the conversation on death and dying. • Funding world-class research to help inform best practice in palliative and end of life care.	• We ensured that end of life care was put at the heart of the Welsh programme for government, and secured a commitment to develop a new end of life care programme in Wales in order to deliver on this. • We successfully campaigned for the Government to amend the <i>Health and Care Bill</i> to add palliative care services to the list of services that Integrated Care Boards are required to commission in every part of England from July 2022. This change could benefit to around 490,000 people per year in England by improving both access to and quality of palliative care services available locally. • We secured commitment from Scottish Government to appoint a new national clinical lead for palliative care, and to commission a new palliative and end of life care strategy. • We secured the inclusion of palliative and end of life care into the 10-year Cancer Strategy for Northern Ireland. • Following our "Scrap 6 months" campaign, we were successful in changing the circumstances under which people living with terminal illness can get fast-track access to benefits across all four UK nations. We conservatively estimate that around 80,000 people per year will be affected by this change.	See sections on policy, research and public affairs on pages 22-27.

The Board actively engages with Marie Curie stakeholders, for example through the National Advisory Boards in Northern Ireland, Wales and Scotland, site visits and supporter events around the UK. Trustees regularly engage in strategy at Board meetings drawing on reports from management, engagement with other staff throughout Marie Curie, and their own external engagement and experience. The more detailed elements of strategic scrutiny are carried out by the Board committees – the Finance and Resources Committee, the Quality Committee, and the Audit and Risk Committee – drawing on the expertise of Trustees and non-trustee members in those committees.

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, and it's vital that Marie Curie plays its part in improving this situation.

Energy efficiency actions

We recognise that there's 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. We're 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, 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 taking into account the direct environmental impacts of our operations (including those of our services, buildings, travel, and the procurement of materials and services) and, where possible, implementing low carbon alternatives. Recognising the importance of this and the desire to increase the pace of actions to minimise our carbon footprint and use of natural resources, we appointed a Sustainability Manager during the year

to further develop and implement our environmental action plans.

During the year, we carried out a number of actions which have and will continue to have a positive impact on our carbon footprint and use of natural resources, including:

- increased engagement with staff to promote a culture of environmental awareness and encourage them to conduct their activities in an environmentally friendly manner
- embedding Sustainability requirements into our Procurement Policy
- installation of LED bulbs in refurbishments and new fit outs across shops, offices and hospices
- removal of diesel vehicles from company car suite, and addition of electric vehicles
- reducing the plastic in some of our products and wrapping
- procured a REGO certified green electricity tariff for England, Scotland and Wales commencing in 2023
- actions to halve the size of our London office which will result in moving to new greener premises which are BREEAM-rated excellent.

Streamlined Energy and Carbon Reporting (SECR) statement

		2021/22	Restated 2020/21
UK and offshore Energy consumption (kWh)	Gas (Scope 1)	5,180,408	7,648,425
	Other fuels (Scope 1)		
	Electricity (Scope 2)	5,376,371	5,018,943
	Electricity transmission and distributions (Scope 3)		
	Transport fuel (Scope 1 – company fleet)	2,099,691	1,993,694
	Transport fuel (Scope 3 – grey fleet)	3,573,788	3,891,677
	Total	16,230,258	18,552,739
UK and offshore emissions (tCO ₂ e)	Gas (Scope 1)	949	1,558
	Other fuels (Scope 1)		
	Electricity (Scope 2)	1,142	1,170
	Electricity transmission and distributions (Scope 3)	101	101
	Transport fuel (Scope 1 – company fleet)	494	504
	Transport fuel (Scope 3 – grey fleet)	836	911
	Total (Gross Scope 1 and 2)	2,585	3,232
Total (all Scopes)		3,521	4,245

The 2020/21 figures have been restated to include gas data from our Northern Ireland sites and to include comprehensive data for our grey fleet, most of which relates to Caring Services staff travel. This is on a consistent basis with our 2021/22 figures. The gross figures previously reported for 2021/21 included UK and offshore energy consumption (kWh) of 8,864,909 (Scope 1), 5,018,943 (Scope 2) and 947,365 (Scope 3) and UK and offshore emissions of 1,904 (Scope 1), 1,170 (Scope 2) and 362 (Scope 3).

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of members of staff, the intensity metric of kWh/FTE (full time equivalent employee) was chosen.

	2021/22	Restated 2020/21
Normalisation Metric (FTE)	2,462	2,687
Intensity Ratio (tCO ₂ e/FTE)	1.430	1.579

The decrease in our overall carbon footprint for 2021/22 compared to 2020/21 largely comes from a 32% reduction in gas usage. This is due to a decrease in gas consumption across virtually all our sites, as hybrid working has changed how we use our spaces. In addition, our Hampstead Hospice has had a significant reduction in gas consumption due to a ward being closed for the past year and due to boiler and water tank improvements carried out in Spring 2020 which improved efficiency.

In addition, the data shows a 4% reduction in business travel (across both company-owned and employee-owned vehicles). This reduction comes from a move to home and hybrid working and a focus

on minimising business travel. We will continue to discourage avoidable travel through our policies and procedures and will be focusing on a switch to vehicle electrification for our fleet and company cars.

Our electricity consumption (kWh) did slightly increase in 2021/22 (+7%), however, our overall emissions related to electricity decreased by 9%. This is due to the UK greening of the grid; switching to renewable energy generation (wind, solar, tidal) and alternative energy (nuclear) meant that DEFRA gave a lower conversion factor for 2021/22, shown in the table below:

Scope 2	Year	kg CO ₂ e
Electricity factor	2021/22	0.21233
	2020/21	0.23314

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 taken from *UK Government GHG Conversion Factors for Company Reporting, 2021 factors*.

Scope 1 and Scope 2 consumption data (gas and electricity) taken from validated and verified utility supplier invoices.

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, grey fleet (i.e. fuel used in employees' private cars for business trips) classed as scope 3 emissions as defined in *HM Government Environmental Reporting Guidelines March 2020*.

How we are governed

Our structure

Marie Curie is a company limited by guarantee (incorporated on 3 May 1952, registered number 00507597) and a registered charity in England and Wales (charity number 207994) and Scotland (charity number SC038731). The charity’s constitution is its Articles of Association, which are available on our website.

Subsidiaries

The charity’s principal subsidiary undertakings as at 31 March 2022 are all wholly owned and registered in England and Wales. Details are included in Note 19 (see page 100) to the financial statements. We raise some of the funds needed to run our services through the trading activities of a wholly owned subsidiary, Marie Curie Trading Limited.

Our Trustees

The charity is governed by the Board of Trustees who are legally responsible for directing our affairs. The Board determines the charity’s long-term strategy and approves the annual business plan and budget. Specific responsibilities are delegated to six committees which report back to the Board on a quarterly basis. The Board delegates the day-to-day management of the charity to the Chief Executive and Executive Leadership team.

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 and directors of the charitable company.

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 was in force throughout the last financial year and is currently in force. The Company also purchased and maintained throughout the financial year Trustees’ and Officers’ liability insurance in respect of itself and its Trustees.

In July 2021 Richard Wohanka joined as a trustee, in September 2021 Ian Waller and Chrisha Alagaratnam joined as trustees and in January 2022 Mary Hinds joined as a trustee. Tim Breedon and Ruth Holt retired from the Board in April 2021, John Compton retired

in August 2021 and Helen Weir and Linda Urquhart retired in March 2022.

Following the year end, Steve Carson retired from the Board in June 2022.

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 five Board meetings held in the year; the table below sets out individual attendance by Trustees.

Board composition and meeting attendance during 2021/22

Trustees	Meetings attended	Maximum possible
Vindi Banga (Chair)	5	5
Chrisha Alagaratnam	3	3
Dr Rachel Burman	5	5
Tim Breedon CBE (retired April 2021)	0	0
Steve Carson (retired June 2022)	1	5
John Compton CBE (retired August 2021)	0	2
Richard Flint CBE	5	5
Professor Richard Harding	4	5
Mary Hinds	1	1
Ruth Holt (retired April 2021)	0	0
Patricia Lee	5	5
Chris Martin	5	5
Maria McGill CBE	2	2
Dame Barbara Munroe DBE	5	5
Linda Urquhart OBE (retired March 2022)	4	5
Ian Waller	3	3
Helen Weir CBE (retired March 2022)	4	5
Richard Wohanka CBE	0	3

The Board of Trustees appoints all new Trustees and independent committee members on the advice and recommendation of the Nominations Committee. During the year, Board of Trustee vacancies have not generally been advertised widely. However, the Board of Trustees comprises twelve individuals, each with an extensive network of experienced contacts, and they’ve all been asked to make appropriate recommendations. Identification of potential Trustees has been done through headhunter-led, advertised processes alongside recommendations from the Trustees and Executives as appropriate. Selection was done by an interview process by a subset of the Nominations Committee; followed by Nomination Committee discussions, recommendations 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 Executive Leadership Team 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

Towards the end of the year, each committee carried out an effectiveness review, which included a review of its activity over the past year against the terms of reference. All committees concluded that they had operated effectively in the year and agreed action plans to address areas identified for development. In addition, all committee terms of reference were reviewed to ensure they accurately reflected current practice and a consistency of approach.

All Trustees and independent committee members completed a skills audit which will inform the recruitment programme for 2022. 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 ‘Who’s Who’ (pages 102-103).

Each Trustee is required to disclose potential or actual conflicts of interest to the Charity as part of 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*. These principles underpin the Board’s governance and form an integral part of the programme of change underway. The Trustees have taken account of the Charity Commission’s general guidance on public benefit when reviewing the charity’s aims, objectives and planning.

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 Trustee 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 Trustee 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 Executive Leadership Team.
- 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.

- **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

In accordance with Section 485 of the *Companies Act 2006*, an ordinary resolution proposing that BDO LLP be re-appointed as auditor of the charity will be put to the Annual General Meeting.

Board committee membership as at 31 March 2022

Trustees	Audit and Risk	Finance and Resources	Investment	Nominations and Remuneration	Quality	Research and Policy	National Advisory Boards
Vindi Banga		Member		Chair			
Chrisha Alagaratnam	Member				Member		
Dr Rachel Burman					Member	Member	
Richard Flint CBE		Chair	Member				
Prof Richard Harding						Chair	
Mary Hinds					Member	Member	Chair (Northern Ireland)
Patricia Lee					Chair		
Chris Martin	Member	Member					Chair (Wales)
Maria McGill CBE					Member		Chair (Scotland)
Dame Barbara Munroe DBE		Member		Member	Member	Member	
Ian Waller	Chair	Member		Member			
Richard Wohanka CBE			Chair	Member			
Number of meetings	5	11	4	4	4		8

Please see pages 102-103 for a full list of Trustees and Independent Members of committees, which also shows movements since the year end.

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 has a risk management policy approved by the Board of Trustees. This policy establishes a comprehensive risk management framework to help us identify and manage risks and opportunities, in turn optimising outcomes to ensure strategic objectives are successfully achieved.

This year, we've improved our risk management framework to support the effective and consistent evaluation of risks throughout the charity. We've developed a risk appetite statement and improved our risk register tool.

Our refreshed approach allows us to identify and capture opportunities related to our principal risks, as well as mitigate the related downsides. As a result, we're now better able to assess the impact of risks on the organisation's ability to deliver its 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 to drive continuous risk management improvement. They maintain the Principal Risk Register and review it at least monthly to ensure any remedial or preventative actions are being prioritised, and to consider if 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 mitigate exposure to those risks. An important part of our newly established 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. We've put processes in place to investigate and report on any

serious incidents, including the implementation of any corrective actions required.

- **Senior Managers** maintain operational risk registers where appropriate throughout the charity, which are monitored through existing project or directorate governance arrangements. The Executive Leadership Team reviews all significant operational risks at least quarterly.
- 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 to the board. 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 independent assurance. It receives regular reports from the **Internal Audit function** on the effectiveness of controls, and on the progress made in meeting the audit plan and any recommendations made in its reports.
- 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 the Marie Curie.

Risk management improvements

Our risk management framework is regularly reviewed to ensure it's aligned to the *UK Charity Governance Code* and the principles of good risk practice.

We're continuously looking for opportunities to improve our risk processes and capabilities to improve the way we manage risk. With that in mind, we're currently working to:

- Introduce risk appetite into our decision making and risk processes following approval of our first ever risk appetite statement by the Board of Trustees in March 2022. As our risk appetite varies according to activity, opportunity and risks identified, the statement includes details of an overarching approach, provides easy-to-understand definitions, and is supported by 12 specific principal risk appetite statements. More details will be shared in future reports once appetite has been embedded and tested.

- Manage risk and facilitate strong governance in a way that helps us achieve our strategies. A review of central governance, risk and compliance resources is currently under way, looking at ways to ensure all stakeholders are supported to work in an effective and integrated way.
- Improve risk reporting, including the creation of a board assurance framework. This is being developed at the time of writing and will set out accountabilities and what assurance is available across our ‘three lines of defence’: risk owners, risk oversight, and risk assurance.
- Ensure our behaviours framework supports a positive risk culture.

Strategic risk overview

Over the last year, we’ve seen our strategic risks evolve, with significant changes to our people-related risks, and a new geopolitical risk. Some of the risks we identified last year have been removed from this year’s overview because we’ve had evidence that they’ve either been stabilised or reduced.

The following table includes those risks identified as the most relevant to Marie Curie 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 risk and why it's relevant	Key mitigations	Trend*
Service delivery: There's a risk that we're unable to maintain our bed capacity and available hours of clinical care due to capacity constraints caused by sickness, Covid-19 isolation, or vacancies which could impact on contractual compliance, patient experience, quality and safety of our services, poor staff morale, and our reputation.	• The quality of our services, patient safety, safeguarding and patient/family experience is at the heart of everything we do. On the rare occasions we've been unable to find additional resources (reallocated, overtime or bank staff) to ensure our clinical standards are met, we've taken the difficult decision to close wards or reduce our community services. • Such action was necessary during the fourth wave of Covid-19 and following the removal of all Government restrictions. Services were re-established as a priority.	Increased
Attract and retain staff: There's a risk if we are unable to attract or retain the right people with the right skills and values, we will be unable to deliver our ambitious strategy.	• Our people are our most important asset and, like many operators in the healthcare sector, we've been affected by staff re-assessing their careers in the wake of the pandemic, and external market factors. • To ensure we are attractive in a competitive market, some aspects of our Strategic Reward Review, set up to ensure we have a fair reward strategy, have been accelerated to make sure we have good incentives in place. • During the year, we also reviewed our recruitment approaches and processes to reduce the time it takes to recruit. • Investing in our people continues to be a priority.	Increased
People resilience: There's a risk that if we fail to promote a safe environment for all colleagues where wellbeing is prioritised, and we're not satisfied that work expectations are realistic, this may lead to burnout, increased stress levels or poor mental health and sickness rates.	• The implications for everyone's health and wellbeing during the pandemic have been significant. Many of our colleagues have been operating in very difficult environments for over two years. During the year, we further developed our comprehensive wellbeing framework and released a variety of communications, ensuring key messages are distributed effectively. • In parallel, hybrid working is being trialled and priorities are continually re-assessed and, where appropriate, to ease workloads, major pieces of work have been rescheduled.	Constant
Place-based: There's a risk we fail to execute and achieve the intended benefits of building expanded integrated place-based end of life services in partnership with others and during the transformation period ensure staff are supported so there's no impact on quality or on service provision resulting in significant reputational and people risks.	• Changing to place-based ways of working is a key way that Marie Curie proposes to adapt to the new commissioning landscape in England, and capitalise on new opportunities in all nations. During the year, we appointed our ten Associate Directors and a Director of Business development. • Various workstreams are underway which will ensure there is clarity of delegation, business plans are developed for each area, and the charity supports place-based ways of working, with all teams operating in a collaborative way.	Constant

* since the approval of the last annual report in November 2021.

Principal risk and why it's relevant	Key mitigations	Trend*
Financial sustainability: There's a risk that we have insufficient income and reserves to achieve our strategic objectives and continue our operations without compromising on the delivery/impact for the people we support.	• We operate a comprehensive annual planning and budgeting process and have robust reserves in place to maintain resilience. • Increasing our income and driving down net cost of delivery are key organisational objectives. A comprehensive programme of work is under way to ensure we continue reducing our operating costs; finding best value for money through procurement; exploring commercial opportunities to diversify our income; maximising our fundraising initiatives; and increasing our digital capabilities.	Constant
Change: There's a risk we fail to execute organisational change and transformational programmes effectively, to achieve the intended benefits, resulting in other key risks materialising and/or leading to the inefficient use of the charity resources and reducing our ability to be flexible and agile.	• We're currently delivering an ambitious portfolio of transformational programmes and are strengthening our central change team, which will oversee this, and the project management teams to ensure we have sufficient capabilities and capacity. • We maintain robust project oversight and governance and, where appropriate, independent assurance is undertaken. • A bespoke programme of workshops for all senior leaders has been established to develop the skills required to deliver change efficiently and effectively.	Constant
Geopolitical risk: There's a risk we fail to understand the direct and indirect risks/ consequences following Russia's invasion of Ukraine and implement changes to minimise exposure (inflation, investment, supply chain), mitigate against regulatory sanctions, protect colleagues and continue to provide quality care/deliver our strategy.	• Following an initial assessment in late February 2022, our technology teams implemented enhanced cyber surveillance, and we carried out compliance checks to ensure we were operating in line with our approved sanctions policy. • A specific geopolitical risk register was created to record the risks and aid ongoing monitoring. All potential risks identified are considered to be managed. • We're constantly reviewing the potential dilution effect on our fundraising campaigns and if they are being affected by the DEC disaster appeals and other calls to support those impacted.	New
Data: There's a risk we fail to manage all forms of data legally and effectively. Failing to do this may increase the potential for data breaches, and reduce the availability, organisation and accuracy of the data we hold.	• Strong cyber security is in place to protect digital data and an improved digital strategy is being implemented to ensure we're well equipped for the future. • Mandatory training is provided in areas like General Data Protection Regulation (GDPR) compliance. • A review of the information governance framework is underway to ensure that all data is of high quality, and properly protected as long as we hold it.	Constant

* since the approval of the last annual report in November 2021.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustees' Annual 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;
- 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

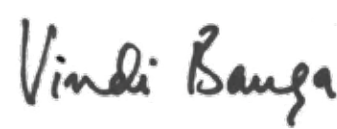
the *Companies Act 2006*, the *Charities and Trustee Investment (Scotland) Act 2005*, and regulation 8 of the *Charities Accounts (Scotland) Regulations 2006* (as amended). They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and 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 and,
- 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 18 October 2022.



Vindi Banga, Chair of Trustees

Independent auditor's report

to the members and Trustees of Marie Curie

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 2022 and of the Group's incoming resources and application of resources and the Parent Charitable Company'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 in 2010.

We have audited the financial statements of Marie Curie ("the Parent Charitable Company") and its subsidiaries ("the Group") for the year ended 31 March 2022 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company 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 are 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 other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. The other information comprises: Year at a Glance, Welcome from our Chair and Chief Executive and the Trustees' Report. The Trustees are responsible for the other information.

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 Trustee's report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 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.

Statement of Trustees' responsibilities

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:

- We enquired of management, and the Audit and Risk Committee, including obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Charity. These include, but are not limited to, compliance with the Companies Act 2006, UK GAAP, the Charities and Trustee Investment (Scotland) Act 2005, regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006, as amended in 2010 and tax legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.
- In addition, the Charity is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law and data protection. In order to help identify instances of non-compliance with other laws and regulations that may have a material effect on the financial statements, we made enquiries of management and those charged with Governance about whether the entity is in compliance with such laws and regulations and we inspected any relevant regulatory and legal correspondence.

- We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journal entries to manipulate financial results and management bias in accounting estimates.

Audit response to risks identified

- The Senior Statutory Auditor has assessed and concluded that the engagement team collectively had the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations;
- We reviewed the financial statement disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- We made enquiries of the Board, management and internal audit;
- Reviewed the incident log submitted to the Audit and Risk Committee which includes instances of fraud and non-compliance with laws and regulations;
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- We read minutes of meetings of those charged with governance, and reviewed correspondence with HMRC and serious incident reports filed with the Charity Regulators;
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- We challenged assumptions made by management in their significant accounting estimates in particular in relation to the assumptions related to the allocation of costs, accrued legacy income, depreciation rates for assets, recognition of multi-year grants and pension assumptions.

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
4 November 2022
BDO LLP is a limited liability partnership
registered in England and Wales (with registered
number OC305127).

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2022

	Note	2021/22			2020/21		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Income from:							
Generated funds							
Donations and legacies	2	76,759	16,595	93,354	76,847	13,248	90,095
Retail sales of donated and purchased goods		8,896	4,914	13,810	3,445	1,807	5,252
Investments	3	998	-	998	954	-	954
		86,653	21,509	108,162	81,246	15,055	96,301
Charitable activities	4	50,293	7,357	57,650	52,025	21,538	73,563
Other income		26	-	26	152	-	152
Total income		136,972	28,866	165,838	133,423	36,593	170,016

Expenditure on raising funds						
Cost of generating voluntary income	23,709	2,245	25,954	21,793	1,750	23,543
Publicity	2,304	-	2,304	4,360	-	4,360
Fundraising trading: cost of goods sold	10,395	3,564	13,959	9,975	1,715	11,690
Investment management costs	353	-	353	410	-	410
	36,761	5,809	42,570	36,538	3,465	40,003
Net income available for charitable application	100,211	23,057	123,268	96,885	33,128	130,013

Expenditure on charitable activities							
Hospices		33,312	17,015	50,327	27,515	20,100	47,615
Nurses		40,313	9,796	50,109	36,789	13,019	49,808
Helper		611	63	674	468	162	630
Information and support		2,244	531	2,775	1,030	450	1,480
Policy and research		7,688	81	7,769	5,600	213	5,813
Total charitable expenditure		84,168	27,486	111,654	71,402	33,944	105,346
Total expenditure	5	120,928	33,295	154,224	107,940	37,409	145,349

	Note	2021/22			2020/21		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Net income/(expenditure) for the year before investment gains		16,043	(4,429)	11,614	25,483	(816)	24,667
Gains on investments	7	3,803	-	3,803	9,840	-	9,840
Net income/(expenditure) for the year		19,846	(4,429)	15,417	35,323	(816)	34,507

Other recognised gains							
Actuarial gains/(losses) on defined benefit pension scheme	15	181	-	181	(6,238)	-	(6,238)
Net movement in funds		20,027	(4,429)	15,598	29,085	(816)	28,269

Reconciliation of funds							
Total funds at 1 April	16	123,818	21,849	145,667	94,733	22,665	117,398
Total funds at 31 March		143,845	17,420	161,265	123,818	21,849	145,667

All of the charity's activities are continuing. There were no gains or losses other than those shown above.

The notes on pages 78 to 101 form part of these financial statements.

Balance sheets

for the year ended 31 March 2022.

		Group		Charity	
	Note	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Fixed assets					
Tangible assets	8	53,074	54,348	53,065	54,348
Investments	7	55,503	52,259	55,835	52,648
		108,577	106,607	108,900	106,996
Current assets					
Stocks	9	486	326	-	-
Debtors	10	36,274	30,745	36,600	31,214
Investments	11	27,579	33,263	27,579	33,263
Cash at bank and in hand		18,441	7,446	18,161	6,637
		82,780	71,780	82,340	71,114
Creditors:					
Amounts falling due within one year	12a	(25,842)	(27,879)	(25,677)	(27,754)
Net current assets		56,938	43,901	56,663	43,360
Total assets less current liabilities		165,515	150,508	165,563	150,356
Creditors:					
Amounts falling due after more than one year	12b	(1,166)	(1,099)	(1,166)	(1,099)
Provision for liabilities and charges	14	(3,556)	(4,144)	(3,556)	(4,144)
Net assets (excluding pension asset)		160,793	145,265	160,841	145,113
Defined benefit pension asset	15	472	402	472	402
Net assets (including pension asset)	16	161,265	145,667	161,313	145,515
Funds					
Restricted funds	16	17,420	21,849	17,420	21,849
Designated funds	16	67,372	69,194	67,372	69,194
		84,792	91,043	84,792	91,043
Free reserves					
General funds	16	76,473	54,624	76,521	54,472
		161,265	145,667	161,313	145,515

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 for the year, including investments, was £164.5 million (2021: £170.0 million) less resources expended of £152.7 million (2021: £145.3 million) leading to a surplus before gains and losses of £11.8 million (2021: surplus of £24.7 million) and a surplus after gains and losses of £15.8 million (2021: surplus of £28.3 million).

These financial statements for Marie Curie Ltd, Company number 00507597 were approved and authorised for issue by the Board of Trustees on 18 October 2022 and signed on its behalf by Vindi Banga, Chair.

Vindi Banga

Vindi Banga, Chair of the Board of Trustees

Consolidated Cash Flow Statement

for the year ended 31 March 2022

	Note	2022 £'000	2021 £'000
Cash flows from operating activities:			
Net cash used in operating activities	A	8,373	22,089
Cash flows from investing activities:			
Dividends received		990	610
Interest received		8	80
Capital expenditure		(4,619)	(5,758)
Investment purchases		(2,771)	(14,728)
Change in deposits		-	4,025
Investment proceeds		1,944	17,275
Cash withdrawn from/(invested into) market deposit accounts		1,386	(1,078)
Net cash (used in)/provided by investing activities		(3,062)	426
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at 1 April		40,709	18,194
Cash and cash equivalents at 31 March		46,020	40,709
Analysis of cash and cash equivalents			
Cash at bank and in hand		18,441	7,446
Money market and other deposits		27,579	33,263
		46,020	40,709

Analysis of net movement in funds	At 1 April 2021 £'000	Cash flows £'000	Other changes £'000	At 31 March 2022 £'000
Cash at bank and in hand	7,466	10,995	-	18,441
Short term deposits	33,263	(5,684)	-	27,579
Total	40,709	5,312	-	46,020

The movement in net funds represents the increase in cash balances during the year.

Notes 1 to 21 form part of these financial statements.

Note A:	2022	2021
Reconciliation of net expenditure to net cash flow from operating activities	£'000	£'000
Net income for the year	15,417	34,507
Adjustments for:		
Depreciation	5,892	3,683
Losses on disposal of fixed assets	-	71
(Gains) on investments	(3,803)	(9,840)
Pension funding adjustment	111	(265)
Dividends receivable	(990)	(610)
Interest receivable	(8)	(80)
(Increase) in stocks	(160)	(61)
(Increase) in debtors	(5,528)	(5,737)
(Decrease)/increase in creditors and provisions	(2,558)	421
Net cash inflow from operating activities	8,373	22,089

Notes to the financial statements

for the year ended 31 March 2022

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 2006* 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).

Going Concern

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 twelve 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 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.

(c) Investments

Investments listed on a recognised stock exchange are included in the balance sheet at bid price with the exception of our property investments which are valued at Net Asset Value (NAV).

Valuations are updated on a monthly basis. All gains and losses arising during the year are included in the Statement of Financial Activities.

(d) Stocks

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

(e) Depreciation

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

Building and structure	50 years
Windows and doors	25 years
Other fixtures, fittings and equipment	Generally 3–15 years
Leasehold shops improvements	Over the period of the lease or 10 years, whichever is the shorter

(f) Income

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

Legacy income

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

Events

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

Retail

Income is recognised at point of sale. Goods donated for sale are included as income at point of sale.

Investment income

Investment Income is accounted for on an accruals basis. See above (c).

Gifts in kind

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

Government grants

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

Grants payable

The total sum awarded during the year is expensed 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.

Fundraising 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 costs

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

Governance costs

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

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.

(h) Pensions

Defined benefit scheme

For the Marie Curie defined benefit pension schemes the amounts charged in expenditure are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs. Past service costs are recognised immediately in the income and expenditure account if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs. The interest losses are recognised in the ‘Other recognised gains and losses’.

The Marie Curie defined benefit scheme is funded, with the assets of the scheme held separately from those of the charity, in trustee-administered funds. Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit credit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities. The actuarial valuations are obtained every three years. A valuation in accordance with FRS 102 is produced at each balance sheet date. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the balance sheet. At 31 March 2022 there was a net asset which has been recognised in accordance with FRS 102, as Marie Curie would be able to recover this net asset either through reduced contributions in the future or through refunds from the plan.

In January 2021, the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS) in the name of the trustees. In February 2022, the Trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme’s assets comprised the individual policies held in trust for the members together with cash holdings held in the Scheme. As the individual annuity policies with LGAS cover the liability for all of the members’ benefits in the Scheme, under FRS 102 the Scheme actuary has valued the bulk annuity policy as at 31 March 2022 at an amount that is equivalent to the Scheme’s pension obligations. This takes no account of any other net current assets or liabilities which are thereby effectively be assumed to be immaterial. Additional Voluntary Contributions are excluded from the assets and liabilities as these match each other.

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.

(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 16 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 16 to the financial statements. Funds contained within the designated fund comprise:

- (1) Tangible Fixed Asset Fund which represents the value of general funds invested in fixed assets.
- (2) Impact and Innovation Fund which has been established to support new developments in end of life care or to support changes and improvements in the efficiency of existing services.
- (3) Pension reserve which represents the valuation under FRS 102 of the charity’s defined benefit pension scheme.

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

(k) Provisions

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

(l) Accounting estimates and judgements

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

Legacy income

The recognition of accrued legacy income requires judgement about the probability and timing of receipt of legacies. Where probate information is not available or probate is not required to execute an estate, our entitlement is estimated with consideration to the date we are notified of the legacy, our historical experience of income from similar legacies and any other information available for a specific estate.

Cost allocation

Support costs are allocated across all charitable activities. Dependant upon each type of support activity, costs are applied directly against a function or appropriate cost drivers such as time allocations are utilised.

Actuarial assumptions

The defined benefit pension scheme has been valued by a qualified independent actuary in accordance with FRS 102. Significant judgement is required in a number of areas, including future changes in inflation, mortality rates and the selection of appropriate discount rates. Further details are provided in Note 15.

2 Donations and legacies

	2021/22			2020/21		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Donations, events and other voluntary income	47,160	7,384	54,545	51,843	8,160	60,003
Legacies	29,599	9,211	38,810	25,004	5,088	30,092
	76,759	16,595	93,354	76,847	13,248	90,095

3 Investment income

	2021/22			2020/21		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Listed investments	733	-	733	610	-	610
Cash investments	8	-	8	80	-	80
Property fund	200	-	200	202	-	202
Other investments	57	-	57	62	-	62
	998	-	998	954	-	954

4 Charitable activities income

	2021/22			2020/21		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
NHS funding for nurses	28,762	-	28,762	26,801	-	26,801
NHS funding for hospices	20,174	-	20,174	19,661	-	19,661
Other NHS funding	341	-	341	184	-	184
Other income	120	-	120	149	-	149
Grants and furlough	897	7,357	8,254	5,230	21,538	26,768
	50,293	7,357	57,650	52,025	21,538	73,563

Grants and furlough income comprises Government funding of £0.2 million (2021: £5.1 million) in furlough relief received under the Coronavirus Job Retention Scheme, £7.4 million (2021: £21.5 million) in restricted grants in relation to hospices and nursing services, and £0.7 million (2021: £0.2 million) in other grants.

5 Expenditure

	2021/22			2020/21		
	Direct costs £'000	Support costs £'000	Total 2022 £'000	Direct costs £'000	Support costs £'000	Total 2021 £'000
Cost of raising funds						
Fundraising	22,800	3,154	25,954	20,475	3,068	23,543
Publicity	1,918	386	2,304	3,945	415	4,360
Retail activities	12,464	1,494	13,958	10,644	1,046	11,690
Investment management costs	318	35	353	387	23	410
	37,500	5,070	42,570	35,451	4,552	40,003
Charitable activities						
Hospices	44,100	6,227	50,327	44,180	3,435	47,615
Nurses	43,077	7,032	50,109	45,104	4,704	49,808
Helper	605	70	674	551	79	630
Information and support	2,334	440	2,775	1,011	469	1,480
Policy and research (Note C)	6,475	1,294	7,769	4,813	1,000	5,813
	96,591	15,063	111,654	95,659	9,687	105,346
Total	134,091	20,132	154,224	131,110	14,239	145,349

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 2022 £'000
Fundraising	352	128	458	802	1,354	61	3,155
Publicity	55	20	70	123	118	-	386
Retail activities	203	69	246	432	177	367	1,494
Investment management costs	-	-	35	-	-	-	35
Total raising funds	610	217	809	1,357	1,649	428	5,070
Hospices	934	346	1,196	2,160	1,472	120	6,227
Nursing	1,187	346	1,231	2,160	2,060	48	7,032
Helper	5	-	-	-	59	6	70
Information and support	39	10	35	62	294	-	440
Policy & Research	193	69	246	432	353	-	1,294
Total charitable activities	2,358	771	2,708	4,814	4,238	174	15,063
Total support costs allocated	2,968	988	3,517	6,171	5,886	603	20,133

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 2021 £'000
Fundraising	489	150	402	732	1,245	50	3,068
Publicity	55	30	23	70	237	-	415
Retail activities	135	7	209	209	178	308	1,046
Investment management costs	-	-	23	-	-	-	23
Total raising funds	679	187	657	1,011	1,660	358	4,552
Hospices	441	180	325	906	1,482	101	3,435
Nursing	674	187	264	1,464	2,075	40	4,704
Helper	2	-	13	-	59	5	79
Information and support	99	8	31	35	296	-	469
Policy & Research	316	188	70	70	356	-	1,000
Total charitable activities	1,532	563	703	2,475	4,268	146	9,687
Total support costs allocated	2,211	750	1,360	3,486	5,928	504	14,239

Support costs allocated to raising funds and our charitable activities have increased to £20.1 million from £14.2 million in 2020/21. This is partly due to several one-off costs that we incurred in 2021/22 in order to enable our continued development. This includes the forthcoming move to a new London office, which has led to costs of £1.1 million in dilapidations and an onerous lease at our existing office, as we will be paying dual rent until March 2023. Another one-off cost of £2.3 million was incurred in 2021/22 in order to improve our systems and processes to streamline our operations and support our growth, and we will continue to benefit from this for years to come.

Note A	2022 £'000	2021 £'000
Governance costs		
Internal audit	315	214
External audit fees (Note B)	98	149
Trustees' travel and meeting expenses (Note 16)	-	-
Trustees' indemnity insurance (Note 17)	50	20
Compliance	525	367
	988	750

Note B	2022 £'000	2021 £'000
Net income for the year is stated after charging;		
Fees payable to the charity's auditor for:		
the audit of these financial statements – charity	82	132
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	6	7
	98	149
Amounts paid under operating leases:		
land and buildings	3,641	3,788
plant and machinery	822	1,142
	4,463	4,930
Depreciation of owned assets	5,897	3,683

The audit fee in 2020/21 was higher due to the additional work required as a result of the Charity moving to a new accounting system.

An adjustment was made to the depreciation charge in 2020/21 to correct historic over depreciation of a small number of fixed assets. This resulted in a lower depreciation charge during 2020/21. The depreciation charge for 2019/20 was £5.8 million.

Note C	2022 £'000	2021 £'000
Policy and Research costs		
Grant funding of activities:		
<i>Marie Curie Palliative Care Research Department at UCL</i>	-	-
<i>Marie Curie Palliative Care Research Department at Cardiff University</i>	529	-
<i>National grant programme</i>	863	29
<i>Other recipients</i>	793	514
Other Policy and Research activity undertaken directly	4,290	4,270
Support costs	1,294	1,000
	7,769	5,813

6 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

7 Investments

	Listed investments £'000	Property and unlisted investments £'000	Money market deposits £'000	Group total £'000	Investment in subsidiaries (Note 19) £'000	Charity total £'000
Group and charity						
Market value at 1 April 2021	50,837	36	1,386	52,259	389	52,648
Movements in deposits	-	-	(1,386)	(1,386)	-	(1,386)
Additions at cost	2,771	-	-	2,771	-	2,771
Disposals at book value	(193)	-	-	(193)	(58)	(250)
Unrealised gains	1,920	132	-	2,052	-	2,052
Market value at 31 March 2022	55,335	168	-	55,503	331	55,835
Historic cost at 31 March 2022	40,636	75	-	40,711	331	41,043
Historic cost at 31 March 2021	38,058	75	1,386	39,519	389	39,908
Gains on investments					2022 £'000	2021 £'000
Realised gains					1,751	1,912
Unrealised gains included in market value					2,052	7,928
					3,803	9,840
Listed investments					2022 £'000	2021 £'000
UK					35,168	28,250
Non UK					20,167	22,587
					55,335	50,837
Analysis of investment class					2022 £'000	2021 £'000
UK equities					15,874	11,547
International equities					20,167	22,532
UK Government Bonds					3,246	3,404
Global Bonds					7,766	7,905
Property and unlisted					4,886	4,099
Cash					3,564	2,772
					55,503	52,259

received within categories covered by Chapter 3, Part 11 *Corporation Tax Act 2011* or Section 256 of the *Taxation of Chargeable Gains Act 1992*, to the extent that such income or gains are applied exclusively to charitable purposes. Its subsidiaries have not incurred a tax charge as they gift aid all profits to the charity.

8 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 2021	86,076	9,520	37,917	133,513
Additions at cost	387	736	3,495	4,618
At 31 March 2022	86,463	10,256	41,412	138,131
Depreciation				
At 1 April 2021	42,187	8,241	28,737	79,165
Provided in the year	2,556	768	2,568	5,892
At 31 March 2022	44,743	9,009	31,305	85,057
Net book value				
At 31 March 2022	41,720	1,247	10,108	53,074
At 31 March 2021	43,889	1,279	9,180	54,348

Land and buildings consist of nine Marie Curie Hospices of which one, 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 (2021: £1.6 million).

Short leasehold land and buildings consists of administrative offices and shops. All short leases are less than 50 years.

Group capital commitments

	2022 £'000	2021 £'000
Capital expenditure authorised and contracted for	996	376
Capital expenditure authorised but not contracted for	8,521	7,524

9 Stocks

	Group		Charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Inventory for resale	486	326	-	-

10 Debtors

	Group		Charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
Trade debtors	3,513	5,046	3,395	5,046
Taxation recoverable	3,542	2,107	3,542	2,123
Prepayments	4,403	1,975	4,380	1,975
Legacy debtors	17,350	15,554	17,350	15,554
Amounts due from subsidiary undertakings	-	-	501	523
Other debtors	7,466	6,063	7,433	5,993
	36,274	30,745	36,600	31,214

The charity has been notified of legacies with an estimated value of £17.6 million (2021: £17.7 million) which have not been recognised as income at 31 March 2022 because probate has not been

granted and draft estate accounts or other suitable information is not available which allows the legacy to be measured with reasonable accuracy. This amount has been treated as a contingent asset.

11 Current asset investments

	Group		Charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
At 1 April	33,263	18,906	33,263	18,906
Movements in deposits	(5,645)	14,297	(5,645)	14,297
Unrealised (losses)/gains	(38)	60	(38)	60
At 31 March	27,579	33,263	27,579	33,263

12 Creditors

	Group		Charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
(a) Amounts falling due within one year				
Trade creditors	8,004	8,740	7,921	8,654
NHS contract obligations	5	5	5	5
Palliative care research grants	4,887	4,858	4,887	4,858
Tax and social security creditors	1,596	1,699	1,596	1,699
Accruals	8,343	10,199	8,262	10,133
Deferred income (Note 13)	1,990	1,645	1,990	1,645
Pensions and other payroll	1,016	733	1,016	733
Amounts due to subsidiary undertakings	-	-	0	27
	25,842	27,879	25,677	27,754

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

	Group		Charity	
	2022 £'000	2021 £'000	2022 £'000	2021 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	962	852	962	852
Investment Managers' performance fee	203	247	203	247
	1,166	1,099	1,166	1,099

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

13 Deferred income

Group and charity	At 1 April 2021 £'000	Amounts released in the year £'000	Additional provisions made £'000	At 31 March 2022 £'000
Caring services	365	(365)	710	710
Fundraising events	1,280	(591)	592	1,280
	1,645	(957)	1,301	1,990

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

14 Provision for charges and liabilities

Group and charity	At 1 April 2021 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2022 £'000
Dilapidations	483	620	-	(8)	1,095
Rent	287	505	(39)	(248)	505
Staff costs and other liabilities	3,374	24	(613)	(829)	1,956
	4,144	1,149	(652)	(1,085)	3,556

Dilapidations

Dilapidations relate to properties where there is a legal responsibility to pay for these costs before the end of the lease period.

Rent

Rent relates to amounts that may become due once rent reviews are completed on individual properties or where a decision has been made to vacate early.

Staff costs and other liabilities

These include provisions for restructuring and redundancy costs, costs associated with the planned closure of a small number of shops, and the Working Time Directive.

15 Pensions

Schemes available to employees

The current scheme available to employees is a Group Personal Pension Plan with Scottish Widows which was started in April 2013. This is a defined contribution scheme.

Marie Curie employees also participate in two multi-employer defined benefit plans: the Universities Superannuation Scheme and the NHS Pension Schemes.

Sufficient information is not available to account for these as defined benefit schemes, therefore they have been accounted for as defined contribution schemes.

	2022			2021		
	No. members	% rate	£'000	No. members	% rate	£'000
Marie Curie Group Personal Pension Plan with Scottish Widows	2,492	4-15%	3,595	2,913	4-15%	3,675
NHS Pension Scheme	475	14.4-22.5%	2,177	477	14.4-22.5%	2,329
Universities Superannuation Scheme	2	21.6%	27	3	21.1%	32
			5,800			6,036

Closed scheme

Marie Curie Defined Benefit Scheme

The charity operates a defined benefit pension scheme, which is closed to new members and future accrual. The Scheme is funded by the charity and, until it was closed to future accrual, also from contributions from members at rates set in the Scheme rules. The assets are held in a trust separate from the charity. There were no active members in the Scheme during 2022/21 or 2020/21.

The date of the last full triennial actuarial valuation of the Marie Curie defined benefit pension scheme was 31 March 2020 and this resulted in an actuarial surplus of £9.0 million. On the basis of this valuation the Scheme Trustees agreed the Charity could cease making deficit recovery payments in May 2020. The latest FRS 102 valuation as at 31 March 2022 by a qualified independent actuary takes account of the

Marie Curie meets the employer costs required by the Universities Superannuation Scheme.

The NHS Pension Schemes are statutory unfunded defined benefit schemes.

Defined contribution pension charge in the Statement of Financial Activity (SoFA)

The employer's contribution rates at the year end and the employer's total pension contributions made during the financial year in respect of the above three open schemes were as follows:

		2022		2021	
		No. members	% rate	No. members	% rate
Marie Curie Group Personal Pension Plan with Scottish Widows	3,595	2,492	4-15%	3,675	2,913
NHS Pension Scheme	2,177	475	14.4-22.5%	2,329	477
Universities Superannuation Scheme	27	2	21.6%	32	3
	5,800			6,036	

requirements of FRS 102 in assessing the liabilities of the scheme and the fair value of the assets at the date.

In January 2021, the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS). In February 2022, the Trustees of the Scheme instructed LGAS to convert the bulk annuity policy to individual member policies held in trust by the scheme. Following the buy-in and policies being issued in trust to the Scheme, at 31 March 2022 the Scheme's assets comprised the individual policies held in trust for the members together with cash holdings held in the Scheme. As the individual annuity policies with LGAS cover the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary has valued the bulk annuity policy as at 31 March 2022 at an amount that is equivalent to the Scheme's pension obligations.

	2022 £'000	2021 £'000
Present value of funded defined benefit obligation	(22,168)	(24,780)
Fair value of scheme assets	22,640	25,182
Net asset	472	402

The movement in the defined benefit pension scheme surplus is as follows:	2022 £'000	2021 £'000
Asset at 1 April	402	6,375
Net finance charge	7	145
Administration expenses	(118)	-
Employer's contributions	-	120
	291	6,640
Re-measurement gain/(loss)	181	(6,238)
Asset at 31 March	472	402
Movements in present value of defined benefit obligation	2022 £'000	2021 £'000
At 1 April	24,780	24,397
Administration expenses	118	-
Interest cost	447	532
Re-measurement (gains)/losses	(1,855)	1,343
Benefits paid	(1,322)	(1,492)
At 31 March	22,168	24,780
Movements in fair value of scheme assets	2022 £'000	2021 £'000
At 1 April	25,182	30,772
Interest credit on scheme assets	454	677
Re-measurement (loss)	(1,674)	(4,895)
Contributions by employer	-	120
Benefits paid	(1,322)	(1,492)
At 31 March	22,640	25,182
Expense recognised in the Consolidated Statement of Financial Activities	2022 £'000	2021 £'000
Interest on defined benefit pension plan obligation	447	532
Interest credit on scheme assets	(454)	(677)
Net finance credit	(7)	(145)
Administration expenses	118	-
Total	111	(145)
Re-measurement gain/(loss) charged to the Consolidated Statement of Financial Activities	2022 £'000	2021 £'000
Re-measurement (loss) – return on scheme assets	(1,674)	(4,895)
Re-measurement gain/(loss) – actuarial gain/(loss)	1,855	(1,343)
Total	181	(6,238)

The fair value of the scheme assets was as follows:	2022 £m	%	2021 £m	%
Insurance contracts	22.2	97.9%	24.8	98.4%
Cash	0.5	2.1%	0.4	1.6%
Total net assets	22.6	100.0%	25.2	100.0%

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:	2022	2021
Discount rate	2.7%	1.9%
Retail Prices Index (RPI) Inflation	4.3%	3.7%
Consumer Prices Index (CPI) Inflation	3.4%	2.8%
Future increases in deferred pensions	4.2%	3.6%
Future salary increases	N/A	N/A
Rate of increases in pensions in payment:		
Fixed 4%	4.0%	4.0%
CPI subject to min 4% pa and max 5% pa pre 2030	4.3%	4.2%
CPI subject to min 4% pa and max 5% pa post 2030	4.4%	4.3%
CPI subject to max 5% pa pre 2030	3.2%	2.8%
CPI subject to max 5% pa post 2030	3.9%	3.4%
CPI subject to max 2.5% pa pre 2030	2.2%	2.0%
CPI subject to max 2.5% pa post 2030	2.4%	2.3%
Cash commutation: 100% of members commute 25% of their pension		

Life expectancies used to determine benefit obligations are as follows:	2022	2021
Future life expectancy of male aged 65 at balance sheet date	22.2	22.1
Future life expectancy of male aged 65, 20 years after the balance sheet date	23.5	23.5
Future life expectancy of female aged 65 at balance sheet date	24.5	24.5
Future life expectancy of female aged 65, 20 years after the balance sheet date	26.0	25.9

The main assumptions are derived as follows:

Discount rate on corporate bonds: We've used zero coupon yield curve data.

Inflation: We've derived the market's expectation for RPI inflation by reference to the RPI swaps market. Specifically, the rate of inflation is derived as the rate that equates to the yield of the swap rate curve at the duration of the Scheme's liabilities.

The CPI inflation rate is assumed to increase with effect from 2030 following the Government's announcement that the methodology for calculating CPI would change at that date.

Life expectancy: SP3xA base table and the CMI model for 2020 with a long-term rate of mortality improvement of 1.25% pa.

16 Funds

Group and charity

	Note	At 1 April 2021 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2022 £'000
Restricted Funds (Group and Charity)							
Hospices – Capital Fund	i	18,574	-	(1,634)	-	64	17,004
Hospices – Revenue	ii	1,626	19,513	(20,897)	-	(64)	178
Nurses	ii	1,053	9,121	(10,084)	-	-	89
Helper	ii	66	23	(63)	-	-	25
Information and Support	ii	530	125	(531)	-	-	123
Palliative care research		-	85	(85)	-	-	-
Total restricted funds		21,849	28,866	(33,295)	-	-	17,420
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	31,400	-	(570)	-	-	30,830
Tangible Fixed Asset Fund	iv	35,774	-	(4,258)	-	4,554	36,070
Capital Investment Fund		1,618	-	-	-	(1,618)	-
Pension scheme surplus	v	402	-	(111)	181	-	472
Total designated funds		69,194	-	(4,939)	181	2,936	67,372
General Funds (Group)							
General Fund	vi	54,624	136,971	(115,989)	3,803	(2,936)	76,473
Total general funds		54,624	136,971	(115,989)	3,803	(2,936)	76,473
Consolidated Funds		145,667	165,838	(154,224)	3,984	-	161,265
General funds (Charity)		54,472	135,420	(114,237)	3,803	(2,936)	76,522

The above funds carried forward at 31 March 2022 represent:

- Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper and Information and Support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.
- We recognise that urgent and radical change is needed to keep pace with society's rapidly growing need for end of life care provision. A £31.4 million designated reserve for an Impact and Innovation Fund was created in 2020/21 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in page 10 of 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. A number of initiatives to be funded from this designated reserve have been identified and have commenced, with higher levels of expenditure planned for 2022/23. In the event of increased financial risk or if no longer required, funds can be de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves.
- The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- The valuation under FRS 102 of the defined benefit pension scheme surplus.
- The General Fund represents the net amount that the Trustees have available to meet possible shortfalls in funding and increases in costs.

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

	2022 £'000	2021 £'000
The charity	14,928	28,053
Intra-group profit	670	217
	15,598	28,270

Prior year funds for comparison

Group and charity

	Note (see above)	At 1 April 2020 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2021 £'000
Restricted Funds (Group and Charity)							
Hospices – Capital Fund	i	20,124	-	(1,608)	-	58	18,574
Major capital appeals		21	-	(21)	-	-	-
Hospices – Revenue	ii	806	22,663	(21,785)	-	(58)	1,626
Nurses	ii	1,510	12,671	(13,127)	-	-	1,054
Helper	ii	150	66	(150)	-	-	66
Information and Support	ii	30	980	(480)	-	-	530
Palliative care research		24	213	(238)	-	-	(1)
Total restricted funds		22,665	36,593	(37,409)	-	-	21,849
Designated Funds (Group and Charity)							
Impact and Innovation Fund	iii	-	-	-	-	31,400	31,400
Tangible Fixed Asset Fund	iv	32,220	-	(2,102)	-	5,656	35,774
Capital Investment Fund		1,618	-	-	-	-	1,618
Pension scheme surplus	v	6,375	-	-	(6,238)	265	402
Total designated funds		40,213	-	(2,102)	(6,238)	37,321	69,194
General Funds (Group)							
General Fund	vi	54,520	133,423	(105,838)	9,840	(37,321)	54,624
Total general funds		54,520	133,423	(105,838)	9,840	(37,321)	54,624
Consolidated Funds		117,398	170,016	(145,349)	3,602	-	145,667
General funds (Charity)		54,581	132,171	(104,799)	9,840	(37,321)	54,472

The above funds carried forward at 31 March 2021 represent the funds numbered i to vi on page 96 together with the remaining funds on the major capital appeal which were expensed by 31 March 2021.

Analysis of net assets between funds

	2022			2021		
	Unrestricted funds £'000	Restricted funds £'000	Total 2022 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2021 £'000
Tangible fixed assets	36,070	17,004	53,074	35,774	18,574	54,348
Investments	83,083	-	83,083	85,522	-	85,522
Stocks	486	-	486	326	-	326
Debtors	36,272	-	36,272	30,745	-	30,745
Creditors and cash	(12,538)	416	(12,122)	(28,951)	3,275	(25,676)
Defined benefit pension scheme surplus	472	-	472	402	-	402
Total net assets	143,845	17,420	161,265	123,818	21,849	145,667

17 Staff

i) Remuneration	2022 £'000	2021 £'000
Wages and salaries	83,501	82,305
Social security costs	7,172	7,038
Other pension costs	5,800	6,036
Total Marie Curie staff costs	96,473	95,379
Contracted staff	5,532	4,422
Total remuneration	102,005	99,801

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

The total amount of termination payments in the year was £1.0 million (2021: £0.7 million). There were no termination payments to key management (the Executive Leadership Team) in either year.

ii) Average number of employees	2022	2021
Hospices	854	923
Nurses	1,705	1,925
Clinical Management, Quality and Education	120	62
Research	11	8
Information and Support	15	17
Fundraising	260	259
Publicity, Policy and Public Awareness	74	65
Shops	411	400
Support	271	224
	3,721	3,883
Comprising		
Full time	1,395	1,326
Part time	2,326	2,557
	3,721	3,883

Prior year figures have been restated to move 62 staff into a new category, Clinical Management, Quality and Education, to better reflect their roles

as part of the wider Caring Services team. Previously they were included under Support.

iii) Remuneration of higher paid staff	2022 Number	2021 Number
£60,000 - £69,999	41	30
£70,000 - £79,999	16	12
£80,000 - £89,999	14	9
£90,000 - £99,999	6	8
£100,000 - £109,999	3	1
£110,000 - £119,999	1	2
£120,000 - £129,999	1	2
£130,000 - £139,999	4	1
£140,000 - £149,999	-	1
£150,000 - £159,999	-	-
£160,000 - £169,999	1	-
Included in the above are the following number of medical practitioners	10	11

Contributions of £272,830 (2021: £228,151) were made to the NHS Defined Benefit Pension Schemes for 23 (2021: 18) higher paid employees.

Contributions of £253,378 (2021: £208,524) were made to defined contribution schemes for 54 (2021: 44) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any employer pension contributions was £824,635 (2021: £524,800). The increase compared to the prior year is primarily due to three additional roles being included in the Executive Leadership Team, as roles that were previously unfilled or filled by contractors now have permanent staff in place.

The salary of the Chief Executive in 2021/22 was £160,000 (2020/21: £150,000 before the temporary

voluntary pay cut which is reflected in the bandings in the comparative figures above).

All Executive Directors and Tier 2 directors took a voluntary pay cut in Quarter 1 of 2020/21 as part of the overall Covid-19 effort. This is reflected in the comparative figures above.

iv) Trustees' expenses

No trustees received any remuneration in the year. No trustees were reimbursed for travel expenses in the year (2021: none).

The charity maintains liability insurance covering trustees in their capacity as directors and other officers of the charity at a cost of £50,120 per annum (2021: £20,468)

18 Lease commitments

The charity has annual operating lease commitments as follows:

	Restated	
	2022 £'000	2021 £'000
Land and Buildings		
Within one year	3,254	3,593
Between two and five years	7,406	9,138
Over five years	1,759	2,545
	12,419	15,276
Other		
Within one year	271	420
Between two and five years	223	291
	494	711

The figures stated in the prior year for 2020/21 totalled £4.1m for Land and Buildings and £0.4m for Other. These have been restated to correct an error in historical reporting and now include the total future lease commitments over the life of the lease, not only

what is due to be paid in the final year of the lease. This methodology is now consistent with the current year, to enable better comparison.

19 Subsidiary undertakings

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

Marie Curie Trading Limited – The company undertakes trading activities for the benefit of the charity that it cannot carry out itself as an exempt charity, including the sale of new goods such as Christmas cards and certain events. The company

made a profit of £0.7 million for the year ended 31 March 2022 (2021: £0.2 million) which will be paid to the charity by means of a payment under Gift Aid.

Marie Curie Developments Limited – The company was dissolved on 23 November 2021.

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

Marie Curie Trading Limited	2022 £'000	2021 £'000
Turnover	2,221	1,470
Cost of sales	(763)	(588)
Gross profit	1,458	882
Other expenses	(778)	(653)
Interest payable	(10)	(12)
Payment to the charity under Gift Aid	(670)	(217)
Retained profit for the year	-	-
Net current assets	320	320
Liabilities - debenture held by the charity	(320)	(320)
Net assets	0	-

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

20 Related party transactions

Marie Curie Trading owes the Charity £0.5 million (2021: £0.7 million). This includes the current year dividend of profits to the Charity of £0.7 million (2021: £0.2 million) which benefits from Gift Aid and accumulated management and support charges for services received from the Charity. This is partly

netted off by £0.2 million that the Charity owes to Marie Curie Trading in respect of other general intercompany balances.

There were no other transactions with Trustees or other related parties in the year.

21 Post Balance Sheet Events

Marie Curie is the sponsoring employer of a funded defined benefit pension scheme (the Scheme). In January 2021, the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal and General Assurance Society (LGAS) for £30.0 million. This policy secured the full benefits of all Scheme members. Subsequent to the 2021/22 year end, in June 2022, the policies were assigned to the individual members. The pension trust now has no further purpose and the Scheme Trustees are working to complete a windup of the Scheme. Pension regulations require

that the members are consulted before any surplus is repaid to the sponsoring employer. This consultation period ended on 29 August 2022. On 8 September the Pension Regulator confirmed that the regulatory requirements had been complied with for the Scheme to be wound up. The net surplus was paid back to the Charity on 22 September 2022. The 2021/22 pension scheme year has been extended to 18 months, to the end of September 2022, to facilitate the wind-up and it is anticipated that all will be completed by this date.

Who's who*

Royal Patron

His Majesty the King, Charles III

Life Vice Presidents

Sir Peter Davis LLD, FRSA
Sir Thomas Hughes-Hallett

Vice Presidents

Major General Sir Michael Carleton-Smith CBE DL
John Carson CBE
Pauline Clarke
Dr Jane Collins MSc MD FRCP FRCPC
John A Cooke MA
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Christine Hamilton Stewart MBE
Dame Deirdre Hine DBE FRCP
Sir Martyn Lewis CBE
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Chrisha Alagaratnam (from September 2021)
Dr Rachel Burman FRCP MA
Steve Carson (to June 2022)
John Compton CBE (to August 2021)
Richard Flint CBE
Professor Richard Harding
Mary Hinds (from January 2022)
Ruth Holt RGN BSc DNCert MBA MSc (to April 2021)
Patricia Lee
Chris Martin BPharm (Hons) FRPharmS
Maria McGill CBE
Dame Barbara Monroe DBE
Linda Urquhart OBE (to March 2022)
Ian Waller (from September 2021)
Helen Weir CBE FCMA (to March 2022)
Richard Wohanka CBE (from July 2021)

Bankers

The Royal Bank of Scotland
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

Audit and Risk Committee

Ian Waller (Member from September 2021, Chair from April 2022)
Helen Weir CBE FCMA (Chair and Member to March 2022)
Chrisha Alagaratnam (from September 2021)
Tim Breedon CBE (to April 2021)
Chris Martin BPharm (Hons) FRPharmS
Robert Milburn MA FCA
(Independent Committee Member)

Finance and Resources Committee

Richard Flint CBE (Chair from April 2021)
Vindi Banga (Chair to March 2021)
Tim Breedon CBE (to April 2021)
Chris Martin BPharm (Hons) FRPharmS (from March 2022)
Dame Barbara Monroe DBE
Linda Urquhart OBE (to March 2022)
Ian Waller (from March 2022)
Helen Weir CBE FCMA (to March 2022)

Investment Committee

Richard Wohanka CBE (Chair)
Richard Flint CBE
Mark Chaloner (Independent Committee Member)
Geoff Love (Independent Committee Member)
Pankaj Shah (from June 2022) (Independent Committee Member)

Nominations Committee

Vindi Banga (Chair)
Richard Flint CBE (from June 2022)
Patricia Lee (from June 2022)
Dame Barbara Monroe DBE
Linda Urquhart OBE (to March 2022)
Ian Waller (from March 2022)
Helen Weir CBE (to March 2022)
Richard Wohanka CBE (from March 2022)

Research and Policy Committee (established March 2022)

Professor Richard Harding (Chair)
Dr Rachel Burman
Mary Hinds
Dame Barbara Monroe DBE
Jamilla Hussain (Independent Committee Member)
Mark O'Donnell (Independent Committee Member)
Kate O'Donnell (Independent Committee Member)
Tim Peters (Independent Committee Member)
Kathy Seddon (Independent Committee Member)

Quality Committee

Patricia Lee (Chair from June 2021)
Dame Barbara Monroe DBE (Chair to June 2021)
Chrisha Alagaratnam (from September 2021)
Dr Rachel Burman FRCP MA
Mary Hinds (from March 2022)
Ruth Holt RGN BSc DNCert MBA MSc (to April 2021)
Robert Milburn MA FCA (to November 2021) (Independent Committee Member)
Dr Crystal Oldman EdD MSc MA PG Dip Public Health PGCE RHV RGN (Independent Committee Member)
Shital Bhaloo (Marie Curie Voices Group member)
Harry Bunch (Marie Curie Voices Group Member)

Executive Leadership Team

Chief Executive

Matthew Reed

General Counsel and Company Secretary

Kelly Young (from June 2022)

Chief Technology Officer

Tiffany Willcox

Interim Chief Financial Officer

Margaret Ashworth (from January to May 2021)

Chief Financial Officer

Amanda Oakley Smith (from May 2021)

Executive Director of Fundraising and Engagement

Meredith Niles (to June 2021)
Nicky Bishop (from June 2021 to November 2021)

Chief Fundraising, Marketing and Communications Officer

Maria Novell (from December 2021)

Chief Nurse, Executive Director of Quality and Caring Services

Julie Pearce

Executive Director of People and Organisational Development/ Chief People Officer

Mike Bath (to June 2022)

Interim Chief People Officer

Nina Vendemiati (from August 2022)

Scottish Advisory Board

Maria McGill CBE (Chair from April 2021)
Linda Urquhart OBE (Chair to April 2021, Member to March 2022)
Bryan Anderson
Richard Baker (from June 2022)
Harry Bunch
Duncan Campbell
Anna Devine (from June 2022)
Liz Forbat (from June 2022)
Sam Ghibaldan
Diana Hekerem (from June 2022)
Jo Hockley (from June 2022)
Nanette Milne
Mark O'Donnell
Mairi O'Keefe
David Small

Northern Ireland Advisory Board

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John Compton CBE (Chair to August 2021, Member to November 2021)
Dr Graeme Crawford
Kieran Harding
Anne Marie Marley MBE
Professor Sonja McIlfratrick
Bernard Mitchell
Mark Simpson

Wales Advisory Board

Chris Martin BPharm (Hons) FRPharmS (Chair)
Amanda Davies
Ellen Donovan
Owen Evans
Joanne Ferris (from March 2022)
Rachel Iredale (to September 2021)
Bill Jenkins
Anish Kotecha (from March 2022)
Esyllt Llwyd (to July 2021)
Tracy Myhill (to July 2021)
James Rudolf (to July 2021)

General Counsel and Company Secretary

Tricia Owens (to October 2021)
Juliet Dearlove (interim October to June 2022)
Kelly Young (from June 2022)

* 1 April 2021 to 30 September 2022

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

Scotland and Northern Ireland

Emma Mackenzie, Highlands – Badenoch and Strathspey
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John Holden, Marie Curie Hospice, Bradford
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The Duchess of Northumberland, Marie Curie Hospice, Newcastle

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Brian Ashby, Derbyshire
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Dr Jaswant Bilkhu, Nottinghamshire
Georgina Hunter Gordon
Kate Corbett–Winder
Nella Probert
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Our thanks

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

ACS Clothing Ltd.	Charitable Trust	Natwest Group, Royal Bank of
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from a trust established by H and A	Mrs Olwen Richards	The Adint Charitable Trust
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- The Annandale Charitable Trust
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- The D.W.T. Cargill Fund
- The Danego Charitable Trust
- The Eddie Dinshaw Foundation
- The Emily Hughes-Hallett Charitable Fund
- The General Charities of the City Of Coventry
- The Glasgow City Council’s Glasgow Community Fund
- The Harry and Mary Foundation
- The Ingram Trust
- The JGW Patterson Foundation
- The John Armitage Charitable Trust
- The Joseph and Lilian Sully Foundation
- The Kamini and Vindi Banga Family Trust
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- The Woo Family Charitable Trust
- Tom and Sheila Springer Charity
- Tommy Godwin Committee
- Wilson Salt
- Wineflair
- Zachary Lewy

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

89 Albert Embankment
London SE1 7TP

Scotland

14 Links Place
Edinburgh EH6 7EB

Northern Ireland

60 Knock Road
Belfast BT5 6LQ

Wales

Bridgeman Rd,
Penarth CF64 3YR

**Thank you to everyone who supports us
and makes our work possible.**

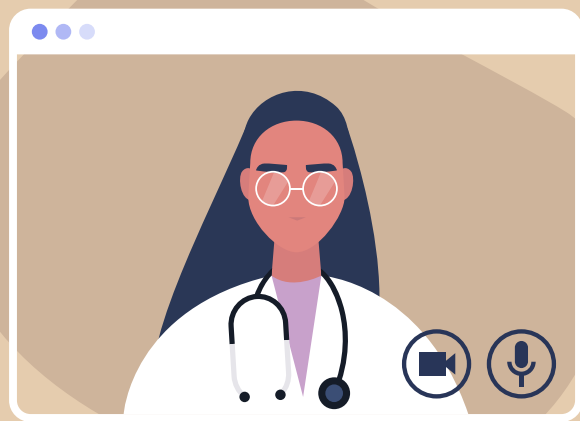
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MARIE CURIE

England & Wales - Charity number 207994

Accounts



Annual Report and Accounts 2020/21



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Welcome

Thank you for taking the time to find out more about Marie Curie and the vital work we do.



Vindi Banga, Chair of the Board of Trustees

This has been an extraordinary year for everyone living in the UK, especially those living with a terminal illness and those who have lost loved ones. Throughout the year Marie Curie has been, and continues to be, at the front line of this crisis.

Marie Curie's staff and volunteers have worked tirelessly to ensure that we could continue to operate, despite all the challenges. Our caring staff have been able to deliver much-needed support to patients and their families. Training took place to make sure we could take care of patients safely and, particularly in the initial stages of the pandemic, ensuring that our staff had access to adequate PPE was crucial.

It's gratifying to note that we were able to take care of more patients this past year than ever before. This was despite a higher level of absence in our caring staff necessitated by isolation rules. This higher level of care was facilitated by more rapid response and multi-visit work.

Our fundraising teams worked very hard to fill the gap caused by a stalling of our face-to-face fundraising efforts. They pivoted their efforts towards digitising the fundraising programmes and also launched a very effective emergency appeal. We're also grateful to the UK government and devolved administrations for giving us funding, along with other charities in our field. All of this was crucial to enable us to continue delivering expert care.

Our retail colleagues had to contend with the shutdown of operations, as well as their reopening. Our head office and functional teams were hard at work making sure we were able to work seamlessly from home, as well as providing support for frontline staff. The organisation pivoted to managing its finances on a more urgent basis, with the Trustees and management reviewing this every fortnight.

At the same time as facing the immediate crisis, we remain very focused on the growing gap between the need for palliative care and the supply of such services. Last year we developed a strategy to address this gap and increase our impact as an organisation. I'm pleased to be able to share that, despite the pandemic, we continued to implement the new strategy and have become a place-based organisation, delivering quality care more widely to communities. We've also established a designated fund for impact and innovation to support new developments in end of life care and improve the efficiency of existing services.

An important aspect of our strategy is to work in partnership with other organisations with a similar goal. One such initiative was the new National Day of Reflection that we led in March 2021. We were delighted to be able to bring people together at this time in an incredibly moving manner (read more on page 29).

We look ahead with cautious optimism given the advent of vaccines in the UK. And yet we are determined to continue our work in whatever external circumstance we find ourselves in. We'll continue to provide the excellent care that Marie Curie is known for and innovate with new models of care. We must continue to diversify our fundraising to fill the shortfall in our income. We must improve our back office processes to become 'best in class' and implement all the systemic change we're pushing for as an organisation.

This pandemic has also reminded us, yet again, that the world we live in is a deeply unequal place. The diverse communities that populate our country have been disproportionately affected during this time. It's a very timely reminder for Marie Curie to keep diversity and inclusion at the forefront of everything we do.

On behalf of Marie Curie's Trustees, I'd like to thank everyone associated with Marie Curie – our staff, volunteers, supporters and partners. It's your resilience, commitment and generosity that we count upon for the future.



Vindi Banga
Chair of the Board of Trustees



Matthew Reed, Chief Executive

At the start of the pandemic, we had no idea of the emotional and physical toll it would take, let alone how many would lose their lives.

Conservative estimates, it turned out, would barely scratch the surface of the scale of loss experienced both globally and closer to home, in our own communities.

Tentatively, we're starting to see what life might look like on the other side of this crisis. From grieving families to exhausted clinical and home workers, no one has fully escaped the far-reaching effects of covid-19. Our research shows that almost half (46%) of the UK knew someone personally who died during the pandemic*. Of that group, 56% said they hadn't had the chance to grieve fully. For many, it has been difficult to make time to reflect and reach out to those who need our support. The National Day of Reflection, led by Marie Curie on 23 March 2021, gave people an opportunity to start doing that (read more on page 29).

Of course, for those at Marie Curie who work on the front line of care, covid-19 is still the dominant operational reality. At the time of writing, the daily challenges of connecting with

patients as best we can through PPE continues to take its toll on our patients, their families and our clinical colleagues.

This challenging year for the UK has further amplified and underlined what we, as an organisation, already knew: the importance of dying well. Choice is something the pandemic took away. We heard devastating stories of families torn apart and saying desperately sad goodbyes from behind glass, or not able to say goodbye at all. We only get one chance to get death right.

Our mission, to strive for a society where the way we handle dying, death and bereavement in the UK offers everyone the opportunity for the best possible end of life experience, is more important and more needed than ever before.

And it's not just the pandemic that has thrown up complex challenges over the past year. In May 2020, the senseless killing of George Floyd in the US sent shockwaves around the world. Like many organisations, we felt compelled to examine our own approach to Equality, Diversity and Inclusion – and we know that that there's more work to be done at Marie Curie.

Research has already highlighted the profound issues around disparity in end of life care for people from ethnically diverse communities. As we know, there's no one-size-fits-all when it comes to death and grief, and it's our aim to say that we're able to support everyone in the UK, across all communities. It's a long road ahead. We're starting internally, aiming to ensure our staff and volunteers from different backgrounds feel heard and supported through initiatives such as our ED@MC (Ethnic Diversity at Marie Curie) network. Our aim, though, remains that everyone in the UK has equal access to the very best end of life experience that reflects what's important to them.

None of the work we do would be possible without our wonderful and dedicated supporters and partners. We are truly grateful to every single person and organisation who has supported our work at any time, but especially in the last year. You've made it possible for us to continue to strive for change that reflects the importance of great care and support through dying, death and bereavement and given us the moral support to continue doing so.

As we emerge from the immediate pandemic period, we're determined at Marie Curie that we'll play our part, with others, in creating a society where everyone can have the conversations they should to break down the taboo around death and dying and help make things easier in the end.

We're keeping that conversation going with our Better End of Life Report, the first in an annual series of studies exploring the growing need for integrated, person-first and properly funded end of life care. Together we can make that happen.

Finally, I'd like to extend my deepest thanks to all Marie Curie staff for the phenomenal work you've done over the last year and all that you've achieved for the British public through these most challenging of times. Through your skill, hard work, professionalism, compassion, humanity and tenacity we've been able to ensure that many families across the UK get the care and support they need at the end of their lives. Thank you very much indeed. ■



Matthew Reed
Chief Executive

*Based on a survey of 2,003 UK representatives.

Our year at a glance

Last year we helped more than 69,000 people directly and reached over 2 million more.

Community nursing	Hospice care	Information and support	Volunteers
42,168 people cared for, a 17% increase on last year	7,385 people cared for in our hospices, a 15.9% decrease on last year	19,974 enquiries via phone or web chat, a 32% increase on last year	7,500 phone calls made by Helper volunteers, instead of home visits, to combat isolation during the pandemic
2,154 registered nurses and healthcare assistants in the Marie Curie Nursing Service	9 hospices across all four nations	898,274 users accessed our online covid-19 information hub	100+ volunteers recruited and trained to work across our new befriending and bereavement services
99% of nursing service patients and families described the overall service as very good or good*	98% of hospice patients and families described the overall service as very good or good*	90% of callers said we gave them the information and support they require	1,899 support sessions given to bereaved and isolated people by trained volunteers
46% charitable donations 54% NHS funded	59% charitable donations 41% NHS funded	100% charitable donations	100% charitable donations

*Patients and families who completed the Friends and Family Test

Marie Curie is here for everyone

We're here to support everyone in the UK through all aspects of dying, death and bereavement – to fight for a society where everyone has the best possible experience at the end of life, which reflects what's most important to them. Where you're prepared for death and die comfortable, calm and cared-for. Where your family and friends are better able to work through their grief, so they can find ways to live on without you.

We'll help you to talk, plan and prepare, to get things sorted in advance. Our front-line Marie Curie Nurses and Hospices, and our trusted information and free support line, are here to help you through your final years, months, days and hours – whether you have covid-19, or any illness you're likely to die from – be that motor neurone disease, Parkinson's, dementia or terminal cancer. Our bereavement support will be there for the people you love after you're gone. Right now, we're needed more than ever.

We've been on the front line, day and night, seven days a week, throughout the pandemic. Our services help people to stay out of hospital, relieving pressure on the system and providing vital care. But this crisis has given us a glimpse of the future, too. A future where the number of people in the UK aged 85 or older will double in the next 25 years. Where our ageing population will mean that confronting dying, death and bereavement is a part of life for many more of us. We can't meet this huge challenge without your support.



How we help

Marie Curie Nurses

Marie Curie Nurses work on the front line, night and day, in people's homes across the UK, providing hands-on care and vital emotional support. If you're living with a terminal illness, our nurses will help you to feel safe, supported and cared-for in the place where you're most comfortable.

Marie Curie Hospices

Marie Curie Hospices offer the reassurance of specialist care and support, in a friendly, welcoming environment, for people living with a terminal illness and their loved ones – whether you're staying in the hospice or coming in for the day. In these difficult times, we've found innovative new ways to be there on the front line for our communities.

Marie Curie Helper volunteers

The little things can make a big difference when you're living with a terminal illness. Marie Curie's trained Helper volunteers can visit you regularly to have a chat to over a cup of tea, help you get to an appointment or just listen when you need a friendly ear.

Trusted information and helpline

Whatever your question, Marie Curie is here to help with practical information and support on all aspects of life with terminal illness, dying and bereavement. Whether you need trusted information or to talk to someone, you can call us, chat to us online, visit our website, order information in print, or join our community.

Policy and campaigns

We're determined to fight for a world where everyone gets the best experience they possibly can at the end of their lives. We campaign and influence decision-makers on issues that affect people reaching the end of their lives, their families and friends, to help them access high quality care and support when they need it most.

Research

We're a leader in research into better ways of caring for people with a terminal illness, and at the end of life. We carry out research to help improve care and support across our services as well as those provided by others.

Public awareness

We know talking and planning can help make life better at the end. We create campaigns to help change public attitudes to dying, death and bereavement so that, as a nation, we can be better prepared. ■

Looking for support?

Call 0800 090 2309* or visit
mariecurie.org.uk/support

*Calls are free from landlines and mobile phones. Your call may be recorded for quality and training purposes.

Our strategy, facing an unprecedented need

By 2040, we expect the need for palliative and end of life care to have increased by up to 42%. People are living longer with multiple, complex conditions. This future is fast approaching, and now is the time to act.

Our vision for change

Everyone will be affected by dying, death and bereavement – that can't be avoided. But what can be helped is whether they get the best possible experience, reflecting what's most important to them.

This means having the right care, support, and systems in place, so people can feel protected and cherished as they reach the final months, weeks, days, and hours of their lives. Without the worries of unexpected or unfair costs, legal problems, issues with work or housing, unfulfilled wishes, or loved ones left with complex grief.

It means empowering people to make the plans and preparations necessary to protect themselves and their loved ones from confusion, uncertainty and pain as they near their death. It means creating an environment in which individual needs and circumstances can be met. It means helping society to acknowledge and deal with death and dying. And it means providing bereaved people with the help to be able to live with grief after their loved ones die.

We believe radical change is needed to make this vision a reality.

Demand for the right care, support and guidance for people reaching the final chapter of life is growing as the UK population steadily gets older. Without urgent change, the gaps in end of life provision will only get larger and more people will die without adequate help or support.

We know we can't create this change alone. Currently, the Marie Curie nursing and hospice services are only able to reach around 10% of dying people. We need

to leverage our 75 years of experience and work with others to find new ways to support more people, beyond those we reach directly through our services.

We must influence individuals, communities and society as a whole, to get everyone – including friends, family and healthcare professionals – thinking and talking about end of life.

How we'll get there

Our four strategic drivers will help us to realise our ambition: that everyone should get the best possible end of life experience, reflecting what's most important to them.

1. Together, we'll design, build and run services to have maximum impact for dying people and those close to them.
2. We'll lead a national conversation on end of life experience, fight for the services people need and help them prepare better for death.
3. We'll operate flexibly, efficiently and with agility, so we can meet the nation's end of life needs as they change and grow over the coming years.
4. We'll support everybody to have the best possible end of life experience, no matter their culture, race, religion, sex, gender, sexuality or disability.

Underpinning everything we do are our values: we're always compassionate, we make things happen, we lead in our field and we keep people at our heart.

Learn more about our strategy at mariecurie.org.uk/strategy ■



Our plans for the coming year

Our ambitions for the coming year have been reshaped by the pandemic. We need to make the biggest difference we can for those we care for and support, as well as remaining focused on a future that'll see growing need.

As an organisation, we're working towards our new strategy, as outlined on page 10.

It's a bold ambition that comes with its own set of challenges. But by working together towards the same five goals, we're going to get closer to this vision than ever before.

With all this in mind, in 2021/22, we will:

Work together to build integrated services in communities

We'll develop better co-ordinated, more flexible ways of delivering our end of life services, so it's as easy as possible for people to access the support they need, in the way they need it. Exactly what this looks like will be different for each community we work in. In 2021/22:

- We'll redesign our services so they are easy for everyone within a community to access.
- We'll enable more care and support for communities who are currently under-represented in use of end of life services.
- We'll collaborate and work with others, who will help us design services that reflect the communities we serve.
- We'll share our knowledge with other organisations, so that everyone can deliver better end of life care for all.

Lead the national conversation about end of life

We'll take an active lead in shaping policy, practice and public attitudes around dying, death and bereavement in the UK, so we can ensure everyone has the best possible end of life experience, reflecting what's most important to them. In 2021/22:

- We'll advocate for change to ensure governments and administrations across the UK and the public understand the need for long-term and sustainable end of life care.
- We'll build our brand and profile, so people recognise us as leaders in end of life.
- We'll invest in research, so we can lead on evidence-based solutions and talk with authority about the true nature of death, dying and bereavement in the UK.
- We'll champion social inclusion to ensure everyone has equitable access to the end of life care and support they need.



Invest in our skills and systems

We'll make sure we have the skills and systems in place to allow us to adapt to changing needs and innovate in the face of future challenges. In 2021/22:

- We'll improve our use of technology to make sure we're equipped for a future in which digital will play a key role.
- We'll invest in ourselves, so everyone at Marie Curie is fairly rewarded for the work they do and is able to learn, develop and grow along with our organisation.
- We'll take a confident approach to change, where we have the skills and resources to ensure the transformations we need to make are successful.
- We'll embrace new ideas and establish a 'test and learn' philosophy that puts end users at the forefront of all the solutions we create.

Continuously improve our organisation

We need to be sure that the way we operate is as robust and efficient as we need it to be. This means looking at the policies and procedures that sit at the heart of our organisation to make sure they provide the correct guidance and that everyone knows how they're expected to use them. In 2021/22:

- We'll review our core policies and procedures to make sure they comply with the latest guidance, so that all staff and volunteers at Marie Curie are clear on what they need to do.
- We'll create a culture that encourages all kinds of learning, so we can continue to grow and not simply stick to the way things have been done before.

- We'll improve our ability to manage risk and establish a framework for quality and governance across Marie Curie to make sure we continue to retain the valuable trust of our service users and supporters.
- We'll continue implementing and embedding our new Oracle Finance and HR systems, offering training to all staff so that it can be used quickly and efficiently across the organisation.

Enhance our financial sustainability

As more and more people will need our services in the future, we need to make sure we can continue to deliver them over the long term. This means increasing our sources of income, especially those that are the most reliable, and make every penny work as hard as possible. In 2021/22:

- We'll reduce our operating costs in all areas to make sure we're using all our income in the most valuable way, without compromising on the quality of our care.
- We'll increase the income we get through commissioned services, so that our services aren't as dependent on voluntary income, which can fluctuate.
- We'll establish a business development function, which will help us grow our income through new streams of work and other business opportunities.
- We'll review the way we fundraise, including our retail portfolio, to raise as much money as we can and put our supporters' donations to the best possible use. ■



Work together to build integrated services in communities

If we're going to reach more people while continuing to deliver high-quality care, we need to bring our services together and take a more integrated approach to working with other organisations.

In 2020/21, we began to embed this collaborative approach in our hospices and community nursing (see page 16) and information and support services (see page 20).

Hospices and community nursing

Over 2,100 Marie Curie nurses and healthcare assistants worked in communities across the UK, caring for 42,168 patients in 2020/21. Our nine hospices provide in-patient and outpatient care for people living with a terminal illness, caring for 7,385 patients in 2020/21.

Making the most of the time we have left

Our frontline community nurses work in people’s homes across the UK, providing hands-on care and emotional support. They help people living with a terminal illness to feel safe and supported, wherever they’re being cared for.

Our nine hospices offer specialist palliative care and support in a friendly, welcoming environment – whether someone is staying in the hospice or coming in for the day. They’re also a hub for the local communities they serve, for example, providing access to bereavement support.

In these difficult times, we’ve found innovative new ways to be there on the front line for communities, with our nurses and hospices working together to provide holistic care.

Working collaboratively for communities

As an organisation, we’re moving towards a ‘place-based’ approach to planning and organising palliative and end of life care. This means that, across our 10 UK regions, our services will work collaboratively with other voluntary and third sector partners, and health and social care organisations, to improve the health and wellbeing of the local population and to enable better experiences for more people at the end of their lives.

This approach prioritises planning for the needs of the population, so that there is more proactive, co-ordinated planning and support for people who are reaching the last year of life.

It also acknowledges the complexity of people’s lives by offering services as close as possible to where they live, reducing demand for acute services in hospital.

It’s about collaborating with the people who live and work in a particular area. This’ll enable us to understand and deliver a health and care system that works in line with the area’s strengths, capacity and needs. As a result, we’ll be able to provide the best possible care for all the people who live there.

Moving to a place-based approach has meant restructuring our organisation to create a leadership team for each region across the UK. This means they are able to lead and influence strategically, to ensure services are commissioned in a way that improves the experiences for people at end of life, and manage the operational business of delivering care safely, effectively and efficiently across the region.

Funding better end of life care for all

As an end of life charity, it’s crucial that we’re able to meet the needs of dying people and their families, and that the new care models we develop and implement are both financially and clinically sustainable.

We’re shifting to a sustainable model that builds complementary new, national and virtual services for the public, in addition to the hands-on expert care we have been providing through the pandemic and will continue to provide.

2020/21 targets and achievements

Targets

- Build and co-design end of life services with others, to support people in the best possible way in their local communities.
- Develop and implement a plan to transform the end of life experience at a national level in all four nations.
- Develop community services that are integrated, local to people’s homes, socially inclusive and meet their end of life needs.
- Scope a Virtual Learning Academy to share our end of life knowledge and skills with other organisations to ensure that more people have the best possible experience at the end of life.

Achievements

- In 2020/21, we supported the NHS and provided care to 17% more people in their homes than during the previous year.
- At the Marie Curie Hospice, Belfast, there was an unannounced inspection in March 2020 and the report was published in 2020/21. No concerns were identified in relation to patient safety, and the inspection team noted multiple areas of strength, particularly in relation to the delivery of front line care across all sites, governance, staff recruitment and retention, and the hospice environment.
- In 2020/21, we integrated our Nursing Service and hospice teams with the aim of establishing and delivering place-based end of life care, where we work together to improve care for dying people in the communities we serve.

- During the pandemic, we provided the training and PPE needed for our staff to continue doing their essential work as safely as possible.
- Also during the pandemic, we developed training for senior health care assistants to verify of death in the community and we increased our work with care homes, providing virtual advance decision conversations with care home residents.
- During 2020/21, we improved our training and approach to staff speaking up and whistleblowing to foster a culture in which all staff feel safe and supported.
- We signed up 20 early-career nurses to the Nursing Now Global Nightingale Challenge leadership development programme.
- We improved the ways we identify and meet the information needs of people who have a disability or sensory loss, in line with the Accessible Information Standard.
- Our plans for a Virtual Learning Academy were disrupted by the pandemic. We’ve recently been able to resume progress on this and have recruited an Associate Director for the Virtual Academy to drive this work forward.

During the pandemic, we supported the NHS and provided care to 17% more people in their homes than during the previous year. Our research identified that many more deaths occurred at home during the pandemic.

We also supported hospitals to transfer covid-19-positive patients to our hospices. This freed up vital hospital beds and allowed the patients to have more dignified deaths. A key challenge we faced during 2020/21 was

that many people were separated from their families. Sadly, visiting was restricted to the last day of life at the height of the first wave of the pandemic.

Supporting staff through the pandemic

A significant focus of our work in the last year has been to support our staff to deliver safe and effective care through the covid-19 pandemic. We've:

- trained staff in line with government guidance during the covid-19 pandemic, PPE and infection prevention control (IPC) standards
- strengthened assurance processes related to IPC, implementing learning from outbreaks and clusters through our incident management processes and serious incident learning panels
- equipped our staff with PPE, so that they can care for patients safely in their home or in a hospice environment.

As a result of the pandemic, we were able to achieve some of our key objectives around innovation and leadership. For example, we developed training for senior health care assistants to undertake verification of death in the community. Nurse-led verification of death isn't intended to replace GP verification, but makes it possible for nurses to provide continuity of care for an individual and family at a distressing time. We're completing a pilot on this which will be evaluated before we consider rolling the scheme out to other areas.

We also increased our work with care homes, providing virtual advance planning conversations with care home residents.

Reaching more bereaved people

During the pandemic, we extended our Companions service, which offers bereavement support to families, friends and carers across Wales and Southern England.

The service is run by volunteers, who make calls to the family after a patient's death. Our nurses can refer families to the Companion service if

they feel that someone needs extra support.

Our volunteers call the bereaved person, typically one month after the patient has died, or earlier if requested by the nurse. The volunteer checks how they're managing and offers support. This could be through subsequent support calls or signposting to other services, such as our Support Line and new telephone bereavement service (read more on this on page 20).

Our Companion service supported 3,215 bereaved people after their loved one died at home or in a local hospital between May 2020 and January 2021.

Feeling listened to and valued

In 2020/21, we worked hard to foster a culture in which all staff feel safe and supported, so they are comfortable with raising any concerns they might have in the workplace.

We've developed a Freedom To Speak Up module on our incident database, so that any concerns can be logged directly by the staff involved, either anonymously or by name.

We also added three questions relating to our whistleblowing processes to our staff survey.

We'll use the information from the survey to make sure all staff are aware of how to raise a concern, and feel confident and supported in doing so.

Nurturing future leaders

In 2020/21, we signed up to the Nursing Now Global Nightingale Challenge and recruited 20 early-career nurses onto a tailored programme in which they would be able to develop their leadership skills.

Due to the pandemic, the challenge was largely delivered virtually, with monthly mentoring sessions, three face-to-face study days, a celebration event and a work-based project completed by the participants. The nurses were

able to join and observe a number of senior-level meetings, with a debrief after each one.

Some of our nurses joined calls with an American Cancer Centre who were 'twinned' with Marie Curie. The participants were able to share their stories and exchange ideas on their projects with the American attendees.

As part of the challenge, Marie Curie was represented at a global webinar by Julie Pearce, Chief Nurse and Executive Director of Caring Services. She presented our journey to date. We also wrote and submitted posts to the global leadership challenge blog throughout the process.

Providing personalised care

In 2020/21, we improved the ways we identify and meet the information needs of people who have a disability or sensory loss, in line with the Accessible Information Standard. This work will improve the patient experiences, as well as providing safer and more personalised care.

As a result of this work, we reviewed our Accessible Information/Inclusive Communication Policy and updated guidance for all our staff.

We completed a follow-up audit in January 2021 which has shown continued improvement in our communication with patients and carers, for example, providing improved access to British Sign Language interpreters, where required.

The quality of our care

Our Quality Account sets out how we monitor, measure and ensure the quality of the care we provide. It contains additional background, context and detail relating to nursing and quality. You can read the Quality Account online at mariecurie.org.uk/qualityaccount

Gillian's story

Gillian Finnie's husband Garry was diagnosed with metastatic colorectal cancer in May 2020. He died just six weeks later, having received care from Marie Curie's rapid response team on his final night.

"This was meant to be our chill year, but the pandemic put a stop to that. We were enjoying life as a young family – me and Garry, and our two daughters Beth, who's five, and Maggie, who's two. We were worried about what was happening in the wider world, but in terms of our wee life – it was nice.

"Then, on 1 May 2020, we got Garry's diagnosis. He died six weeks later. A lot of his friends never got to see him, so they're finding it hard to come to terms with because they remember him as him. Then we went into lockdown and then next thing they knew he was gone.



"Because Garry's cancer was so aggressive, we were worried it was going to get quite complicated at the end. Had it not been for Marie Curie, I don't think it would have been a pleasant end. Garry's wish was to be at home with us and Marie Curie made that possible."

Information and support

Providing clear and accurate information on topics relating to the end of life has been more important this year than ever. From diagnosis to death and grieving, our information and support services cut through the noise and answer people's questions with care, compassion and kindness.

Trusted information during times of turmoil

The pandemic has been a time of enormous stress and uncertainty for everyone – especially for dying people and their families and friends. Ever-changing rules around funerals, access to care and visiting meant there's been a real need for us to provide clear, accurate information that people can trust.

We responded to this need by creating an online information hub with 23 pages of reliable, informative content that's regularly updated, as well as two new booklets. The hub contains all the latest country-specific guidance for the whole of the UK on all related topics, from arranging a funeral to care at home during the pandemic.

We're proud to say that the hub has been longlisted for an award at the 2021 British Medical Association Patient Information Awards.

Extending our services

In March 2020, we extended our information and support offering with the launch of both a national telephone bereavement service and a national telephone befriending service, 'Check-in and Chat'. Having these services in place during the pandemic has been invaluable to those who have experienced loss and isolation.

Our bereavement service offers weekly phone-based sessions with trained volunteers to help people experiencing grief, while our befriending service gives ongoing support and a friendly ear when people need to talk.

We've recruited and trained more than 100 volunteers to work across both of these new peer support services and delivered 1,899 support sessions during the 2020/21 financial year – the first full year they've been running.

These new services mean we can support more people through grief, isolation and loneliness, wherever they are in the UK – whether their loved ones have received direct care from Marie Curie or not.

Forging new links

In Scotland, we've been able to offer holistic bereavement support to people living close to our hospices for years now. But we knew there were bereaved people elsewhere, in more remote areas where we run nursing services, who weren't getting the help they needed after someone died.

To get around this, we've launched a new initiative that involves proactively getting in touch with family members whose loved ones have been cared for by a Marie Curie Nurse and offering them support via our bereavement service.

The response so far has been very positive and we've recently extended the initiative to our London region, with plans to roll it out across more areas of the UK later in 2021. ■

2020/21 targets and achievements

Targets

- Build and co-design end of life services with others, to support people in the best possible way in their local communities.
- Develop community services that are integrated, local to people's homes, socially inclusive and meet their end of life needs.

Achievements

- We've seen a significant and sustained increase in the amount of people contacting our Support Line since the start of the pandemic. During 2020/21, there were 19,974 enquiries made via phone or web chat – an increase of 32% on the previous year.
- Our bereavement and befriending services are available to anyone across the UK, and the services haven't been affected by the pandemic, when many other local services were forced to close. This has meant people who are lonely, or dealing with loss, have been able to connect with someone for a regular phone call each week.
- In 2020/21, we launched and continually updated our covid-19 hub to provide reliable information about the pandemic across the four nations of the UK. This has been particularly useful to those navigating the ever-changing rules around topics that relate

- to terminal illness and bereavement, such as arranging a funeral.
- We now have an evaluation form on all of our information and support web pages, meaning we can capture user feedback directly for the first time. This will help us to shape our services with the needs of our users in mind.
- Through the Palliative Care Knowledge Zone, we continue to work with professionals to support their needs, particularly those who may not be specifically trained in delivering palliative care, such as some care home workers and healthcare assistants.
- The number of users accessing our online information totalled more than 2 million – this includes visits to our Palliative Care Knowledge Zone.
- During 2020/21, we delivered webinars and awareness sessions with corporate partners including Barclays, SPAR UK, the Passport Office and Western Power Distribution. These webinars give us a new platform to start the conversation around dying, death and bereavement. The Barclays session alone was attended by more than 370 people from across the globe and has been made available to all their staff via the wellbeing hub.

Jamie's story

Jamie Jell called the Marie Curie Support Line on Christmas Day 2019. He was struggling to support his dad, Andrew, who had three brain tumours and was being cared for at home.

"When I first rang the Marie Curie Support Line, I'd mentally collapsed. My sister and I had been caring for our dad with no outside help for two years. I started having panic attacks and lost my sense of self. Mum died when I was nine, so there was really no one for us to turn to.

"I dialled the number that day in desperation. I'd got into a routine of sitting up all night because I was so scared Dad would have a seizure and fall over. We were exhausted. It definitely helped that day to have that moment to let it all out to Marie Curie.

"Marie Curie Nurses started coming to our house to support us. One night, I felt the urge to sit with Dad, though he was unresponsive. I had a good



chat with him. It felt like he knew I was there – the nurse said his breathing changed when I sat down. He died a few days later.

"After Dad died, I called Marie Curie's bereavement support line. I now have regular chats with a volunteer called Michelle. It helps to know there's somebody on the end of the line who's going to call you every week and who cares."

Lead the national conversation about end of life

For everyone to have the best possible end of life, we need governments to prioritise and fund end of life care. We also need everyone to be prepared and supported to have meaningful conversations about death as and when the time is right for them and their loved ones.

In 2020/21, we brought together our policy and research teams to galvanise them in this mission (see page 24). We continued to start conversations around end of life (see page 28) and we also took the lead with the National Day of Reflection (see page 29).

Policy, campaigning and research

In tragic circumstances, the pandemic has brought dying, death and bereavement to the forefront of the nation’s attention. As well as providing care via our frontline clinical staff, our policy and research teams are working to give dying people a voice.

By developing the strongest possible research evidence base, using this to develop recommendations for change, and engaging with decision-makers in order to secure change in policy and practice to better support those affected by dying death and bereavement, our research and policy teams are a key part of Marie Curie’s work.

The last year has been a critical time for this work, as the pandemic has brought dying, death and bereavement to the forefront of the nation’s attention. As the UK starts to build towards recovery, we’ll seek to ensure that lessons are learned from the last year to improve end of life experience for all.

Giving dying people a voice

Our Policy and Public affairs (PPA) team works to campaign and influence decision-makers on issues that affect people reaching the end of their lives, and their families and friends, to help them access high-quality care and support when they need it most.

We’re also a leader in research into better ways of caring for people with a terminal illness at the end of life. Our research team support Marie Curie-funded researchers to help improve care and support across our services, as well as those provided by others.

In 2020, our PPA and Research teams were brought together into a single directorate, providing a new opportunity to make sure that our policy and research activities are aligned. This will allow us both to develop

an evidence base which supports our policy influence, and to help ensure that the policy recommendations we develop have the most robust possible evidence base behind them.

To help us achieve this, during the last year we planned, researched and, in April 2021, published our first ever Better End of Life Report. As part of a three-year programme, the report examines the current state of dying, death and bereavement across the four nations of the United Kingdom and proposes a policy agenda to help make sure everyone has the best possible end of life experience. See mariecurie.org.uk/better-end-of-life

Throughout our work we also continued to keep Patient and Public Involvement (PPI) at the heart of everything we do. A member of our Research Voices Group (RVG) presented at the PPI session of our virtual annual conference, while members of the RVG also sat on the panel for awarding our small policy-themed research grants.

We also supported a group of people living with terminal illness to take part in a roundtable with the UK Government Disability Minister about changes they wanted to see in the benefits system to better support people living with terminal illness.

Funding important research

This year we continued to identify areas of palliative and end of life care research that need further funding and development. Studies funded during 2020/21 include:

2020/21 targets and achievements

Targets

- Strengthen our national voice and influence society’s thinking around the end of life experience.
- Increase public awareness around death, dying and bereavement.
- Scale up our national research and policy programme to improve the end of life.

Achievements

- We merged our PPA and research teams, providing a new opportunity to make sure that our policy and research activities are aligned.
- We planned and researched our Better End of Life Report, publishing it in April 2021.
- We continued to identify and support areas of palliative and end of life care research that require further funding and development.

- We took our annual conference online, with a week-long series of virtual seminars that showcased Marie Curie-funded research. This meant more people than ever were able to engage with the work we do.
- We continued to ensure Patient and Public Involvement (PPI) was at the heart of our research, policy and public affairs work.
- We continued our PPA work with significant policy successes across the UK – from helping to secure £325 million in emergency UK government funding, through to shaping the Department of Health’s Cancer Strategy in Northern Ireland.
- We continued our #Scrap6Months campaign for better support through the benefits system for people living with terminal illness.

- Professor Liz Sampson of the Marie Curie Palliative Care Research Department (MCPCRD), University College London, led on the end of life care section of the 2020 Lancet Commission on dementia prevention, intervention and care.
- Joe Low of the MCPCRD had an influential paper published in the Journal of Clinical Gastroenterology. The paper, Improving communication in outpatient consultations in people with cirrhosis: The development of a Question Prompt List (QPL), has informed new work by the British Liver Trust.
- Work by Professor Simon Noble at the Marie Curie Palliative Care Research Centre (MCPCRC), Cardiff University, influenced the American Society of Haematology’s new guidelines for management of venous thromboembolism in patients with cancer.
- Professor Anthony Byrne of the MCPCRC had a breakthrough study published that found palliative-focused care is better placed than radiotherapy to maintain quality of life for

people with terminal oesophageal cancer.

The Marie Curie Internal Small Grants Scheme continues to grow, allowing Marie Curie staff to take on research projects related to their specialisms. New projects funded by the scheme this year include how technology can be used to support communication in palliative care beyond the pandemic, and understanding access to palliative care support for people who have unsettled immigration status and are homeless.

This year also saw the development of the Marie Curie Policy-themed Small Research Grants Scheme. Evidence generated will inform policy-related activities and support Marie Curie’s ambition to improve the end of life experience for all. The first projects funded include the impact of covid-19 on decision-making for place of care at the end of life for hospice patients, understanding the number of people who die in poverty, and loneliness among people with a terminal illness and their carers in Northern Ireland.

Our first virtual conference

The pandemic forced us to cancel our annual face-to-face conference that usually happens in October. We decided to replace it with a week-long series of virtual seminars that showcased Marie Curie-funded research. Themes covered included bereavement, public and patient participation, research and policy, equality and diversity, and covid-19.

Nearly 1,000 people tuned into the webinars across the five days. Being virtual meant we had audiences from across the country, and indeed the world, who might not usually get the chance to interact with our researchers in this way.

We also made the sessions free to access, to allow everyone to watch and learn about the essential palliative and end of life care research that Marie Curie funds, and the difference it's making to policy and practice for Marie Curie and across the sector.

Impact in all four nations

In England, we worked alongside independent hospices and Hospice UK to secure funding from the UK Government, so that the sector could continue to provide front line care. The UK Government has provided more than £325 million in total of emergency funding for the hospice sector in England.

We also worked to keep our #Scrap6Months campaign with the Motor Neurone Disease Association on the public agenda, securing substantial media attention and working with supporters in Parliament to deliver two debates on the issue.

In Scotland, working alongside Children's Hospices Across Scotland and the Scottish Hospice Leadership Group, we led negotiations with Scottish Government to secure central

government funding of more than £27 million for the sector in Scotland. We also secured free flu jabs for all Scotland-based Marie Curie frontline staff for the first time.

Our Scottish PPA team launched its manifesto for the Scottish Parliament elections in May 2021 with three headline asks of the next Scottish Government, including calling for a new National Clinical Lead for Palliative and End of Life Care for Scotland.

In Wales, we developed a campaign for the 2021 Senedd Cymru elections. The Dying Well in Wales election campaign drew together our supporters to press all political parties to prioritise palliative and end of life care during the sixth Parliamentary term. Our election calls helped position Marie Curie as an organisation setting the agenda for delivering the best end of life care experience.

The Welsh Government used MCPCRC recommendations from a Scoping Study of Bereavement Services in Wales to develop of a Bereavement Framework for Wales which will be a model for the rest of the UK. The framework is intended to improve the consistency, equity and quality of support for all bereavements across Wales

And, **in Northern Ireland**, we continued leading on the development of the palliative and end of life care workstream of the Department of Health's new Cancer Strategy. Some of the key recommendations from our work – including measures to ensure equitable access to palliative care services – have been put forward by the Department of Health for inclusion in the proposed action plan for rebuilding cancer services.

We also continued to keep our #Scrap6Months

campaign at the top of the Northern Ireland policy agenda. In October 2020, the Assembly unanimously voted in favour of scrapping the six-month rule. We've also coordinated a cross-party lobbying campaign calling for funding to progress reform of the rule.

Grief during the pandemic

People who've been bereaved during the pandemic face significant challenges that will shape their experience of grief. During the last year, Dr Emily Harrop, a researcher at the MCPCRD, carried out the first UK-wide survey exploring bereavement experiences and support.

Working with colleagues at the University of Bristol, Dr Harrop led on a survey with the aim of understanding and giving a voice to people who've been bereaved in the UK, as a result of any cause, since 16 March 2020.

Dr Harrop's interim report describes people not being given information on bereavement support after a loss, an inability to say goodbye to their loved one as they would have liked, and isolation and loneliness following a death. The interim results of this study helped underline the need for a National Day of Reflection (read more on this on page 29). ■

Nathan and Nuriye's story

Dr Nathan Davies and Dr Nuriye Kupeli, of the Marie Curie Palliative Care Research Department, received a grant to develop a decision aid to help carers of people with dementia during the pandemic.

"Dementia is the main underlying condition for covid-19 deaths and carers of people living with dementia have had to make difficult decisions during the pandemic. Restrictions such as lockdowns, social distancing and shielding mean carers are looking for virtual support.

"Rapid decisions need to be made if someone with dementia becomes unwell, including decisions about end of life care. Staff shortages and restrictions on contact with others have meant family carers haven't had access to support when making these difficult decisions.



"We worked with current and former carers and experts to develop a decision guide to help carers make decisions if a person being cared for has, or is suspected to have, covid-19. This includes how to provide care when unable to visit and whether they should go to hospital if they become unwell.

"Since its development, the guide has been implemented into the dementia covid care pathway by NHS England and circulated to all clinical leads, ensuring those who need it most are signposted to and have access to the guide."

Starting the conversation about end of life

For a long time, talking about death and dying has felt like a taboo in our society. Sadly, a larger ageing population than ever before means the UK is expecting a sharp rise in the number of deaths over the next 20 years.

Coupled with the effects of the pandemic, that means many more of us will soon be affected by dying, death and bereavement.

Talking and planning for the end of life when you're healthy is a positive action you can take to retain some control over your death and make things easier for the people closest to you.

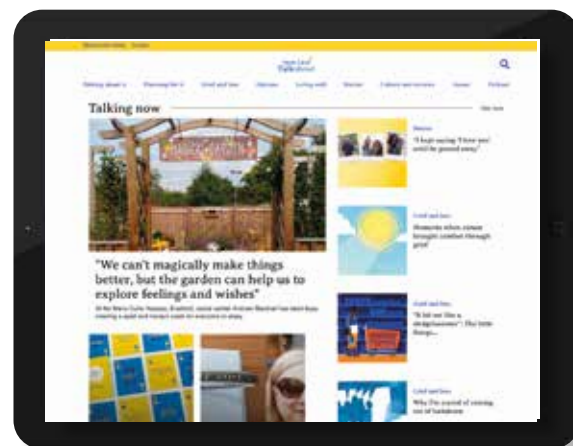
Our Talkabout campaign

In November 2019, we launched a national campaign to help people begin the conversation about end of life with friends and family, share their thoughts and feelings, discuss wishes and make plans earlier in life.

Looking back, we could never have predicted how relevant these issues would become in 2020/21.

Over the last year, we've continually updated our Talkabout resources to help people engage with the sensitive topics of dying, death and bereavement in new ways:

- **Talkabout: an online magazine** with thought-provoking articles, stories, videos and opinions to intrigue readers and get them to take that first step towards thinking about death. Between 1 January and 31 March 2021, Talkabout attracted 129,000 unique users to its engaging and insightful pieces.



- **Our podcast, On the Marie Curie Couch**, where a Marie Curie bereavement expert sits down with celebrity guests to discuss their experiences of grief, talking about and planning for death. Guests during 2020/21 included actress Jane Horrocks and TV presenters Tim Lovejoy and Gail Porter. In July 2020, we were one of six nominees chosen from more than 1,000 hopefuls in the Best Branded category at the prestigious British Podcast Awards. At 31 March 2021, since launching the podcast has had more than 40,000 downloads of its thought-provoking discussions.

If you want to find out more about these resources, visit mariecurie.org.uk/talkabout

Leading the National Day of Reflection

Not long into the covid-19 crisis, it was clear the UK would need, in due course, to take the time and space to recognise and reflect on the sorrow and loss emerging from such unusual and grief-stricken times. On 23 March 2021, the National Day of Reflection was a landmark moment in our country's acknowledgement of its collective loss.

Unresolved grief

Our research showed that almost half (46%) of the UK knew someone personally who died during the pandemic. Of that group, 56% said they hadn't had the chance to grieve fully, as they would have wanted to*. Due to lockdown restrictions, many people missed the chance to say goodbye to their loved ones in person, and to comfort one another through grief.

Community initiatives such as the Gompertz family's 'yellow hearts to remember' movement showed the deep, human need to mark the huge amount of loss we'd seen in the year since lockdown began, and to find a way to support people who'd been bereaved, due to covid-19 or any other cause.

Building momentum

Calling for a National Day of Reflection was a good opportunity for us to demonstrate our widened purpose in pushing for a better end of life experience for all. But it was important the day was as open and inclusive as possible; we needed to lead it and work with others to make it happen.

We started by launching a petition in summer 2020 to our campaigning base, to assess interest in and support for the idea. This led to 50 cross-party MPs supporting the day. We built momentum over the summer and autumn with a series of stories and films to draw attention to the hardship people were experiencing and solidify support.

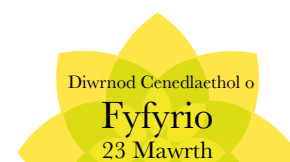


More than 850 charities, companies and organisations collaborated with us to help shape the National Day of Reflection, including Cruse, Age UK, Stonewall, Scouts, Girlguiding, the emergency services, the Met Police, Morrisons, Fujitsu, Spar UK, Superdrug, Barclays and Tottenham Hotspur FC. Amazon supported the day by creating an Alexa voice skill for 'Day of Reflection'. Grassroots organisations such as the Jo Cox Foundation and Yellow Hearts to Remember, covid-19 bereaved family groups, faith groups and those representing people from diverse backgrounds supported the day too.

Many of our loyal celebrity supporters, including Jim Carter, Paul Chuckle, Dame Judi Dench, Janet Ellis, Anneka Rice, Gaby Roslin, Alison Steadman and Jason Watkins added their support and helped us achieve media coverage and build momentum and interest.

It was important there was a simple and unified way to promote the day that wasn't about 'us', but the day itself and why it mattered. Overall

*Based on a survey of 2,003 UK representatives.



messaging, tone and creative approach were developed by our in-house team, and Saatchi & Saatchi developed adverts for TV and radio to use on national broadcast channels. The TV advert featured Ed's Sheeran's Supermarket Flowers, donated by the artist, and reached 9.8 million people in a single spot, during the Oprah interview with Meghan Markle and Prince Harry. We ran a multi-touch digital campaign across social media, email and online display channels to drive engagement and web visits, which reached 8 million people.

As the day neared, an array of famous faces came out in support of it. Political leaders including Boris Johnson, Nicola Sturgeon, Arlene Foster, Mark Drakeford, Sir Keir Starmer and Sadiq Khan, and faith and spiritual leaders including the Archbishop of Canterbury Justin Welby and Secretary General of the Muslim Council of Britain Zara Mohammed and Humanists UK all added their support. Members of the Royal Family also took part, including Her Majesty the Queen, His Royal Highness

the Prince of Wales and the Duke and Duchess of Cambridge, as well as celebrities such as Marcus Rashford, Colin McFarlane and Dr Alex George.

A minute to reflect and a moment to connect

On 23 March, hundreds of organisations and millions of people were invited to pause for a minute's silence at midday, including both the House of Commons and the House of Lords. Landmarks – from the London Eye to Cardiff Castle, Belfast City Hall and the Scottish Parliament Building – shone yellow to light up the night for the bereaved. And many people took to their doorsteps with their own candles, torches and phone lights too. The 12 noon and 8pm moments, and buildings lighting up yellow, were widely covered by TV and radio news throughout the day. Nearly 9,000 people joined our series of free talks and conversations on bereavement for the public, hosted in partnership with the Good Grief Festival.

Among supporting organisations, many promoted the day across their internal communications channels, posted content across their social media platforms and some even organised a lunch and learn session on bereavement or created a memorial garden.

The National Day of Reflection was our furthest reaching campaign ever. The day generated more than 6,000 pieces of media coverage. This compares to our normal peak of 1,195 a month during the Great Daffodil Appeal in March. After the day, 25.6% of people surveyed mentioned Marie Curie as one of their top-of-mind charities, compared to 18.3% before**. Our share of voice within the sector on social media reached 50.7%, up from 10.0% the same week in 2020. We also saw 19,562 comments on social media in a single day, and the National Day of Reflection trended

on Twitter. It was the biggest day ever for our website with 118,457 page views in one day, up 500% compared to our 2020/21 daily average. We also saw an uplift in enquiries to our support line by 219% compared to last year.

Most importantly, people wanted to talk about it, showing that there's a real need for our support. We're determined that we'll be there for all those that do, at any time.

Together, we were able to make this day special for the millions who've been bereaved and take time to celebrate the lives of the people they're grieving for.

A natural fit with our Great Daffodil Appeal

Our incredible supporters made the day their own, with many running fundraising activities for the Great Daffodil Appeal as part of the day. On the 23 March, we received £22,093 in online donations, up 212% on our daily average in 2020/21. Read more about how the appeal went on page 44.

Looking to the future

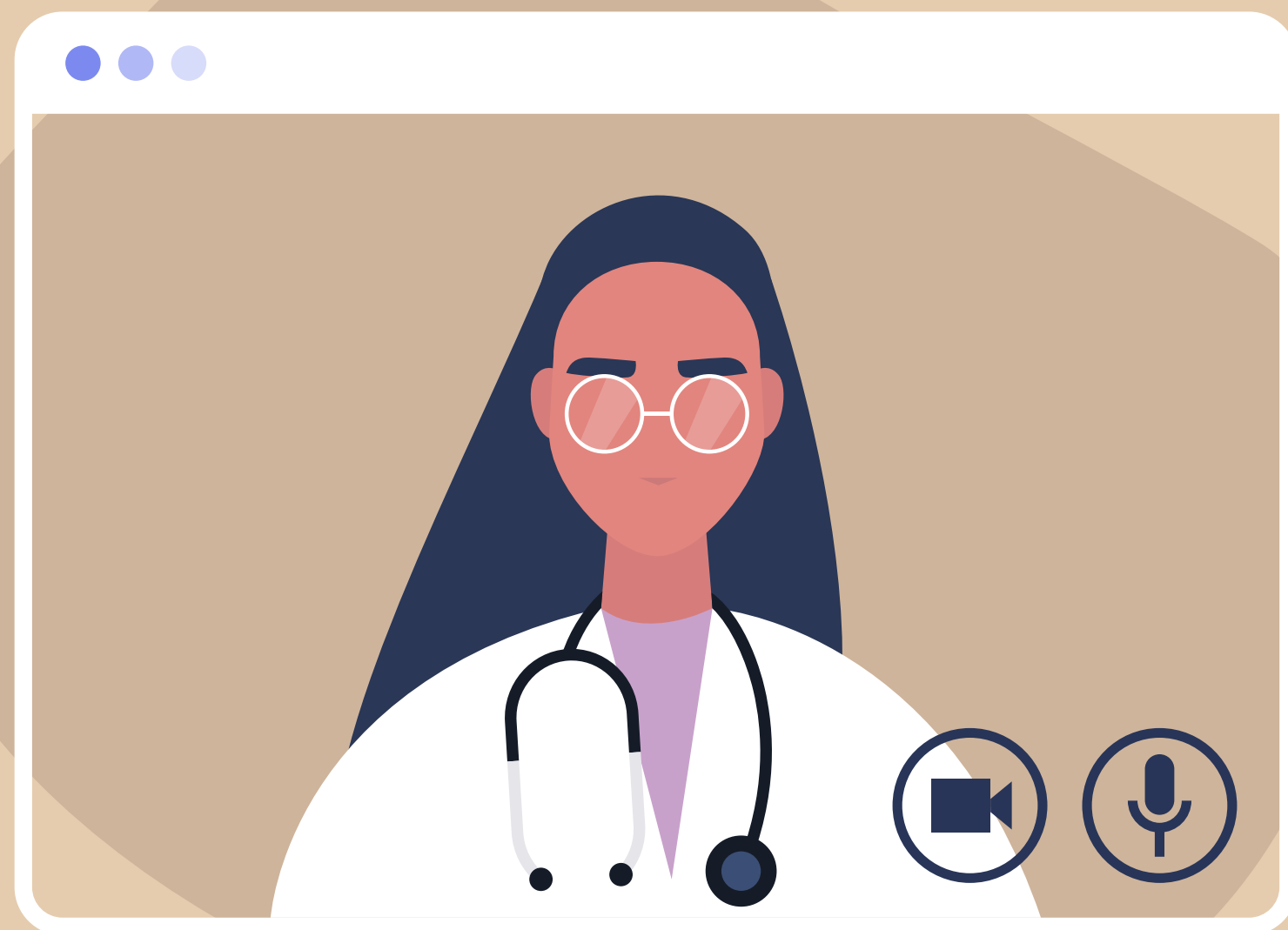
This year has been unusual, but grief and loss remains a fact of life in more normal times too. Following the success of the day, and having received positive survey results from its participants, we plan to make it an annual event to give the UK the vital time and space to recognise and support grief and loss in all its forms in years to come.

We're continuing to pursue and explore the themes brought out during the National Day. Our Better End of Life research (see page 24) shows the breadth of the effects of the pandemic on bereaved families, and we've set up an independent bereavement commission to make sure every bereaved person in the UK has access to the support they need. ■



Phil Hardman/Marie Curie

**Source: Delineate Strategy Ltd. Answering the question "Thinking about charities, which ones come to mind?", 25.6% of 1,476 respondents included Marie Curie in their response in March 2021 compared to 18.3% of 476 respondents in February 2021.



Invest in our skills and systems

We know more people will need end of life care and support in the years to come. We must be experts in our field and agile in our delivery if we're going to adapt to and meet these changing demands.

In 2020/21, we set our digital ambitions as an organisation and how we hope to achieve them (see page 34).

Our digital future

Even before the pandemic, the need for our services was growing daily. Now those stretched services are being placed under yet more strain by the far-reaching effects of covid-19. We're investing in our digital systems so we can adapt to meet this demand.

Responding to unmet need

Our strategic aspirations (see page 10) commit us to ensuring the best experience of dying, death and bereavement for all, reflecting what's important to our personal preferences. Yet, we're in an era where the need for supportive end of life care is already high, unmet, and is threatened by financial challenges, as well as current models of care.

The environment around us is changing, and we recognise the need to adapt and innovate in order to deliver on our strategic ambitions. In doing this, we see the role that technology can play in enabling us to increase our impact, so that not only can more people access the care and support they need, but we can also deliver better outcomes and experiences for our

patients and their carers, as well as the public.

Harnessing emerging technologies

Last year, we embarked on a new path to explore how emerging technologies and global trends were impacting and creating opportunities for the sector, and in health and social care more widely.

Working with strategic external partners and carrying out internal consultations and conversations with staff, we identified a series of priority initiatives that we're aiming to deliver as part of a programme of digital innovation and improvement in 2021/22.

This includes projects that could lead to transformative change in the management and



Ben Gold/Marie Curie

provision of palliative and end of life care, as well as how services are accessed.

What we've done so far

We've already begun to implement some of our digital portfolio, including:

- Creating a new offering for health and social care professionals to share their knowledge and improve care, with the launch of Project ECHO in April 2021.
- Providing remote and virtual clinical consultations and therapeutic support services for patients unable to attend our hospices.
- Expanding and embedding our phone support services for the public with our new phone bereavement and befriending services.

To help us deliver our digital ambition, we appointed a Chief Technology Officer to lead the development and implementation of a new digital, technology and data plan for the next financial year. This won't only focus our priorities for what we do, but also in how we do it, ensuring that we are set up for a digital future. ■



Continuously improve our organisation

To ensure that we provide the right care and support for dying people and their loved ones, we need to be the best we can be. To do this, we need to make sure that we always have the basics right, and that we are constantly reviewing what we do, so that we can continuously improve.

In 2020/21, we supported our people – staff and volunteers – to continue working through the personal and professional challenges of the pandemic (see page 38).

Our people and processes

Over the last year, our staff and volunteers have faced unprecedented challenges that have affected their lives, both in and out of work. The People team has been looking out for their wellbeing, ensuring they're trained and equipped to do their work as best they can, rewarding their hard work and giving them safe working environments.

During 2020/21, our HR team continually adapted our approach in line with the constantly changing government guidance on everything from furlough to shielding. Working closely with our Internal Communications colleagues, we provided up-to-date policy and guidance on our Intranet covid-19 hub.

Alongside this, we've been busy working on changes to make our systems and services better. This included preparing for and launching a new Oracle Human Capital Management (HCM) system and restructuring teams to be able to support the charity more effectively in a changing environment.

Never forgetting the reason we're all here, we also developed a whole new approach to bereavement leave, supporting our staff in a flexible and person-centred way in the event of a loved one's death. We believe our new policy sets the benchmark for all organisations.

As we move forward and evolve as an organisation, our rewards and benefits need to support and reflect the needs of our staff. During this year we also embarked on a fundamental review of our rewards to develop mechanisms that are fair and transparent for all staff.

Wellbeing and mental health

Working during the pandemic, both in clinical and non-clinical roles, has been immensely challenging for many different reasons. The emotional and physical demands on our staff have never been greater than in the last year.

Our Wellbeing team are focusing on improving mental, physical, financial and social wellbeing across the organisation. We've continued

to develop our Health and Wellbeing Hub, providing staff and volunteers with information, resources, learning and tools to support all aspects of their wellbeing.

During 2020/21, mental health initiatives include the roll out of a programme of more than 70 'mental health first aiders' to provide trained support and reassurance for people who may be experiencing emotional distress.

We've also reviewed and improved our occupational health services, offering counselling, physiotherapy and cognitive behavioural therapy.

Equality, Diversity and Inclusion (EDI)

Our new EDI and Wellbeing team has been at the forefront of helping to develop our plans and initiatives to make Marie Curie a more inclusive organisation, where the wellbeing of our staff and volunteers is at the heart of everything we do.

In 2020/21, we developed two new employee resource groups, ED@MC (Ethnic Diversity at Marie Curie) and HAN (Health and Accessibility Network), in addition to the LGBTQ+ Network that was established in 2019. We're now in the process of launching four further networks for grieving and bereaved people, veterans, carers and women, respectively.

These networks provide safe spaces for support, alongside feeding into the work we do across Marie Curie. They help make sure our valued staff and services are inclusive of everyone.

Marie Curie gives full and fair consideration to applications for employment from people with disabilities, taking their particular aptitudes

2020/21 targets and achievements

Targets

- Publish a new People Strategy which transforms us from a 'good' to 'great' organisation to work or volunteer for, including strengthening our diversity and inclusivity.
- Improve our effectiveness and efficiency through implementing new and better practices, reducing our operating costs and improving productivity.

Achievements

- In 2020/21, we developed a new People Strategy. However, the launch of this strategy has been delayed by the pandemic and we've scaled back some of our plans to enable a much sharper focus on the core areas that will help us deliver on our organisational strategy.
- We adapted our approach in line with the constantly changing government guidance on everything from furlough to shielding.
- We launched a new Oracle Human Capital Management (HCM) system.
- We developed a whole new approach to bereavement leave, supporting our staff in a flexible and person-centred way in the event of a loved one's death. We embarked on a review of our rewards to develop mechanisms that are fair and transparent.
- We saw the roll out of a programme of more than 70 mental health first aiders to provide trained support to people who may be experiencing emotional distress.
- We developed three employee resource groups: ED@MC (Ethnic Diversity at Marie Curie); HAN (Health and Accessibility Network); and the LGBTQ+ Network.
- Our volunteers showed exceptional adaptability; from delivering PPE across the UK to make sure our frontline staff were able to work safely; to our Helper volunteers making 7,500 phone calls instead of home visits.
- We moved face-to-face training to virtual lessons and developed a range of covid-19 support materials.
- We revamped the internal L&D website and built a new external site to support Marie Curie's emerging outreach work with care homes.

and abilities into account. We have a multitude of tools and resources to support the physical and mental wellbeing of all our employees. Training, occupational therapy and support is available to employees who become disabled while working for Marie Curie. We comply with the Equality Act 2010 and facilitate the career development and promotion of all employees with a disability and we are putting in place initiatives which support our intention to join the Disability Confident scheme.

We've also been driving plans across the whole employee lifecycle, from improving our EDI monitoring to policy reviews and development, including a new transitioning at work policy and a menopause policy.

Our dedicated volunteers

On the volunteering side, despite the fact that many of our volunteers couldn't continue with

their normal activities, they showed exceptional adaptability. From delivering PPE across the UK to make sure our frontline staff were able to work safely, to our Helper volunteers making 7,500 phone calls instead of home visits, as well as creating many innovative ways of supporting people.

Our volunteers also supported the development and expansion of our Check in and Chat befriending service and the bereavement support we offer over the phone (read more about these services on page 20).

Our retail volunteers have shown great flexibility in supporting the opening, closure and re-opening of stores as lockdown guidance and safe operating requirements demanded.

Our hospice volunteers have provided invaluable support on reception desks and in transitioning to phone-based emotional

support, helping our hospices to continue to care for people throughout the pandemic.

While fundraising has been very difficult over the last year, our volunteers rose to the challenge and took part in a diverse range of activities (read more on page 44).

Learning and Development (L&D)

Our L&D team had an extraordinarily busy but rewarding year; moving face-to-face training to virtual lessons, including our induction, our leadership excellence programme Step In Step Up to Leadership, mental health and personal safety workshops and the Nightingale Nurse Leadership programme (read more on this on pages 17 and 18).

In addition to developing a range of covid-19 support materials, we also revamped the internal L&D website and built a new external site to support Marie Curie’s emerging outreach work with care homes.

Our library service now provides a bi-weekly covid-19 awareness service, with more than 1,900 articles requested. During 2020/21, more than 5,000 of our online journals and e-books were accessed. We also launched a new leadership e-library, with books and audio resources.

Safeguarding

We’re committed to safeguarding all our people from harm. This includes our volunteers, staff and all those who use or come into contact with our services. We recognise that all our people, regardless of race, age, ability, gender, identity, sexual orientation, religion or belief, have the right to protection from all types of harm or abuse. We also recognise that safeguarding is everyone’s responsibility.

All our staff and volunteers, including our Trustees and Executives are trained to recognise signs that could indicate that an adult or child at risk may be being abused or neglected, and what they should do about it. We encourage our people, and those who use or come into contact with our services, to speak up about things that they think could cause harm to people and we act promptly when concerns are raised. Our Whistleblowing Policy and Freedom To Speak Up Champions support this.

We have a designated safeguarding lead on the Board of Trustees as well as leads across the rest of the organisation.

We employ a Head of Safeguarding, a key leadership role for all issues relating to safeguarding within Marie Curie. We have a Safeguarding Assurance Group, chaired by our Chief Nurse (who is the charity’s Executive Safeguarding Lead). This group oversees the implementation of our safeguarding policy and includes people from all areas of our charity, including our Trustees.

We’re further developing our policies around safer recruitment and safer staffing, and expanding the scope of our serious incidents panel to ensure robust reviews and shared learning. We have tailored safeguarding children and safeguarding adults training in place for all staff and volunteers across all four nations.

In November 2020, we launched a cross-organisational safeguarding community of practice to deepen members’ knowledge and professional connections around safeguarding. Our safeguarding policy was revised in the last year and we also carried out a cross-organisational safeguarding audit. We’ll be launching a safeguarding strategy in 2021/22.

Gender pay gap

As of April 2017, all organisations that employ 250 people or more must report on their gender pay gap. This is the difference in the average salaries earned by men and women in an organisation. It doesn’t compare salaries earned by men and women in similar roles.

Our mean gender pay gap for 2020/21 is 17.6% (2019/20: 13.8%) and the median gender pay gap is 14.6% (2019/20: 12.6%).

We have fewer male employees at all levels of the organisation compared with numbers of female staff. Proportionately, more of the men we employ are in higher paid roles.

We recognise there are particular challenges around recruiting men into frontline care roles; men are under-represented here across the sector as a whole.

We’re committed to reducing the gender pay gap in our organisation as far as possible.

Remuneration policy

The talented staff we employ, alongside our skilled and committed volunteers, are vital in providing the high-quality care we offer to people living with any terminal illness, and their families. Marie Curie is committed to providing essential services and support to all patients. It is therefore critical that we attract and retain dedicated people with the right capabilities, experience and talent. To do so, we review our salaries annually and seek to offer suitably competitive levels of reward and appropriate recognition for all our staff. In 2020-2021, we continued with a corporate level project to assess our reward principles and to guide the annual salary review. In addition, the ongoing work in the strategic review of total rewards will:

- reflect our organisational strategy and our standing as a social justice organisation (including employee wellbeing and equity)
- facilitate delivery of a new target operating model – including integration of services and increasing regional autonomy, increased collaboration and partnership working
- support sustainable and affordable service delivery, represent value for money and promote agile working
- deliver recruitment and retention in a competitive marketplace and promote career development
- promote organisational values in performance, behaviour and delivery.

To help us achieve this, we will continue to review labour market information within appropriate sectors and regularly benchmark our roles to make sure our approach is consistent with our peers.

The basic salaries paid to all our employees are reviewed at the end of each financial year to make sure we’re remunerating competitively and consistently against the relevant sectors. As part of that review in 2021 the Charity made the decision to ensure all of our staff are paid at least in line with the Living Wage

Foundation, National Living Wage. The remuneration of the Chief Executive and the Executive Leadership Team are reviewed and determined by the Board of Trustees. No individual performance bonuses are paid. Marie Curie uses a job evaluation system to ensure a fair and transparent process in determining all job performance levels. These are then benchmarked against similar jobs in other charities and relevant organisations

Implementation of Oracle finance and HR systems

As part of our Back Office Transformation Programme, during 2020/21 we implemented Oracle Finance and HR systems, based on proprietary Oracle software. Migration from Sun, the previous accounting system, took place during the summer of 2020, with go-live of the new system in December 2020.

It was subsequently identified that further work was required to complete and embed the implementation to enable smooth operation of the new systems. A remediation plan was developed that addressed immediate issues and identified longer-term requirements to ensure that the benefits envisaged are realised. This plan has been developed further and is in process of being implemented.

As a result of the issues arising from implementation of Oracle, the Audit and Risk Committee increased its oversight of the Back Office Transformation Programme, adding three meetings between March and July 2021, where detailed reports on remediation and configuration were presented and discussed robustly.

As a result, full implementation of the Back Office Transformation plan has been rescheduled, with additional governance put in place. Input from expert practitioners who are external to Marie Curie has been secured to support delivery. ■



Enhance our financial sustainability

If we're going to innovate, advocate and transform the end of life experience in the UK, as well as continuing to deliver high-quality care, we need to make sure the way we're funded is robust and sustainable.

In 2020/21, we fostered a spirit of innovation throughout our fundraising (see page 44) to help fill the gaps in our income. Our financial review (see page 52) gives a detailed breakdown of our financial health as an organisation.

Our fundraising

While this hasn't been the year any of us expected, we couldn't be more proud of everything our supporters have helped us achieve. The ingenuity, generosity, compassion and resilience we've seen has been astounding. The challenges we face aren't going away. Your support means we can meet that continued need.

Thank you

In 2020/21, we reached out to all our supporters and partners asking for urgent help with donations of cash, media space and PPE. They stepped up like never before.

This meant we could adapt our fundraising to raise the vital funds we need to continue delivering our essential services. With the help of our supporters and partners, we created innovative virtual events and captured the imagination of online communities.

Our emergency appeal, launched in March 2020, raised a total of £7.1 million (£1.1 million of that in 2019/20). In the face of uncertainty, we're immensely proud of our frontline nursing staff, who have continued to care for dying people and support their families.

None of that would be possible without the strength and resilience of our supporters and partners. Thank you.

Reimagining the Great Daffodil Appeal

The pandemic led to us making some difficult decisions around this year's Great Daffodil Appeal. In December 2020, we decided not to go ahead with the UK-wide public collections that usually form such an integral part of the campaign. Our first priority is always the safety of our volunteers, supporters, staff and everyone involved with the work we do. The risks involved with face-to-face fundraising and transmission of the virus meant there was simply no option for us to continue with public collections.

Although this was a huge blow, especially following the cancellation of public collections in the midst of the appeal in 2020, we focused our efforts on finding other ways to raise money. Even without collections, the Great Daffodil Appeal 2021 became an innovative campaign with a variety of ways for our supporters to get involved from the safety of their homes and in their local areas.

We saw a huge increase in online fundraising as we encouraged our supporters to take part in virtual collections and join online events. Overall, we saw a near-tripling of our online donation income, which went from £1.1 million in 2019/20 to £3.1 million in 2020/21.

We believe the impact of covid-19 on so many people was a huge part of this increase in online fundraising, as well as an increased awareness of Marie Curie's services that came from the coverage of the National Day of Reflection.

A moment to reflect

Last year was extraordinary in so many ways. The National Day of Reflection (see page 29 for more on this), led by Marie Curie, fell on 23 March 2021 – in the middle of the Great Daffodil Appeal, which runs throughout the month of March.

For many of our wonderful supporters, there was a natural link between supporting the day and raising money and awareness for Marie Curie. By taking a minute to reflect and a moment to connect with those who are grieving, thousands felt inspired to wear their daffodil with pride.

2020/21 targets and achievements

Targets

- Undertake a review of how we raise our voluntary income in a world in which covid-19 exists.
- Further review our retail portfolio in order to optimise profitability.

Achievements

- Our emergency appeal, launched in March 2020 in response to the pandemic, raised a total of £7.1 million (of which £1.1 million was in 2019/20). In addition to cash, the appeal generated more than £1 million in donated media space and PPE.
- We saw a near-tripling of our online donation income, from £1.1 million in 2019/20 to £3.1 million in 2020/21. This shows the movement of our supporters towards online giving and our improved ability to attract this kind of donation, creating more opportunities to give that don't rely on cash or physical presence.
- We ran a series of virtual quizzes hosted by celebrities. Built from the ground up with input from across the organisation, the programme of events included a Gavin & Stacey quiz fronted by Alison Steadman and a 'Weird Year in Review' hosted by Louis Theroux. The quizzes raised over £140,000.

- We also ran our first ever Virtual Brain Game. An online version of our popular in-person events, the Virtual Brain Game generated £440,000, with amazing support from celebrities, sponsors, volunteers and participants.
- Morrisons found ways to raise vital funds for the Great Daffodil Appeal for the fifth year running. They raised £758,000 in 2020/21 and their fundraising total for Marie Curie currently stands at £3 million.
- We were chosen as one of the strategic partners of the Barclays Covid-19 Community Aid Package. A donation of more than £900,000 meant we were able to offer new digital services and vital training for befriending volunteers.
- SPAR UK helped deliver Personal Protective Equipment (PPE) to our nurses free of charge. In total, SPAR drivers across England delivered hundreds and thousands of pieces of PPE.
- The reshaping of our retail network continues, with the leases on 23 unprofitable shops being terminated and a further 17 where more favourable lease terms have been agreed. Alongside our physical retail network, we're focusing on and investing in building our online retail offering.

Many of our supporters choose to give in memory of a loved one they've lost. It's a vital source of income for Marie Curie and in a year like this, it's all the more poignant. Our thoughts are with all the families who are grieving and who have been so generous in supporting us through the pandemic.

Finding new ways to engage

In the year that everyone embraced video calling, we found ways to raise our profile online and engage with lots of different audiences. We found our supporters had an appetite for virtual quizzes, online auctions and we even launched our very first Virtual Brain Game (read on for more on this).

Throughout the year, we saw everything from daffodil-themed online art auctions to 100-mile walking challenges. We also saw a lot of people taking on personal fitness challenges to offset the physical and mental effects of lockdown. Once again, our supporters responded to an intensely challenging year with kindness, creativity and generosity.

In September 2020, our Fundraising Excellence Awards went online, too. With appearances from some of our celebrity ambassadors, the streamed event was a real celebration of all the fantastic supporters and partners who consistently go above and beyond to support us.



The pandemic also brought Will-writing to the forefront of many people’s minds and a growing number of people chose to leave Marie Curie a gift in their Will. In fact, gifts left in Wills are our largest single source of voluntary income, accounting for nearly a third of our donations and funding many hours of care.

Our legacies team took their Gift for the Future events online and, in partnership with Farewill, we launched our online Will-writing scheme in England and Wales during 2020/21, to protect and build on this crucial fundraising income.

Our inspirational supporters

From leaving a gift in their Will to completing a virtual marathon, there are so many ways people support Marie Curie in providing vital care and support. Whether you’re an event participant or corporate partner, none of this would be possible without you.

Far-reaching individual support

Marie Curie’s individual supporters show their incredible dedication in many different ways. Regular givers have stayed with us despite a difficult climate – we’ve seen continuing loyalty from over 205,000 supporters who give money to us by direct debit. We’re hugely indebted to the individuals who donate each year. They could have chosen to reduce their outgoings, but cancellation rates have remained low. Their kindness helps fund our vital frontline services, which are needed now more than ever.

Last year, we saw an unprecedented response to our direct mail communications, whether in appeals, newsletters, raffles or prize draws. Through our emergency appeal direct mailing, around 37,000 supporters gave us £1.2 million in the 13 weeks from the end of March 2020.

Philanthropy and partnerships

As well as individual supporters, we rely on the dedication, support and partnership of individuals, companies and trusts. In a year of unprecedented challenges, they stood by us and stepped up beyond all expectations. The future is still uncertain and we know covid-19 will leave a lasting legacy. Thanks to the ongoing support of our partners, we can continue to support everyone in the UK through all aspects of dying, death and bereavement.

In 2020, we were delighted to be chosen as one of the strategic partners of the Barclays Covid-19 Community Aid Package. Their transformational donation of over £900,000 meant we could offer new digital services and vital training for befriending volunteers, so they could continue to support and listen to those facing increased periods of loneliness and isolation. We’re also hugely grateful to Barclays for supporting our Great Daffodil Appeal through an expansive gifted media campaign.

Longstanding supporters Superdrug and Savers continued to go above and beyond, helping us raise awareness of our Information and Support service. We were delighted to also celebrate reaching the £8 million fundraising milestone with them.

We are especially thankful to Morrisons, who were able to find innovative ways to raise vital funds for the Great Daffodil Appeal for the fifth year running, raising £766,000 and nearly £3 million in total for Marie Curie.

During the pandemic, it’s been vital that our front-line staff have access to the PPE they need to carry out their work safely. We couldn’t have achieved that without SPAR UK, who helped deliver PPE to nurses free of charge. SPAR drivers delivered hundreds of thousands of pieces of PPE for Marie Curie Nurses.

Sharing our message during our emergency appeal was more important than ever, and thanks to donation of media space, Unilever and other partners helped make this possible.

Chris’s story

Chris Laidlaw set himself the challenge of running 12 marathons in 12 weeks in recognition of the care Marie Curie Nurses gave his mum, Joy. She died from cancer at 64, in May 2020.

“My challenge was borne out of the sadness of losing Mum and the work that Marie Curie did, which was so inspiring for us as a family. It can’t be easy to do the work that they do, but the nurses were outstanding.

“Having someone to lean on for Mum’s practical and emotional care was everything. The nurses supported us in every way, from making us a cup of tea to having a conversation and really listening to what we said.



“Before I set myself this challenge, I’d never run a marathon in my life. Losing Mum has given me a whole new perspective on life. That it can be turned around pretty quickly. I want make as many positive memories as I can.”

We'd also like to thank Unilever for a monetary gift and donation of surgical masks and products for frontline staff.

Our 25-year partnership with the National Garden Scheme has also continued to flourish in 2020/21. Their generous donation ensured that our frontline workers could carry on supporting people at the end of life. We are grateful to every garden owner, county organiser, trustee and staff member for their ongoing support.

Building on our longstanding partnership, Pears Foundation offered Marie Curie a unique opportunity to leverage additional funds. For 12 months from December 2020, they've pledged to match any new Pay for a Day donations to our nine hospices, up to a total value of £500,000. We hope that this extremely generous commitment to support our core services will also inspire others to give.

Already committed to an incredible five-year pledge to support three staff roles at the Marie Curie Hospice, Bradford, The Harry and Mary Foundation responded generously to our emergency appeal, helping to fund nurses on the in-patient unit. The impact of this gift not only benefited people from the local community, but also demonstrated support and solidarity with staff at the hospice.

In Northern Ireland, we were inspired by donors and partners who stood by Marie Curie throughout the pandemic. We'd like to thank longstanding supporters the McClay Foundation and Movie House Cinemas for their additional support of the emergency appeal.

This year, many of our special events were cancelled. We are incredibly grateful to venues and suppliers for their flexibility, as well as the event attendees who turned ticket sales into donations, and corporate sponsors for donating event sponsorships.

Our thanks also go to Christie's auction house for their support of our online art auction, NHBC, Buxted Construction, Ashurst and Bayview International for sponsoring our virtual Brain Game, as well as Rathbone Investment Management – the headline sponsor of our Christmas carol concert.

We extend a special thank you to all our Patrons, Development Board members and special events committee members for their extraordinary dedication and support this year.

Volunteers fundraising in communities

The pandemic's far-reaching effects were perhaps most evident in the communities we serve, where so many had to call a halt to their usual activities, including the wonderful work that's normally undertaken by our fundraising groups.

Many of our most dedicated volunteers and supporters are themselves vulnerable and shielding. The incredible efforts of those people to continue finding ways to fundraise in spite of all the challenges of covid-19 has, at times, left us speechless. We are in awe of you all.

We've seen huge energy and passion from people fundraising in their local communities during 2020/21 to make up for the inevitable shortfall in our fundraising income. Our 4,760 registered fundraising volunteers across the UK raised more than £1.3 million last year.

Whether fundraising individually or as part of our network of more than 450 fundraising groups, these volunteers continue to raise vital funds and awareness of our services in their communities. We're truly humbled by their dedication to Marie Curie.

Taking on fundraising challenges

In 2020/21, thousands of Marie Curie supporters pushed themselves to their limits

even as countless in-person challenges and events were cancelled because of the pandemic. New events offered ways for our supporters to raise money virtually.

The 2.6 Challenge was created by Virgin London Marathon organisers and began on 26 April 2020, the date that the 40th London Marathon should've been held. Organisers encouraged people to choose a challenge related to the numbers 2.6 or 26 (the number of miles in a marathon, plus the date the event would have taken place). The response from our supporters was impressive and we've been informed that Marie Curie generated the highest income of any participating charity in the 2.6 Challenge.

A theme that's consistent throughout our fundraising this year has been innovation. Our

amazing supporters and volunteers showed how keen they were to participate in the new ideas we developed. From tiny acorns, such as the '3,000 Squats in March' challenge, mighty oaks grew – with the squat challenge bringing in £117,000 in February and March via Facebook fundraising groups.

Existing fundraising events also took on a new lease of life, with our established Step into Spring walking challenge bringing in a record £420,000 from the efforts of 2,280 dedicated participants. Thanks to the determination of our supporters, including Irene, whose story you can read below, our virtual events have continued to strengthen and grow in a year when they could've crumbled.

Irene's story

Loyal Marie Curie supporter Irene Grice, 92, was determined to do her bit to support the Great Daffodil Appeal in 2020. She set herself the challenge of completing 100 laps of her local Morrisons store in Solihull and is now thought of as our very own Captain Sir Tom.

"I've been fundraising for Marie Curie for 38 years and I did my first Great Daffodil Appeal back in 1995," says Irene. "The staff at Morrisons know me well because I've been there fundraising for more than 25 years. Even having a complete hip replacement couldn't stop me. I'll do it as long as I possibly can."

Irene raised £417.04 for Marie Curie by completing those challenging laps of her local



store. It goes to show that everyone, irrespective of age or ability, can complete impressive feats and raise vital funds to support our essential services. Thank you so much to Irene, Chris (see page 47) and everyone who takes the time to fundraise for Marie Curie.

Managing our fundraising effectively

In a year of such uncertainty, making sure our fundraising management and processes were as effective as possible mattered more than ever.

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. Alongside other charities, Marie Curie contributed to the costs of establishing the Regulator. We review compliance and take corrective action where required. We also employ a dedicated Compliance Officer.

Standards and monitoring

Marie Curie is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits, mystery shopping and call listening). This helps ensure all Marie Curie fundraisers, and those who work on our behalf, are aware of, and are adhering to, our high standards.

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies to call existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure they represent our work and our organisation to the highest standards. None of our fundraisers, whether employed by us or one of our agencies, is paid on a commission basis.

Complaints

The number of complaints received in 2020/21 regarding fundraising was 205 (2019/20: 462). Over that period, supporters had over 500 million opportunities to see one of our fundraising advertisements. All the complaints were resolved satisfactorily through our in-house procedures and none were escalated to the Fundraising Regulator.

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



Retail

In light of the ongoing pandemic and national lockdowns, 2020/21 proved to be a very challenging year for retail. A small number of Marie Curie Shops were unable to trade at all throughout the entire year and others opened for just five of the 12 trading periods.

Our direct trading channels (online and catalogue) saw a positive effect from the high street store closures and delivered a strong performance throughout, returning 92% growth on the previous year.

An ongoing project to move the online shop to a more stable platform enables us to have the confidence to adopt a more multi-channel approach to retailing for the future.

Raffles and lotteries

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

To run a raffle or a lottery legally, 20% of income must go to a good cause. This is the level that many organisations work to. However, last calendar year Marie Curie used 58% of income from raffles and the Weekly Lottery to directly support people living with a terminal illness. The remaining 42% was reinvested into operating and developing our gaming

fundraising activities. This means we can promote our raffles and Weekly Lottery further, to help us raise more money in the long term and increase the percentage of funds going towards supporting people living with terminal illness into the future.

Last calendar year, Marie Curie raffles raised more than £390,000 from donations on top of income from ticket sales.

Our fundraising promise

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

- We promise to provide information about our work and our finances so you can see how your money is being spent and what a difference you're making to people living with a terminal illness.
- We promise to communicate with you in a way that suits you. If you tell us you'd prefer less contact or don't want to hear from us at all, we'll respect your wishes.
- We promise to check at the start of every conversation, on the phone or in person, that you're happy to speak to us.
- We promise never to sell your data to any third party. We 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 our work or answer any questions. ■

Financial review

The result for 2020/21 was a surplus of £25 million before gains and losses on investments and pensions. This reflects the tremendous support that Marie Curie has had over the financial year.

At the beginning of the year there were considerable pandemic-related challenges to our retail and fundraising income generation, both of which are critical in enabling us to fund our services and support our beneficiaries.

Our Retail funding fell significantly, due to the impact of coronavirus, resulting in the closure of our shops, which were classified as non-essential retail, in accordance with Government instructions. Our fundraising income was also hampered as we could not carry out face to face activities. We focused hard on taking actions to support our income and manage our costs. We also benefited from one-off grants to support the ongoing delivery of our front line work during the pandemic including the Government’s furlough scheme, receiving in total £28 million to compensate for lost charitable income (2019/20: nil).

Grant income in respect of caring services from each of the four nations was contingent on maintaining provision of hospice beds and community contacts. The conditions for the income received have been met. The grant income has been recognised in the accounts as restricted to the running costs of the hospices and community nursing services. Without this support we would have had to reduce service provision during the crisis. We also received local authority retail grants of £1.2 million to make up for loss of income and to offset uncovered fixed costs that arose as a result of shop closures.

Government grants and Coronavirus Job Retention Scheme income 2020/21	£m
Support for hospice and community nursing services	21.5
Retail grants	1.2
Coronavirus Job Retention Scheme (furlough)	5.2
Total	27.9

In addition, we maintained tight control on costs, including a freeze on recruitment, and certain senior staff donated some of their salary.

Without this Government income and close management of costs, we would have incurred a significant deficit. We have used the Government grant funding to ensure continuity of palliative and end of life care. Furlough income enabled us to retain essential staff, including retail staff, so that as soon as we were able to, we reopened our shops in each of the four nations to raise vital funds.

Despite the ongoing financial uncertainty of sources of income, a better than expected outturn in 2020 has given us the ability to continue delivering services and will allow us to invest in future services whilst ensuring the future financial health of the charity.

Income

Overall income was £170 million, an increase of 9% from 2019/20 (£156m). This includes grants and furlough income of £28 million. If grants and furlough were excluded, then, compared with 2019/20, income would have decreased by 9% to £142 million. Overall funding from the NHS increased by 4%, reflecting the increase in the number of beneficiaries we supported.

Hospice income from the NHS was £20 million, an increase of 5%. During 2020/21 we cared for 7,385 patients in our hospices (2019: 8,781). Income received from the NHS for our Nursing Service increased by 4% to £27 million. During 2020/21, patient numbers cared for at home by our nurses increased by 17%, an increase of 6,169 people.

Higher hospice and nursing services income was offset by a decrease in fundraising and retail income of £14 million as our shops closed and face to face fundraising activity was restricted. In response to the shortfall in fundraising income we launched an emergency appeal, raising £6 million in 2020/21 (£7.1 million overall) from our generous supporters which enabled us to provide the essential care our patients need. In addition, the inaugural National Day of Reflection on 23 March 2021 brought an unprecedented response and a £6 million boost to our fundraising income. Our annual Great Daffodil Appeal was also very successful raising over £6 million.

All figures in £m	2020/21	% change	2019/20
Hospice income	20	5%	19
Income for the nursing service	27	4%	26
Grants and furlough	27	100%	-
Fundraising income	90	(3)%	93
Retail income including retail grants	5	(69)%	16
Other income	1	(50)%	2
Total underlying income	170	9%	156
Expenditure on fundraising and publicity	(28)	(20)%	(35)
Expenditure on retail	(12)	(33)%	(18)
Amount available for our services	130	26%	103
Invested in:			
Hospices	(47)	(8)%	(51)
Nursing services	(50)	4%	(48)
Helper service	(1)	-	(1)
Information and support	(1)	-	(2)
Policy and Research	(6)	(20)%	(5)
Surplus/(Deficit) before one-off adjustment	25	-	(4)
Change in legacy income estimation	-	-	10
Change in VAT treatment	-	-	3
Surplus	25	-	9

The temporary closure of our retail shops during lockdown resulted in a 69% fall in Retail income, with only our online trading remaining open. We were able to retain our staff through the use of the Government’s furlough scheme. We also took the opportunity to assess our retail portfolio, making the decision not to reopen approximately 13% of our shops following lockdown. We retained only the stronger stores and sought to renegotiate lease terms, where possible, to improve the performance of the retained stores.

Expenditure on fundraising and publicity

Our investment in fundraising activities ensures we can continue to raise vital funds to support our charitable work. However, the impact of the pandemic saw many face-to-face community and challenge events cancelled, as was door-to-door fundraising, therefore expenditure for the year was lower.

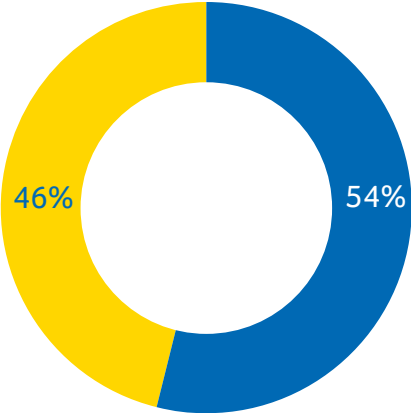
Marie Curie was the driving force behind the inaugural National Day of Reflection on 23 March 2021. To support this campaign we invested in a media campaign that was pivotal to its success. The day saw our highest ever number of visitors accessing our online information and support. It gained support

around the country from communities, businesses and faith leaders. It was endorsed by HRH the Prince of Wales, our Patron, and supported by the Royal family, by both the Houses of Parliament at Westminster and by all four nations’ administrations. It increased spontaneous awareness of Marie Curie as a top-of-mind health charity, and reinforced our messaging about the importance of end of life care. Find out more on page 28.

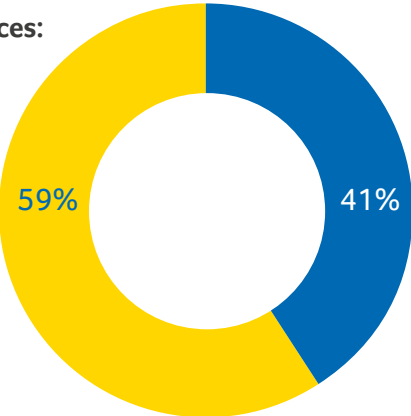
Expenditure on retail

Our shops and trading activities raise vital funds to support our charitable work, as well as to increase awareness of our organisation, through 136 shops across the four nations. They also provide a community outpost and we are fortunate to be supported by staff and loyal volunteers who can signpost those with questions about our work to our Information and Support teams. Expenditure on retail was significantly reduced on 2019/20 as a result of closures during the pandemic. A charge of £1.0 million for lease exit costs, redundancy costs and dilapidations was incurred in the accounts in connection with the permanent closure of 18 underperforming stores. Online retailing has grown during the pandemic and we expect it will continue to do so.

Areas of investment:
Nursing services:



Hospices:



Charitable donations
NHS funding

Hospices and nursing services are partly funded by the NHS, but to ensure that we can continue to provide care to as many people as possible, and to the highest standard possible, we are reliant on the generous contributions of our supporters. Our 2,154 nursing staff provide crucial care for people in their homes, day and night. Our nine hospices provide a full range of palliative care services, including in-patient care, outpatient services and homecare visits.

We are positioning place-based teams to be able to influence the strategic decisions made about the overall funding of end of life care to the populations served within each area of the country. The strategic model of commissioning is likely to change over time. This is expected to incentivise health and care system providers to work more closely in collaboration to meet the needs of the population for palliative and end of life care. For more information on our place-based approach, see page 16.

On average in 2020/21, the NHS paid for 41% of the cost of Marie Curie’s hospices (2020: 35%) and 54% of the cost of Marie Curie’s nursing service (2020: 55%), with the remainder of the costs funded by donations and one-off grants. Due to the impact of the pandemic, we received a number of one-off grants to support hospice care and nursing services totalling £21.5 million.

Expenditure on charitable activities

Whilst expenditure on charitable activities increased, with increased nursing costs in the community, the costs of running our hospices decreased because of lower patient numbers as more patients were cared for in their homes.

Policy and research

During the financial year, the policy and research departments were merged. Last year’s numbers have been restated on a consistent basis. We continue to invest in our policy and research department, seeing this as essential to the continuing improvement in end of life care. The Government’s recent decision to end the six months end of life benefits rule is an example of the benefit delivered by our Policy department.

Small Grant Scheme

We continued to grow our Small Grant Scheme, and during the year invested £0.14 million in initiatives identified and led by our staff. These initiatives range from policy themed research, such as loneliness amongst people with a terminal illness and their carers in Northern Ireland, to a qualitative study on the experience and support needs of district nurses caring for terminally ill people with delirium at home.

Our funds

Reserves

Total reserves as at 31 March 2021 were £145.7 million (2020: £117.4 million). These comprised:

All figures in £m	2020/21	2019/20
Restricted reserves	21.9	22.7
Designated reserves	69.2	40.2
Impact and Innovation Fund	31.4	-
Tangible Fixed Asset Fund	35.8	32.2
Capital Investment Fund	1.6	1.6
Pension scheme surplus	0.4	6.4
General reserves	54.6	54.5
Total reserves	145.7	117.4

Restricted reserves: £21.9 million (2020: £22.7 million). These are funds received for undertaking an activity specified by the donor when making the gift or may result from the terms of an appeal for funds for a specific initiative. Of these funds, £18.6 million were funds raised for the construction and running of hospices. Where a retail shop is based in or near a hospice, the monies raised in that shop are often restricted to the use of that hospice.

Designated reserves: £69.2 million (2020: £40.2 million). These reserves represent funds that have been designated for a particular purpose by the Trustees. They would normally be utilised for that purpose within a specified timescale.

We recognise that urgent and radical change is needed to keep pace with society’s rapidly growing need for end of life care provision. Accordingly, a £31.4 million designated reserve for impact and innovation has been created in 2021 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 13-14 of this report. This fund is to be used for one-off investment to support change, innovation of service delivery and to invest to save. A number of initiatives to be funded from this designated reserve have commenced. In the event of increased financial risk or if no longer required, these funds can be de-designated at the Trustees’ discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves.

Designated funds also include:

- the Tangible Fixed Asset Fund, reflecting the value of tangible fixed assets at cost less depreciation.
- a Capital Investment Fund of £1.6 million designated for uncommitted future expenditure to modernise hospices and other capital projects. This fund was not created with specific projects in mind and is available for use as needs arise.
- the FRS 102 surplus on the Marie Curie Defined Benefit pension scheme. The Scheme had a surplus of £0.4 million at 31 March 2021, compared with a surplus of £6.4 million at 31 March 2020.

General (Free) Reserves: £54.6 million (2020: £54.5 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.

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.

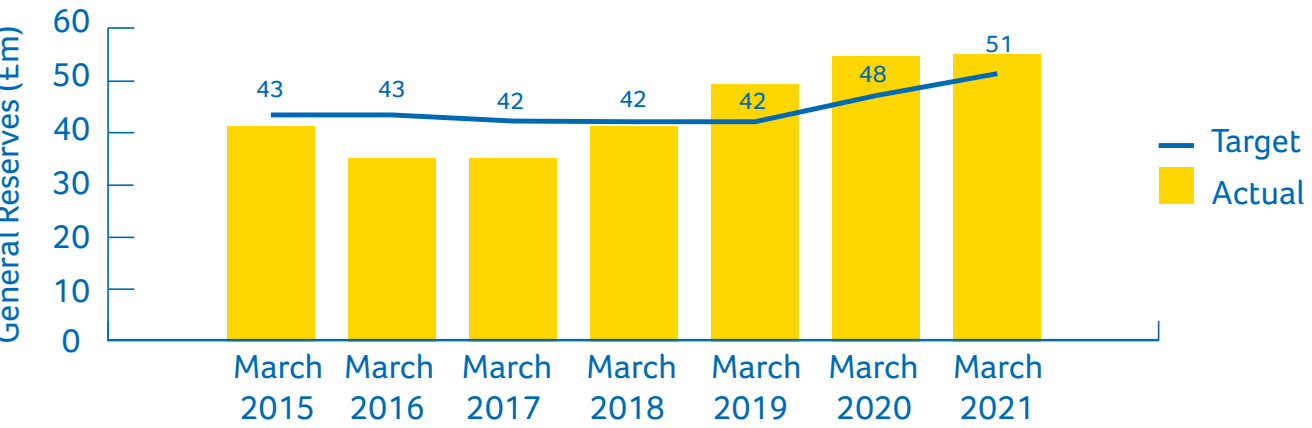
Marie Curie provides a range of critical health services which communities across the UK depend upon. To fund these services, we rely on several fluctuating income streams from donations, legacies, shop profits and investment income. To enable us to make commitments to each community to provide its key hospice and nursing 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. The risk weightings range from 2% to 40% depending on the nature of the activities. Based on these calculations, the Trustees estimate that a total of £51.0 million of target reserves is required for 2021/22. The increase from the £48 million target in 2019/20 reflects the underlying increase in expected

income on which the risk weightings are applied as our retail shops have reopened and our face to face fundraising activity resumes. This represents approximately three months of the charity's operating expenditure.

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) as at 31 March 2021 was £54.6 million, which is within the recommended range.



How we invest our funds

The restricted and designated reserves (excluding the Tangible Fixed Asset Fund and the pension surplus) 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. The General Fund is held in a variety of investments according to the policy below.

Investment policy

The investment objective for the General Fund portfolio is to generate a return in excess of inflation over the long term whilst generating an income to support the ongoing activities of Marie Curie. The investments are managed by independent investment managers appointed by the Trustees according to the powers defined in the charity's constitution. The Trustees rely upon specialist advice for fund selection and allocation. The performance

of our investment advisers and our investment portfolio is monitored by senior Finance staff and the Investment Committee.

We have adopted an ethical investment policy to ensure that our investments do not conflict with our aims and support Marie Curie's values as much as possible. For example, we are invested in Syncona Ltd, a leading healthcare company focused on founding, building, and funding a portfolio of global leaders in life science. Our investment managers actively monitor and engage with the companies they invest in from an Environmental, Social and Governance (ESG) perspective, using proprietary research, engagement and proxy voting rights to influence change. We also monitor the environmental impact of our portfolio: the weighted average carbon intensity of the portfolio is markedly lower than that of our peers*.

*Source: MSCI ESG Manager

Our investment managers have been instructed not to directly invest in any organisation where more than 10% of turnover is derived from the production of tobacco products, tar sands, oils shale extraction and services or coal mining.

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

held hedge fund investments in the Forester Diversified Fund of Funds. Forester was fully redeemed at the end of March 2021.

Marie Curie's investment portfolio, managed by Newton Investments, increased in value by £9.8 million in 2020/21 compared with a decrease of £3.1 million the previous year, when the investment market was impacted by the onset of the pandemic and the resulting uncertainty. The portfolio return over the 12 months to 31 March 2021 was 24.5% against the long-term benchmark return of 20.5%.

Asset allocation as 31 March 2021	Actual £m	Actual %	Target %	2019/20 Actual £m
UK equities	11.6	22.3	18-40	8.6
International equities	22.6	43.3	22-55	17.0
UK Government Bonds	3.4	6.5	5-15	3.6
Global Bonds	7.9	15.2	14-18	7.6
Property	4.1	7.7	6-9	4.1
Absolute return	1.3	2.3	4-6	2.3
Cash	1.4	2.7	2-9	0.7
Total	52.3			43.9

Defined benefit pension scheme

Marie Curie is the sponsoring employer of a funded defined benefit pension scheme (the Scheme). In January 2021 the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal & General Assurance Society (LGAS) for £30.0 million. This policy secured the full benefits of all scheme members, which at 31 March 2020 amounted to £24.4 million. Given the financial strength of LGAS, this buy-in substantially removes the risk of further contributions being required from the Charity to provide benefits to members. Following the buy-in, the Scheme's assets

comprise the bulk annuity policy held with LGAS plus £0.4m of cash. As the bulk annuity policy with LGAS covers the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary has valued the bulk annuity policy at the same value of the Scheme's pension obligations. The Scheme Trustees are now working to progress towards a full buy out. It is anticipated that this will be completed early in 2022. Once the buy out is complete, the Scheme has no further purpose and will be wound up.

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 through which it is available to the public, and is reported to the Audit and Risk Committee.

During 2020/21 Marie Curie implemented a new finance system. Issues that emerged subsequent to that implementation resulted in a delay in the payment of suppliers' invoices. As shown in the table below timely payment of invoices deteriorated year on year. Actions have been taken since the year end to improve payment performance.

Activity	1/10/20 – 31/3/21	1/4/20 – 30/9/20
Average time taken to pay invoices	50 days	40 days
Invoices paid:		
Within 30 days	49%	68%
In 31 – 60 days	25%	18%
In 61 days or more	26%	14%
Standard payment terms	30 days	30 days
Maximum contractual payment period agreed	30 days	30 days

The financial impact of covid-19

- Covid-19 and the associated Government measures to control the virus have had a significant impact on Marie Curie's operations, as described in detail at the beginning of this report. The impact on Marie Curie's financial position has been as follows:
- Our fundraising income reduced significantly during the covid-19 restrictions as we were unable to engage with our supporters in the usual way. Marie Curie requires approximately £2.5 million a week to run its services. During the period of lockdown, the income we received fell despite the success of our emergency appeal.
 - More people than ever need Marie Curie's support, either by receiving direct care or in other ways, such as using Marie Curie's Information & Support service, which has provided key resources for the NHS and the public throughout the crisis. The cost of running these services has been partially covered by short term grant funding received from the governments of the four nations of the UK.
 - We closed all our shops in the week beginning 23 March 2020 and placed 440 staff on furlough. When Government restrictions allowed, we reopened some of our shops throughout the summer and autumn of 2020. In December 2020 as the second wave of infections took hold we closed all of our shops again. We were only able to re-open our shops again in England in April 2021. In Wales, Scotland and Northern Ireland our shops opened on 2nd March, 5th April and 30th April respectively. We decided not to reopen certain low performing stores and these were permanently closed.
 - A further 217 staff, mainly from our fundraising and associated support teams, were put on furlough as the Government's social distancing guidelines and other covid-19 related factors meant they were unable to carry out their roles.
 - Legacy donations receipts reduced, as the UK Probate Office was badly affected by the pandemic and the granting of probate was slowed. As this backlog reduces an increase in legacy receipts is anticipated, but the timing of any increase in the rate of legacies processed is uncertain.
- The combined effect of these impacts has been a reduction in Marie Curie's income before one-off Government grants and furlough, coupled with a reduction in costs.
- Whilst the factors listed above had a significant negative financial impact on Marie Curie, we took the following actions to mitigate them:
- Marie Curie's Emergency Appeal was extremely well received and raised £6 million.
 - We received £5 million of grants from the Coronavirus Job Retention scheme from furloughing 440 retail staff and 217 fundraising and support staff.
 - Our Business Development team worked to ensure we received payment for the additional work which we have been carrying out and the increased cost of working (for example the need for personal protective equipment). All Executive Directors and tier 2 directors took a voluntary pay cut in Quarter 1 of 2020/21 as part of the overall Covid effort.

- Many other staff members offered to sacrifice part of their salary or make a donation to Marie Curie. There was no pay increase for non-frontline staff.
- Recruitment was frozen for roles which are not business critical.
- We reduced the size of our retail footprint, ceasing to operate the less profitable stores.
- During the year we restructured our Caring Services and Fundraising activities to further streamline activities and reduce operating costs.

Going concern

The one-off grants, furlough funding and close control of costs, including a freeze on recruitment, and staff salary donations, have enabled Marie Curie to maintain its cash and reserves position at a reasonable level. Cash and reserves are monitored closely, with regular forecasts prepared to assess financial needs. These forecasts, combined with an assessment of the future reserves position, form the basis of our assessment of going concern. Our forecasts are stress tested to reflect a number of possible scenarios.

Based on our cash flow forecasts, we believe that the going concern basis of accounting remains appropriate for our accounts. 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. We do not believe that this is the case.

Data and cyber security breaches

As has been extensively reported, cyber-attacks and security breaches have increased significantly during the pandemic. We experienced three such attacks. Two of the three breaches were reported to the Information Commissioner's office. One was deemed not reportable and was reported to our Audit and Risk Committee. Increased cyber security has been

- When considering whether there is any material uncertainty, we have made the following key assumptions regarding the covid-19 pandemic:
- Payments of Government grants have been factored in only when they are confirmed.
 - The roll out of the Government vaccination programme, coupled with the change in coronavirus restrictions significantly reduces the risk of a further lockdown.
 - The reduction in covid-19 restrictions since April 2021 will have a beneficial impact on our fundraising activity, but we are still cautious because of the wider impact on society and economic conditions.
 - Marie Curie nursing and hospice activities, and consequently income received from the NHS, remain at the same level as before the pandemic.
 - Furlough payments ceased September 2021.

The roll out of the government vaccine programme, coupled with the reduction in covid-19 restrictions in April 2021 and again in July 2021 has partly reduced the pressure on our income generation, though we keep this under constant review. We are focused on efficiency across Marie Curie through increased automation and implementation of more effective and efficient processes.

Any shortfall in income over the next twelve months can be covered from Marie Curie's cash holdings and investment portfolio. As at 31 March 2021, Marie Curie held £40.7 million in cash and bank deposits and £51 million in longer term investments, most of which is readily accessible.

put in place, cyber security training for staff has been refreshed, and further training rolled out.

The Information Commissioner's Office has not identified any further action to be taken.

Working with our stakeholders: s172 statement

Companies are required to include a statement in their strategic report of how directors have complied with their duty to have regard to the matters in section 172 (1) (a)-(f) of the Companies Act 2006 ('the Act'). As per the Charities SORP Information Sheet 3: The Companies (Miscellaneous Reporting) Regulations 2018 and UK Company Charities, the duty of the Trustee of a charitable company under this subsection of the Act is to act in the way he or she considers, in good faith, would be most likely to achieve its charitable purpose and in doing so have regard (among other matters) to:

- a) the consequences of any decision in the long term
- b) the interests of the company's employees
- c) the need to foster the company's business relationships with suppliers, customers and others

- d) the impact of the company's operations on the community and the environment
- e) the desirability of the company maintaining a reputation for high standards of business conduct
- f) the need to act fairly as between members of the company.

We listen to and engage effectively with our wide variety of stakeholders on whom the future success of Marie Curie depends, including service users, supporters, employees, volunteers, and suppliers, to make sure responsible decisions are made. This helps us ensure that decisions are sustainable in the long term and do not disproportionately affect any single stakeholder group.

The Board considers the following to be the key decisions and considerations it has made during the year to March 2021:

Significant Board decision	Stakeholders affected	Action and impact
The Board approved a Covid pandemic Operational Plan to maintain services, mitigate losses and transition to a lower cost base as a result of the pandemic and expected reduction in income	Our supporters and volunteers, our employees and society	- Fundraising income had been severely impacted by the Covid-19 pandemic and therefore the budget for 2020/2021 was revised - Mitigation action was taken to reduce the losses which included closing some retail shop outlets and redundancies
The Board commissioned a diversity health check	Our employees, our supporters and volunteers	Developed an action plan in conjunction with the Ethnicity Diversity at Marie Curie network (ED@MC)
The Board approved an investment policy which enhanced ethical investment principles by adding limits on the use of investments in coal, tar-sand, shale gas and coal mining	Society	Recommendations were made by the Investment Committee and approved by the Board such that the Charity will aim to invest through investment managers who actively take account of Environmental, Social and Governance (ESG) issues in their investment decisions.
The Board approved a restructuring to enable a change in operating model to achieve a place-based approach to care. This will enable Marie Curie to expand its services and impact for more people at the end their lives.	Our employees, users of our services and their families, society and the NHS	This involved the restructuring of the Caring Services' senior management team to enable delivery of the strategy to provide the best end of life experience for all by providing access to care beds
The Board approved a new Research, Policy and Public Affairs strategy to enable the charity to expand its impact and benefit for people at the end of the lives through tackling the systemic factors that diminish the end of life experience.	Everyone experiencing terminal illness and their families and carers. Society	- Integrated the Research, Public Policy and Public Affairs teams to improve efficacy - Refreshed our research and public policy agenda to ensure that Marie Curie increases its ability to translate our leading research programme into clinical and policy impact, and enable increased impact on the systemic and structural issues that stop everyone having the best possible end of life experience.

Engaging with our stakeholders

In the table, we set out in more detail how we have engaged with our key stakeholders and the impact of that engagement.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2020/21 showing impact of the engagement	Where to find further information in this report
Users of our services and their families	- End of life care and support that reflects what's most important to them. - High-quality and safe services.	- Expert voices. - Friends and family feedback. - We regularly update our information and support services in line with feedback from users and their families.	99% of nursing service patients and families who completed the Friends and Families Test described the overall service as "very good" or "good". 98% of hospice patients who completed the Friends and families Test described the service as "very good" or "good". 90% of Support Line callers said we provided them with the information and support they required.	See sections on hospices and nursing from page 16 and information and support from page 20
Our employees Our services are delivered through our experienced, diverse and dedicated workforce	- Opportunities for development and progression. - Fair and transparent pay and reward structures. - Opportunities to share ideas and make a difference. - Respect for their diversity and an inclusive workplace where all are treated fairly.	- We engaged regularly virtually, via email, our intranet and live video updates from senior management (on a weekly basis during the recent covid-19 crisis) and inperson, through team meetings. - Workforce engagement is measured through employee surveys. - In March 2021 we relaunched our employee forum with 20 new representatives who meet every two months with senior leaders.	79% staff satisfaction which matched the benchmark for the non-profit sector. - Despite the challenges of the pandemic we have continued to make Marie Curie more equitable, diverse and inclusive. - Implementing sustainable home working arrangements and training 70 Mental Health First Aiders. - My Benefits at work portal (mental, physical and financial wellbeing) was rolled out to the whole organisation in November 2020. - We have continued to work with Stonewall. Throughout our partnership we have made great progress in our standards, policies and initiatives in regard to diversity and LGBTQ+ initiatives. We look forward to taking part in their UK Workplace Equality Index this year, which is recognised as a definitive benchmarking tool for employers to measure their progress on LGBTQ+ inclusion in the workplace. - The median gender pay gap is 14.6%. While this is disappointing it must be remembered that when the government updated its gender pay gap reporting pages it specifically stated that furloughed employees were to be excluded and more women were furloughed than men. Across the senior leadership team, 60% are female and average salaries of males and females are the same.	See section on people from page 38

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2020/21 showing impact of the engagement	Where to find further information in this report
Our supporters and volunteers We can only achieve our strategic vision with the generous contributions of our supporters and volunteers	• They require us to make the best use of the resources (time and money) they generously give. • They trust us to follow the rules and treat them with respect.	• We communicate with our supporters in a number of ways according to their preferences: by post and email, on our website and through the media and other campaigns. • We have 136 shops where we engage with supporters who both donate and buy goods. • Each volunteer has an assigned manager to supervise them.	• We generated retail income of £5.2 million. • 12,867 Helper calls/visits were given to Marie Curie during the year. • Fundraising was difficult in 2020/21, but our supporters definitely rose to the challenge, raising over £2.5 million through a huge range of activities, from virtual walks and runs to plant sales and quizzes. • Our dedicated volunteers remained committed to Marie Curie and played a vital part in our Emergency Appeal, which raised an amazing £6 million in 2020/21 (£7.1 million in total).	See sections on fundraising page 44 and people from page 38
The NHS Our essential work is provided in contract to the NHS, who are also our main partner	• It fulfils its statutory requirement to provide end of life care. • We deliver to our contractual promises • We provide safe and high-quality care.	• Each contracting NHS organisation has a dedicated member of our business development team assigned to them. • We have operational and contractual management arrangements in place for all NHS relationships covering each commissioning body. • We regularly discuss palliative and end of life care with the NHS bodies representing the four nations, and actively participate in conversations to improve the experience – dying, death and bereavement. • During the covid-19 pandemic we have continued to deliver care, but have also worked with the NHS and other partners to adapt and refocus our services to meet the changing demands presented by the pandemic and have been in very close contact with the regulators across the UK to ensure safety and quality of care is maintained. • At a central level, we engage with NHS England and NHS Digital to drive continuous improvement.	• We received £47 million in income from the NHS to provide services to support them. • Active engagement with commissioners during the year has resulted in an additional £4 million income on the current profile of NHS contracts. This is made up of £2 million recurrent income and £2 million to support the charity in the recovery period from the impact of covid-19 in both service delivery and costs. • Our services delivered 10% additional activity above our planned levels mainly in Q1 and Q2 of 2020/21. We saw increases in home-based care and in particular in rapid response services. The level of activity returned to expected levels during Q3 and Q4. Commissioners recognised the partnership working with NHS partners and in particular with district nursing services to ensure that more people were able to be cared for at home. • There were no breaches in contractual requirements against the NHS standard contract requirements for England. Relationships in the devolved nations remained strong and responsive.	See sections on hospices and nursing from page 16

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2020/21 showing impact of the engagement	Where to find further information in this report
Suppliers We rely on third-party suppliers and providers to partner with us to deliver our services	• Working in partnership. • Agreed contracts with clear Service Level Agreement requirements. • Fair payment terms.	• 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. • During the covid-19 crisis we have been working closely with suppliers to make sure we can keep our cash at adequate levels while still paying them fairly.	• We paid suppliers on average within 50 days. Improvements have been implemented since the financial year end to reduce this period. • We are implementing a new supplier portal to improve communication with suppliers and management of supplier data.	See page 58
Society To fulfil our strategic vision in a responsible and sustainable manner	• Everyone has the best end of life experience they possibly can. • Environmental sustainability.	• Working with governments and other decision-making bodies to ensure the best end of life experience for everyone. • Using feedback from society at large to inform policy work. • Public awareness campaign to change the conversation on death and dying. • Funding world-class research to help inform best practice in palliative and end of life care.	• Worked alongside independent hospices and Hospice UK to secure emergency funding so the sector could continue to provide frontline care during covid-19. • Launched manifestoes for the Scottish and Welsh elections with policy priorities for the next parliamentary terms. • Continued our work to scrap the six-month rule for people living with terminal illnesses so that they can claim benefits more easily. • Led development of the palliative and end of life care workstream of the Northern Ireland Department of Health's new Cancer Strategy.	See sections on policy from page 24

The Board actively engages with Marie Curie stakeholders, for example through the National Advisory Boards in Northern Ireland , Wales and Scotland, Development Boards, and supporter events around the UK. Trustees regularly engage in strategy at Board meetings drawing on reports from management, engagement with other staff throughout Marie Curie, and their own external engagement and experience. The more detailed elements of strategic scrutiny are carried out by the

Board committees – Finance and Resources, Quality, and Audit and Risk – drawing on the expertise of Trustees and non-trustee members in those committees. In 2021 Trustees have conducted a deep dive into the clinical complaints procedures at Marie Curie, and received regular updates from management on any significant incidents.

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, and it is vital that Marie Curie plays its part in improving this situation.

Streamlined Energy and Carbon Reporting (SECR) statement

		2020/21	2019/20
UK and offshore Energy consumption (kWh)	Gas (Scope 1)	6,871,215	6,174,525
	Other fuels (Scope 1)		
	Electricity (Scope 2)	5,018,943	6,218,681
	Electricity transmission and distributions (Scope 3)		
	Transport fuel (Scope 1 - company fleet)	1,993,694	3,064,260
	Transport fuel (Scope 3 - grey fleet)	947,365	3,631,573
	Total	14,831,217	19,089,039
UK and offshore Emissions (tCO ₂ e)	Gas (Scope 1)	1,400	1,135
	Other fuels (Scope 1)		
	Electricity (Scope 2)	1,170	1,454
	Electricity transmission and distributions (Scope 3)	101	135
	Transport fuel (Scope 1 - company fleet)	504	743
	Transport fuel (Scope 3 - grey fleet)	261	872
	Total (Gross Scope 1 and 2)	3,074	3,332
Total (all Scopes)		3,436	4,339

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of members of staff, the intensity metric of kWh/FTE (full time equivalent employee) was chosen.

	2020/21	2019/20
Normalisation Metric (FTE)	2,687	2,896
Intensity Ratio (tCO ₂ e/FTE)	1.279	1.498

The fall in energy consumption of approximately 22% is primarily due to the impact of Covid- 19 as a number of office and retail sites have closed. This may increase with reoccupation.

Methodology

Methodology follows best practice and is based on HM Government Environmental Reporting Guidelines, March 2020.

All emissions factors are taken from UK Government GHG Conversion Factors for Company Reporting, 2020 factors.

Scope 1 and Scope 2 consumption data (gas and electricity) taken from validated and verified Utility Suppliers invoices.

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, grey fleet (i.e. fuel used in employees private cars for business trips) classed as scope 3 emissions (as defined in HM Government Environmental Reporting Guidelines March 2020).

Energy efficiency action plan

- Marie Curie Hospice, Liverpool: completed internal and external window replacement throughout hospice.
- Marie Curie Hospice, Newcastle: installed new modular gas-fired boilers. Having separate gas fired hot water generators for the domestic hot water allows all LTHW plant to be off within the summer months therefore saving on utility bills.
- Marie Curie Hospice, Cardiff and the Vale: lighting replaced with LED lighting in some areas.
- Marie Curie Hospice, Hampstead: installed LED

lighting in ground floor corridors.

- Marie Curie Hospice, Glasgow: upgrade of ward lighting to LED.
- Refurbished a number of Marie Curie shops, including installation of LED lighting.
- All refurbishment works in the coming year (2021/22) will include high-efficiency equipment where possible, including LED lighting and best available technologies.

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 undertakings as at 31 March 2021 are all wholly owned and registered in England and Wales. Details are included in Note 19 (see page 100) to the financial statements. We raise some of the funds needed to run our services through the trading activities of a wholly owned subsidiary, Marie Curie Trading Limited.

Our Trustees

The charity is governed by the Board of Trustees who are legally responsible for directing our affairs. The Board determines the charity’s long-term strategy and approves the annual business plan and budget. Specific responsibilities are delegated to a number of committees which report back to the Board on a regular basis. The Board delegates the day-to-day management of the charity to the Chief Executive and Executive Leadership team.

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 and directors of the charitable company.

In March 2021, Maria McGill joined as a new trustee. Tim Breedon and Ruth Holt retired from the Board in April 2021 and John Compton retired in August 2021.

Following the year end, Richard Wohanka was appointed in July 2021 and Ian Waller and Chrisha Alagaratnam were appointed in September 2021.

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 six Board meetings held in the year; the table below sets out individual attendance by Trustees.

Board composition and meeting attendance during 2020/21:

Trustees	Meetings attended	Maximum possible
Vindi Banga (Chair)	6	6
Dr Rachel Burman	4	6
Tim Breedon CBE (retired April 2021)	6	6
Steve Carson	6	6
John Compton CBE (to August 2021)	4	6
Richard Flint CBE	6	6
Professor Richard Harding	5	6
Ruth Holt (retired April 2021)	5	6
Patricia Lee	6	6
Chris Martin	6	6
Maria McGill CBE	1	1
Dame Barbara Munroe DBE	6	6
Linda Urquhart OBE	6	6
Helen Weir CBE	6	6

The Board of Trustees appoints all new Trustees and independent committee members on the advice and recommendation of the Nominations and Remuneration Committee. Trustees are recruited through a process of advertisement, application and interview, based on a range of selection criteria to seek a diverse range of relevant skills and experience. We offer a tailored induction programme to all new Trustees, including interaction with our services, and meetings with the Chief Executive, members of the Executive Leadership Team 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 (See page 99).

Governance

At the start of the year, following the independent review of governance carried out last year, the Nominations and Remuneration Committee led a process to review and revise all committee terms of reference to ensure they accurately reflected current practice. At the end of the year, each committee carried out an effectiveness review, which included a review of its activity over the past year against the new terms of reference. All committees concluded that they had operated effectively in the year and agreed action plans to address areas identified for development. In addition, all Trustees and independent committee members completed a skills audit which informed a recruitment programme which was initiated in early 2021.

Each trustee is required to disclose potential or actual conflicts of interest to the charity as part of annual review and at the start of every meeting.

As previously reported, the Board has adopted the principles of good governance in the Charity Governance Code. These principles underpin the Board’s governance and form an integral part of the programme of change underway. The Trustees have taken account of the Charity Commission’s general guidance on public benefit when reviewing the charity’s aims, objectives and planning.

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 and Remuneration 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 Executive Leadership Team and oversight of the remuneration framework of the charity.
- **Investment Committee** Responsible for strategic oversight of the charity’s investment portfolio, investment returns and value for money.

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 committee cycle has moved to a quarterly model, although the Finance and Resources Committee and the Audit and Risk Committee both met more frequently to oversee the charity’s response to the pandemic.

Our auditors

In accordance with Section 485 of the Companies Act 2006, an ordinary resolution proposing that BDO LLP be re-appointed as auditor of the charity will be put to the Annual General Meeting.

Board committee membership 2020/21

Trustees	Audit and Risk	Finance and Resources	Investment	Nominations and Remuneration	Quality	National Advisory Boards
Vindi Banga		Chair		Chair		
Dr Rachel Burman					Member	
Tim Breedon CBE	Member	Member	Chair	Member		
Steve Carson						
John Compton CBE						Chair (Northern Ireland)
Richard Flint CBE		Member	Member			
Prof Richard Harding						
Ruth Holt					Member	
Patricia Lee					Member	
Chris Martin	Member					Chair (Wales)
Maria McGill CBE						Member (Scotland)
Dame Barbara Munroe DBE		Member		Member	Chair	
Linda Urquhart OBE		Member		Member		Chair (Scotland)
Helen Weir CBE	Chair	Member		Member		
Number of meetings	5	11	4	4	4	8

Please see pages 102 -103 for a full list of Trustees and Independent Members of committees, which also shows movements since the year end.

Principal risks and uncertainties

The Board of Trustees retains overall responsibility for risk management and recognises the importance of maintaining a strong system of internal controls as integral to both good risk management and proper governance.

During the year a risk effectiveness review was undertaken by an external advisor, and our risk management framework is now being updated. To support the development and ensure risk is embedded on a consistent basis at all levels in the organisation a new role as Head of Risk has recently been appointed.

Enhanced processes introduced across the charity include:

- Charity-wide groups that meet quarterly to oversee key operational risks, including information governance and data privacy, counter fraud and bribery, safeguarding and business continuity. Significant, emerging, or increased risks are escalated as appropriate.
- Quarterly meetings by Assurance Committees in each directorate to review their processes for identifying, managing, and escalating risks and report the outcomes to the Executive Leadership Team.
- Regular review by the Executive Leadership Team, chaired by the Chief Executive, of the significant strategic and corporate operational risks at their Quarterly Business Review including testing the level of confidence that the proposed mitigation plans reduce the risks as envisaged and ensuring that resources have been prioritised in the most effective way.

In addition, there is oversight of risk management by the Board of Trustees and subcommittees of the Board:

- The Board regularly discusses the charity’s significant risks, the plans to manage those risks appropriately and decides on the level of risk it is prepared to accept.
- The Quality Trustees Committee scrutinises the management of clinical risks and the monitoring of clinical incidents and trends.
- The Audit and Risk Committee reviews the effectiveness of the charity’s risk management

processes, including the key risks identified, as well as considering the combined effect of the risks on the charity.

Planning and performance

We operate a comprehensive annual planning and budgeting process. We monitor performance using key financial and performance indicators, which compare actual results and activity against our plans. These are routinely reported to the Board of Trustees. A phased budget and regular forecasting enable the Trustees and the Executive Leadership Team to link financial performance with resource and activity levels. In addition, regular ongoing reviews of risk management plans inform our change management and operational decisions.

Internal audit

During 2020/21 Marie Curie appointed an outsourced internal audit partner, Deloitte LLP, after a robust procurement and selection process. Prior to their appointment our in-house Audit Department was responsible for scrutinising internal controls. Key drivers to the revised approach were to ensure that Marie Curie has access to specialist expertise, flexible resources, the latest audit techniques, and the opportunity for benchmarking. The Audit and Risk Committee approves the internal audit plan and scrutinises regular reports on progress against the audit plan, the effectiveness of controls in audited functions and recommendations from audits.

Key strategic risks

Throughout the year as the pandemic evolved, we particularly focused on the management of our financial risk and ensuring we could continue to deliver our services in a safe way. Like many charities, we had to find innovative ways to maximise our fundraising income and develop our digital capabilities, as well as to reduce our costs without compromising on the quality or level of service and support we provide.

The following is a summary of the significant strategic and operational risks currently being monitored by the Board of Trustees and the Executive Leadership Team. Detailed mitigation plans are in place to reduce the risks and the Executive Leadership Team is satisfied that our resources, in terms of people and funding, are being prioritised and allocated in the most effective way.

Risk	Mitigating actions include:
Each risk area is supported by relevant policies, procedures, and governance arrangements.	
Clinical and Quality: Failure to implement appropriate clinical governance leading to a significant deterioration in the quality and safety of clinical and nursing care resulting in patient harm, reputational damage, loss of contracts and/or regulatory sanctions.	• We focus on continuous improvement and maintaining robust clinical governance processes and oversight. • Our clinical staff are provided with high-quality specialist training. • Quality peer-review and compliance visits use regulatory standards. • We review and act upon patient and carer feedback, incidents and complaints, and monitor trends and any learnings are disseminated across all services.
Safeguarding: Failure to safeguard our staff, volunteers and beneficiaries from harm. Health and Safety: Failure to provide a safe environment for our employees and others leading to serious injury or death, reputational damage, injury claims and/or regulatory sanctions including enforcement actions and fines. The significant change programme and the pandemic have seen our staff often do more and work under difficult circumstances, leading to risk of burnout and increased sickness rates	• We have robust operational risk management frameworks for both safeguarding and health & safety and are continually raising awareness that it is the responsibility of everyone and not the subject matter experts or our advisors. • Safeguarding and Health & Safety training is mandatory, and a Safeguarding Code of Conduct is in place. • We want to hear about any risks, wrongdoing, or concern. Feedback can be provided informally or formally, and we have a network of Freedom To Speak up Champions, a Whistleblowing lead and all staff have access to the Protect helpline. • We are prioritising providing quality wellbeing support, open communication, and sequencing major pieces of work to ease collective workload.
Change: Failure to execute organisational change and the transformational programmes effectively, leading to inefficient use of charity's resources and failure to deliver the intended benefits.	• We have strengthened our project management capability to oversee the significant portfolio of projects underway aimed at strengthening our infrastructure and operations, and becoming place based. • A rigorous programme management approach is being applied to make sure that all major projects are sequenced in a risk-based manner. • New change methodologies and tools have been introduced. • Each project has a robust issue identification process as well as a risk register to ensure that issues are identified and managed before they become critical. • Robust oversight and governance arrangements are in place, at both Executive Leadership Team and Board level, to ensure we achieve the intended benefits and identify and manage material risks.
People, leadership, and culture: Risk that we are unable retain talent and experience with skills that are at a premium within the market, to fulfil our objectives and deliver our ambitious strategy. Failure to respond to the external recruitment market conditions and ensure our processes are efficient and effective leading to restrictions in capacity to deliver a quality service and/or instability in operations. Failure of leadership to embed a culture that supports our values and is an enabler to deliver our strategy.	• A Strategic Reward Review is underway to ensure we have a fair and equitable reward strategy. • Staff and volunteer engagement surveys are undertaken, and feedback mechanisms are in place. • We are re-engineering our recruitment processes to improve efficiency and time to hire. Changes are being implemented as a priority. • Where necessary, resources will be reallocated to stabilise services and operations. • We continue to invest in our people and develop our leadership teams in each area of the organisation, and to promote organisational learning. • We are reviewing our behaviours framework which underpins our values and to ensure we are an agile, place-based organisation with innovation, learning and accountability. • A Marie Curie staff Code of Conduct will be issued shortly.
Financial sustainability: Risk that we have insufficient funds to continue our operations and deliver our strategy in the event of an unforeseen shortfall in voluntary income or increase in costs.	• We are investing in change to reduce our operating costs, continue to drive value for money through procurement and explore new commissioned and commercial opportunities to diversify our income. • We continue to engage with all our donors and supporters to develop innovative and impactful funding initiatives and increase our digital capabilities.
Governance and compliance: Failure to implement effective governance leading to poor decision making, ineffective operations and exposing us to legal, regulatory, and reputational risk.	• We are currently reviewing our governance arrangements and further embedding risk management to ensure our operational platform is effective and efficient to support our strategic ambitions and services.

Risk	Mitigating actions include:
Technology: Failure to manage data compliantly and effectively to minimise the ability of data being exposed or breached and to promote well-organised and accurate information. The risk that our core systems and technology are inadequate to meet service needs.	• Strong cyber security is in place, to protect digital data and mandatory training is provided. • We have strengthened our Information Technology department through the appointment of a Chief Technology Officer. • An enhanced digital strategy is being implemented to ensure we are equipped for the digital future and work is already underway to replace outdated systems and introduce enhanced software to ensure we have a lean, agile and stable core operating platform.
Corporate strategy and resilience: Risk that the Marie Curie business model is not sustainable leading to reduced impact on system change and/or the place-based focus is not successful and/or the transition process is longer than envisaged. Risk that Marie Curie may face another critical event that would impact performance and/or delivery of services and/or reputation. Such an event may be a future pandemic, an economic correction, a political emergency, a natural disaster or where a significant or series of risk events occur.	• Our strategy has been reviewed in response to the pandemic and we will continue to check direction and adjust in the light of external factors and internal learning to ensure that we maximise our impact. • We will continue to horizon scan for emerging risks and test our crisis and continuity plans regularly to minimise the chances and impact of unwanted and unexpected events.

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Trustees' Annual 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;
- 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 is 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 and,
- 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.

Signed on behalf of the Board of Trustees of Marie Curie



Vindi Banga, Chair of Trustees

5 November 2021

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

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 2021 and of the Group's incoming resources and application of resources and the Parent Charitable Company'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 in 2010.

We have audited the financial statements of Marie Curie ("the Parent Charitable Company") and its subsidiaries ("the Group") for the year ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company 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 are 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 other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. The other information comprises: Year at a Glance, Welcome from our Chair and Chief Executive and the Trustees' Report. The Trustees are responsible for the other information.

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 Trustee's report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 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.

Statement of Trustees' responsibilities

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:

- We enquired of management, and the Audit and Risk Committee, including obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- b) detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - c) the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Charity. These include, but are not limited to, compliance with the Companies Act 2006, UK GAAP, the Charities and Trustee Investment (Scotland) Act 2005, regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006, as amended in 2010 and tax legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.
 - In addition, the Charity is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law and data protection. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of those charged with governance and other management and inspection of regulatory and legal correspondence if any.
 - We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journal entries to manipulate financial results and management bias in accounting estimates.

Audit response to risks identified

- The Senior Statutory Auditor has assessed and concluded that the engagement team collectively had the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations;
- We reviewed the financial statement disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations

discussed above;

- We made enquiries of the Board, management and internal audit;
- Reviewed the incident log submitted to the Audit and Risk Committee which includes instances of fraud and non-compliance with laws and regulations;
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- We read minutes of meetings of those charged with governance, and reviewed correspondence with HMRC and serious incident reports filed with the Charity Regulators;
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- We challenged assumptions made by management in their significant accounting estimates in particular in relation to the assumptions related to the allocation of costs, accrued legacy income, depreciation rates for assets, recognition of multi-year grants and pension assumptions.

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. 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
8 November 2021

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

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2021

	Note	2020/21			2019/20		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Income from:							
Generated funds							
Donations and legacies	2	76,847	13,248	90,095	81,412	20,951	102,363
Retail sales of donated and purchased goods		3,445	1,807	5,252	10,270	6,092	16,362
Investments	3	954	-	954	1,403	-	1,403
		81,246	15,055	96,301	93,085	27,043	120,128
Charitable activities	4	52,025	21,538	73,563	45,007	125	45,132
Other income		152	-	152	344	-	344
Total income		133,423	36,593	170,016	138,436	27,168	165,604

Expenditure on raising funds:						
Cost of generating voluntary income	21,793	1,750	23,543	29,516	1,804	31,320
Publicity	4,360	-	4,360	3,526	-	3,526
Retail trading: cost of goods sold	9,975	1,715	11,690	13,895	4,245	18,140
Investment management costs	410	-	410	363	-	363
	36,538	3,465	40,003	47,300	6,049	53,349
Net income available for charitable application	96,885	33,128	130,013	91,136	21,119	112,255

Expenditure on charitable activities							
Hospices		27,515	20,100	47,615	38,804	12,189	50,993
Nurses		36,789	13,019	49,808	38,565	6,687	45,252
Helper		468	162	630	279	374	653
Information and support		1,030	450	1,480	1,502	-	1,502
Policy & research		5,600	213	5,813	3,933	1,324	5,257
Total charitable expenditure		71,402	33,944	105,346	83,083	20,574	103,657
Total expenditure	5	107,940	37,409	145,349	130,383	26,623	157,006

	Note	2020/21			2019/20		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Net income for the year before investment gains		25,483	(816)	24,667	8,053	545	8,598
Gains/(losses) on investments	7	9,840	-	9,840	(3,129)	-	(3,129)
Net income for the year		35,323	(816)	34,507	4,924	545	5,469

Other recognised gains and losses							
Actuarial (losses)/gains on defined benefit pension scheme	15	(6,238)	-	(6,238)	1,790	-	1,790
Net movement in funds		29,085	(816)	28,269	6,714	545	7,259

Reconciliation of funds							
Total funds at 1 April	16	94,733	22,665	117,398	88,019	22,120	110,139
Total funds at 31 March		123,818	21,849	145,667	94,733	22,665	117,398

All of the charity's activities are continuing. There were no gains or losses other than those shown above.

The notes on pages 82 to 100 form part of these financial statements.

Balance sheets

for the year ended 31 March 2021

	Note	Group		Charity	
		2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
Fixed assets					
Tangible assets	8	54,348	52,344	54,348	52,344
Investments	7	52,259	43,887	52,648	44,273
		106,607	96,231	106,996	96,617
Current assets					
Stocks	9	326	266	-	-
Debtors	10	30,745	25,008	31,214	25,651
Investments	11	33,263	18,906	33,263	18,906
Cash at bank and in hand		7,446	3,313	6,637	3,232
		71,780	47,493	71,114	47,789
Creditors:					
Amounts falling due within one year	12a	(27,879)	(27,754)	(27,754)	(28,375)
Net current assets		43,901	19,739	43,360	19,414
Total assets less current liabilities		150,508	115,970	150,356	116,031
Creditors:					
Amounts falling due after more than one year	12b	(1,099)	(2,034)	(1,099)	(2,034)
Provision for liabilities and charges	14	(4,144)	(2,913)	(4,144)	(2,913)
Net assets (excluding pension asset)		145,265	111,023	145,113	111,084
Defined benefit pension asset	15	402	6,375	402	6,375
Net assets (including pension asset)	16	145,667	117,398	145,515	117,459
Funds					
Restricted funds	16	21,849	22,665	21,849	22,665
Designated funds	16	69,194	40,213	69,194	40,213
		91,043	62,878	91,043	62,878
Free reserves					
General funds	16	54,624	54,520	54,472	54,581
		145,667	117,398	145,515	117,459

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 for the year was £170 million (2020: £165.6 million) less resources expended of £145.3 million (2020: £158.2 million) leading to a surplus of £28.3 million. (2020: surplus £7.3 million).

Approved by the Board of Trustees on 5 November 2021



Vindi Banga, Chair of the Board of Trustees

Consolidated Cash Flow Statement

for the year ended 31 March 2021

	Note	2020/21 £'000	2019/20 £'000
Cash flows from operating activities:			
Net cash generated from/(used in) operating activities	A	22,089	(397)
Cash flows from investing activities:			
Dividends received		610	980
Interest received		80	214
Capital expenditure		(5,758)	(8,577)
Investment purchases		(14,728)	(13,149)
Change in deposits		4,025	5,475
Investment sale proceeds		17,275	10,316
(Decrease)/increase in invested cash		(1,078)	334
Net cash inflow/(outflow) from investing activities		426	(4,408)
Change in cash and cash equivalents in the reporting period		22,515	(4,805)
Cash and cash equivalents at 1 April		18,194	22,999
Cash and cash equivalents at 31 March		40,709	18,194
Analysis of cash and cash equivalents			
Cash at bank and in hand		7,446	3,313
Short term deposits		33,263	14,881
		40,709	18,194

Analysis of net movement in funds	At 1 April 2020 £'000	Cash flows £'000	Other changes £'000	At 31 March 2021 £'000
Cash at bank and in hand	3,313	4,133	-	7,446
Short term deposits	14,881	18,382	-	33,263
Total	18,194	22,515	-	40,709

The movement in net funds represents the increase in cash balances during the year.

Note A:	2020/21 £'000	2019/20 £'000
Reconciliation of net expenditure to net cash flow from operating activities		
Net income for the year	34,507	5,469
Adjustments for:		
Depreciation	3,683	5,785
Losses/(gains) on disposal of fixed assets	71	-
(Gains)/Losses on investments	(9,840)	3,129
Pension funding adjustment	(265)	(811)
Dividends receivable	(610)	(980)
Interest receivable	(80)	(214)
Increase in stocks	(60)	(125)
Increase in debtors	(5,737)	(11,540)
Increase/(decrease) in creditors and provisions	421	(1,110)
Net cash inflow/(outflow) from operating activities	22,089	(397)

Notes to the financial statements

for the year ended 31 March 2021

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).

Going concern

The Covid-19 pandemic has had a significant impact on Marie Curie. However, the Trustees have identified no material uncertainties that may cast significant doubt about the ability of the charity to continue as a going concern and therefore these accounts have been prepared on a going concern basis.

When considering whether there is any material uncertainty, we have made the following key assumptions:

- Payments of government grants have been factored in when they are confirmed.
- The roll out of the government vaccination programme, coupled with the change in coronavirus restrictions significantly reduces the risk of a further lockdown.
- The reduction in Covid-19 restrictions since April 2021 will have a beneficial impact on our fundraising activity, but we are still cautious because of the wider impact on society and economic conditions.
- Marie Curie nursing and hospice activities, and consequently income received from the NHS, remain at the same level as before the pandemic.
- Furlough payments ceased after September 2021.

Marie Curie's senior management team monitor the organisation's cash position on a monthly basis by looking at cash flow forecast for the next twelve months. This forecast, combined with an assessment of the future reserves position, forms the basis of our assessment of going concern. It has been stress tested, including reverse stress testing, and in doing so, we have particularly considered the impact of a global economic recession that results in austerity measures and the Charity's income being reduced over and above our key risk assumptions.

(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.

(c) Investments

Investments listed on a recognised stock exchange are included in the balance sheet at bid price with the exception of our property investments which are valued at Net Asset Value.

Valuations are updated on a monthly basis. All gains and losses arising during the year are included in the Statement of Financial Activities.

(d) Stocks

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

(e) Depreciation

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

Building and structure	50 years
Windows and doors	25 years
Other fixtures, fittings and equipment	Generally 3-15 years
Leasehold shops improvements	Over the period of the lease or 10 years, whichever is the shorter

(f) Income

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

Legacy income

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

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

Events

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

Retail

Income is recognised at point of sale. Goods donated for sale are included as income at point of sale.

Investment income

Investment Income is accounted for on an accruals basis. See above (c).

Gifts in kind

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

Government grants

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

Grants payable

The total sum awarded during the year is expensed where a constructive obligation exists, notwithstanding that a proportion will be disbursed in subsequent accounting periods.

Fundraising costs

Fundraising and publicity expenditure have been shown separately. Fundraising expenditure represents the total costs of fundraising (donations and legacies), including fundraising staff costs and fundraising marketing costs.

Support costs

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

Governance costs

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

Investment management 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.

(h) Pensions

Defined benefit scheme

The Marie Curie defined benefit scheme (the Scheme) is funded, with the pension assets of the Scheme held separately from those of the charity, in pension trustee-administered funds.

The amounts charged in expenditure for pension costs are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs.

Past service costs are recognised immediately in the income and expenditure account if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs. The interest losses are recognised in 'Other recognised gains and losses'.

Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit credit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities. The actuarial valuations are obtained every three years. A valuation in accordance with FRS 102 is produced at each balance sheet date. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the balance sheet. At 31 March 2021 there was a net asset which has been recognised in accordance with FRS 102, as Marie Curie would be able to recover this net asset.

Following a buy-in on 15 January 2021, the Scheme's main assets comprise a bulk annuity policy held with Legal & General Assurance Society in the name of the Scheme. Therefore, as at 31 March 2021, the asset value has been taken as the valuation of the Scheme's

annuity policy, consistent with the assumptions used to value the Scheme's liabilities, together with cash holdings held by the Scheme Trustees.

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.

(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 16 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 16 to the financial statements. Funds contained within the designated fund comprise:

- (1) Impact & Innovation Fund which has been established to support new developments in end of life care or to support changes and improvements in the efficiency of existing services.
- (2) Tangible Fixed Asset Fund which represents the value of general funds invested in fixed assets.
- (3) Capital Investment Fund which represents funds held to contribute towards the renewal of the charity's assets.
- (4) Pension reserve which represents the valuation surplus under FRS 102 of the charity's defined benefit pension scheme.

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

(k) Provisions

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

(l) Accounting estimates and judgements

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

Legacy income

The recognition of accrued legacy income requires judgement about the probability and timing of receipt of legacies. Where probate information is not available or probate is not required to execute an estate, our entitlement is estimated with consideration to the date we are notified of the legacy, our historical experience of income from similar legacies and any other information available for a specific estate.

In 2019/20 we changed the way in which we estimate how much legacy income should be recognised in situations where we have been notified of the legacy but not yet received the funds in line with the requirements of the Charities SORP and FRS 102.

Cost allocation

Support costs are allocated across all charitable activities. Dependant upon each type of support activity, costs are applied directly against a function or appropriate cost drivers such as time allocations are utilised.

Actuarial assumptions

The defined benefit pension scheme has been valued by a qualified independent actuary in accordance with FRS 102. Significant judgement is required in a number of areas, including future changes in inflation, mortality rates and the selection of appropriate discount rates. Further details are provided in Note 15.

2 Donations and legacies

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Donations, events and other voluntary income	51,843	8,160	60,003	49,941	9,850	59,791
Legacies	25,004	5,088	30,092	31,471	11,101	42,572
	76,847	13,248	90,095	81,412	20,951	102,363

3 Investment income

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Listed investments	610	-	610	980	-	980
Cash investments	80	-	80	214	-	214
Property fund	202	-	202	152	-	152
Other investments	62	-	62	57	-	57
	954	-	954	1,403	-	1,403

4 Charitable activities income

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
NHS funding for Nurses	26,801	-	26,801	25,781	-	25,781
NHS funding for Hospices	19,661	-	19,661	18,713	-	18,713
Other NHS funding	184	-	184	369	-	369
National Lottery Community Fund	-	-	-	-	100	100
Other income	149	-	149	144	25	169
Grants and furlough income	5,230	21,538	26,768	-	-	-
	52,025	21,538	73,563	45,007	125	45,132

Grants and furlough income comprises Government funding of £5.2 million in furlough relief received under the Coronavirus Job Retention Scheme and £21.5 million in restricted grants in relation to hospices and nursing services.

5 Expenditure

	2020/21			2019/20		
	Direct costs £'000	Support costs £'000	Total 2020/21 £'000	Direct costs £'000	Support costs £'000	Total 2019/2020 £'000
Expenditure on raising funds						
Costs of generating voluntary income	20,475	3,068	23,543	27,631	3,689	31,320
Publicity	3,945	415	4,360	3,142	384	3,526
Retail trading costs	10,644	1,046	11,690	16,781	1,359	18,140
Investment management costs	387	23	410	334	29	363
	35,451	4,552	40,003	47,888	5,461	53,349
Expenditure on charitable activities						
Hospices	44,180	3,435	47,615	47,359	3,634	50,993
Nurses	45,104	4,704	49,808	40,787	4,465	45,252
Helper	551	79	630	532	121	653
Information and support	1,011	469	1,480	1,070	432	1,502
Policy & research	4,813	1,000	5,813	4,330	927	5,257
	95,659	9,687	105,346	94,078	9,579	103,657
Total	131,110	14,239	145,349	141,966	15,040	157,006

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 2021 £'000	Total 2020 £'000
Hospices	441	180	325	906	1,482	101	3,435	3,634
Nursing	674	187	264	1,464	2,075	40	4,704	4,465
Helper	2	-	13	-	59	5	79	121
Information and support	99	8	31	35	296	-	469	432
Policy & research	316	188	70	70	356	-	1,000	927
Total charitable activities	1,532	563	703	2,475	4,268	146	9,687	9,579
Fundraising	489	150	402	732	1,245	50	3,068	3,689
Publicity	55	30	23	70	237	-	415	384
Retail trading costs	135	7	209	209	178	308	1,046	1,359
Investment management costs	-	-	23	-	-	-	23	29
Total support costs allocated	2,211	750	1,360	3,486	5,928	504	14,239	15,040
Total support costs allocated 2020	3,353	709	1,482	3,422	5,195	879	15,040	

During the 2020/21 financial year the Policy and Research departments were merged. Prior year amounts have been aggregated for comparison purposes.

Note A	2020/21 £'000	2019/20 £'000
Governance Costs		
Internal audit	214	234
External audit fees (Note B)	149	86
Trustees' travel and meeting expenses (Note 16)	-	3
Trustees' indemnity insurance	20	8
Information governance & security	367	378
	750	709

Note B	2020/21 £'000	2019/20 £'000
Net income for the year is stated after charging:		
Fees payable to the charity's auditor for:		
the audit of these financial statements - charity	132	69
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	7	7
	149	86
Amounts paid under operating leases:		
land and buildings	3,788	5,585
plant and machinery	1,142	927
	4,930	6,512
Depreciation of owned assets	3,683	5,785

An adjustment was made to the depreciation charge during the year to correct historic over depreciation of a small number of fixed assets. This resulted in a lower depreciation charge during 2020/21. See also note 8.

Note C	2020/21 £'000	2019/20 £'000
Research and development	1,682	2,763

Note D	2020/21 £'000	2019/20 £'000
Policy and Research costs		
Grant funding of activities :		
<i>Marie Curie Palliative Care Research Department at UCL</i>	-	401
<i>National grant programme</i>	29	185
<i>Other recipients</i>	514	42
Other Policy & Research activity undertaken directly	4,270	3,703
Support costs	1,000	927
	5,813	5,258

During the financial year the policy and research departments were merged. Prior year amounts have been restated as comparatives.

6 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 they gift aid all profits to the charity.

7 Investments

	Listed investments £'000	Property and unlisted investments £'000	Money market deposits £'000	Consolidated total £'000	Investment in subsidiaries (Note 19) £'000	Charity total £'000
Group and charity						
Market Value at 1 April 2020	43,503	76	308	43,887	386	44,273
Movements in deposits	-	-	1,078	1,078	-	1,078
Additions at cost	14,728	-	-	14,728	3	14,731
Disposals at book value	(15,361)	(1)	-	(15,362)	-	(15,362)
Unrealised gains/(losses)	7,967	(39)	-	7,928	-	7,928
Market Value at 31 March 2021	50,837	36	1,386	52,259	389	52,648
Historic cost at 31 March 2021	38,058	75	1,387	39,519	392	39,911
Historic cost at 31 March 2020	38,691	76	309	39,076	386	39,462
Gains/(losses) on investments					2021 £'000	2020 £'000
Realised gains					1,912	1,034
Unrealised gains/(losses) included in market value					7,928	(4,163)
					9,840	(3,129)
Listed investments					2021 £'000	2020 £'000
UK					28,250	17,608
Non UK					22,587	25,895
					50,837	43,503

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

8 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 2020	85,106	9,789	33,827	128,722
Additions at cost	970	543	4,245	5,758
Disposals at cost	-	(812)	(155)	(967)
At 31 March 2021	86,076	9,520	37,917	133,513
Depreciation				
At 1 April 2020	(40,948)	(8,255)	(27,175)	(76,378)
Provided in the year	(1,239)	(727)	(1,717)	(3,683)
Disposals depreciation	-	741	155	896
At 31 March 2021	(42,187)	(8,241)	(28,737)	(79,165)
Net book value				
At 31 March 2021	43,889	1,279	9,180	54,348
At 31 March 2020	43,020	1,534	6,652	52,344

Land and buildings consist of nine Marie Curie Hospices of which one, Belfast Hospice, 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 (2020: £1.6 million). Short leasehold land and buildings consists of administrative offices and shops. All short leases were less than 50 years.

Group capital commitments

	2020/21 £'000	2019/20 £'000
Capital expenditure authorised and contracted for	376	2,550
Capital expenditure authorised but not contracted for	7,524	5,082

9 Stocks

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
Inventory for resale	326	266	-	-

10 Debtors

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
Trade debtors	5,046	4,632	5,046	4,632
Taxation recoverable	2,107	4,175	2,123	4,175
Prepayments	1,975	3,656	1,975	3,667
Legacy debtors	15,554	11,471	15,554	11,471
Amounts due from subsidiary undertakings	-	-	523	632
Other debtors and accrued income	6,063	1,074	5,993	1074
	30,745	25,008	31,214	25,651

The charity has been notified of legacies with an estimated value of £17.7 million (2020: £12.6 million) which have not been recognised as income at 31 March 2021 because probate has not been granted and draft estate accounts or other suitable

information is not available which allows the legacy to be measured with reasonable accuracy. See Note 11 for further information on the change in legacy income estimation in the prior year.

11 Current asset investments

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
At 1 April	18,906	28,777	18,906	28,777
Movements in deposits	14,297	(9,871)	14,297	(9,871)
Unrealised gains	60	-	60	-
At 31 March	33,263	18,906	33,263	18,906

12 Creditors

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
(a) Amounts falling due within one year				
Trade creditors	8,740	6,056	8,654	6,036
NHS Contract obligations	5	1,516	5	1,516
Palliative care research grants	4,858	5,094	4,858	5,094
Tax and social security creditors	1,699	1,820	1,699	1,820
Accruals	10,199	10,178	10,133	10,179
Deferred income (Note 13)	1,645	1,973	1,645	1,973
Pensions and other payroll	733	1,117	733	1,117
Amounts due to subsidiary undertakings	-	-	27	640
	27,879	27,754	27,754	28,375

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

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	852	1,863	852	1,863
Investment Managers' performance fee	247	171	247	171
	1,099	2,034	1,099	2,034

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

13 Deferred income

Group and charity	At 1 April 2020 £'000	Amounts released in the year £'000	Additional provisions made £'000	At 31 March 2021 £'000
Caring services	357	(358)	365	365
Fundraising events	1,050	(242)	473	1,280
Other	566	(566)	-	-
	1,973	(1,166)	838	1,645

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

14 Provision for charges and liabilities

Group and charity	At 1 April 2020 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2021 £'000
Dilapidations	1,719	-	(1,235)	-	484
Rent	835	-	(549)	-	286
Staff costs and other liabilities	359	3,015	-	-	3,374
	2,913	3,015	(1,784)	-	4,144

Dilapidations

Dilapidations relate to properties where there is a legal responsibility to pay for these costs before the end of the lease period.

Rent

Rent relates to amounts that may become due once rent reviews are completed on individual properties or where a decision has been made to vacate early.

Staff costs and other liabilities

These include provisions for restructuring and redundancy costs, holiday pay and potential repayment of certain Local Authority grants.

15 Pensions

Schemes available to employees

The current scheme available to the employees is a Group Personal Pension Plan with Scottish Widows which was started in April 2013. The charity has paid contributions totalling £3.7 million (2020: £3.7 million) into this scheme.

Marie Curie employees also participate in two multi-employer defined benefit plans: the Universities Superannuation Scheme and the NHS Pension Scheme. Sufficient information is not available to account for these as defined benefit schemes, therefore they have been accounted for as defined contribution schemes.

At 31 March 2021 three employees (2020: four)

	2020/21			2019/20		
	No. members	% Rate	£'000	No. members	% rate	£'000
Marie Curie Group Personal Pension Plan with Scottish Widows	3479	4-15%	3,675	2910	4-15%	3,670
NHS Pension Scheme	477	14.4-22.5%	2,329	508	14.4-22.5%	2,300
Universities Superannuation Scheme	3	21%	32	4	19.5-21.1%	4
			6,036			5,974

Closed Scheme

Marie Curie Defined Benefit Scheme

The charity operates a defined benefit pension scheme, which is closed to new members and future accrual. The Scheme is funded by the charity and, until it was closed to future accrual, also from contributions from members at rates set in the Scheme rules. The assets are held in a trust separate from the charity. There were no active members in the Scheme during 2019/20 or 2020/21.

The date of the last full triennial actuarial valuation of the Marie Curie defined benefit pension scheme was 31 March 2020 and this resulted in an actuarial surplus of £9.0 million. On the basis of this valuation the Scheme Trustees agreed the Charity could cease

participated in the Universities Superannuation Scheme. Marie Curie meets the employer costs required by the scheme which amounted to £32,000 (2020: £35,000).

At 31 March 2021, 477 employees (2020: 508) participated in the NHS Pension Scheme which are statutory unfunded defined benefit schemes. The pension cost charge for these schemes amounted to £2.3 million (2020: £2.3 million).

Defined contribution pension charge

The employer's contribution rates at the year end and the employer's total pension contributions made during the financial year in respect of the above three open schemes were as follows:

making deficit recovery payments in May 2020.

The latest FRS 102 valuation as at 31 March 2021 by a qualified independent actuary takes account of the requirements of FRS 102 in assessing the liabilities of the scheme and the fair value of the assets at the date. Following the buy-in on 11 January 2021, the Scheme's assets comprise the bulk annuity policy held with Legal & General Assurance Society in the name of the Scheme, together with cash holdings held in the Scheme. As the bulk annuity policy covers all of the liabilities to the Scheme members, the actuary has valued the Scheme bulk annuity policy as at 31 March 2021 at an amount that is equivalent to the Scheme's liabilities.

	2020/21 £'000	2019/20 £'000
Present value of funded defined benefit obligation	(24,780)	(24,397)
Fair value of scheme assets	25,182	30,772
Net asset	402	6,375

The movement in the defined benefit pension scheme surplus is as follows:	2020/21 £'000	2019/20 £'000
Surplus 1 April	6,375	3,774
Net finance charge	145	95
Current service cost	-	(8)
Employer's contributions	120	724
	6,640	4,585
Remeasurement (losses)/gains	(6,238)	1,790
Surplus 31 March	402	6,375
Movements in present value of defined benefit obligation	2020/21 £'000	2019/20 £'000
At 1 April	24,397	24,875
Current service cost	-	8
Interest cost	532	559
Remeasurement losses	1,343	118
Contributions by members	-	1
Benefits paid	(1,492)	(1,164)
At 31 March	24,780	24,397
Movements in fair value of scheme assets	2020/21 £'000	2019/20 £'000
At 1 April	30,772	28,649
Interest credit on scheme assets	677	654
Remeasurement (losses)/gain	(4,895)	1,908
Contributions by employer	120	724
Contributions by members	-	1
Benefits paid	(1,492)	(1,164)
At 31 March	25,182	30,772
Expense recognised in the Consolidated Statement of Financial Activities	2020/21 £'000	2019/20 £'000
Interest on defined benefit pension plan obligation	(532)	(559)
Interest credit on scheme assets	677	654
Net finance credit	145	95
Current service cost	-	(8)
Total	145	87
Remeasurement (losses)/gains	2020/21 £'000	2019/20 £'000
Scheme assets	(4,895)	1,908
Defined benefit obligation	(1,343)	(118)
Total	(6,238)	1,790

The fair value of the scheme assets was as follows:	2021 £m	%	2020 £m	%
Equities & managed funds	-	0.0%	2.7	8.7%
Corporate bonds	-	0.0%	5.6	18.1%
Gilts	-	0.0%	22.2	72.3%
Insurance contracts	24.8	98.4%	-	0.0%
Cash	0.4	1.6%	0.3	0.9%
Total net assets	25.2	100.0%	30.8	100.0%

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:	2020/21	2019/20
Discount rate	1.9%	2.3%
Retail Prices Index (RPI) Inflation	3.7%	3.3%
Consumer Prices Index (CPI) Inflation	2.8%	2.4%
Future increases in deferred pensions pre 2030	2.8%	2.4%
Future increases in deferred pensions post 2030	3.6%	2.8%
Future salary increases	N/A	3.8%
Rate of increases in pensions in payment:		
Fixed 4%	4.0%	4.0%
Pension accrued from 6 April 1997 to 1 April 2002	4.2%	4.1%
Pension accrued from 1 April 2002 to 5 April 2005	2.8%	2.4%
Pension accrued from 5 April 2005	2.0%	1.8%
Cash commutation: 100% of members commute 25% of their pension		

Life expectancies used to determine benefit obligations are as follows;	2020/21	2019/20
Future life expectancy of male aged 65 at balance sheet date	22.1	21.6
Future life expectancy of male aged 65 20 years after the balance sheet date	23.5	22.9
Future life expectancy of female aged 65 at balance sheet date	24.5	23.5
Future life expectancy of female aged 65 20 years after the balance sheet date	25.9	25.1

The main assumptions used to calculate the Scheme liabilities are derived as follows:

Discount rate on corporate bonds: for the purpose of deriving the discount rate, we have used zero coupon yield curve data.

Inflation: We have derived the market's expectation for RPI inflation by reference to the RPI swaps market. Specifically, the rate of inflation is derived as the rate that equates to the yield of the swap rate curve at the duration of the Scheme's liabilities.

The CPI inflation rate is assumed to increase with effect from 2030 following the Government's announcement that the methodology for calculating CPI would change at that date.

Life expectancy: S2PxA base table and the CMI model for 220 with a long-term rate of mortality improvement of 1.25% pa.

16 Funds

Group and charity

	Note	At 1 April 2020 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2021 £'000
Restricted Funds (Group and Charity)							
Hospices and other Capital Fund	i	20,124	-	(1,608)	-	58	18,574
Major capital appeals	ii	21	-	(21)	-	-	-
Hospices - revenue	iii	806	22,663	(21,785)	-	(58)	1,626
Nurses	iii	1,510	12,671	(13,127)	-	-	1,053
Helper	iii	150	66	(150)	-	-	66
Information & Support	iii	30	980	(480)	-	-	530
Palliative care research		24	213	(238)	-	-	-
Total restricted funds		22,665	36,593	(37,409)	-	-	21,849
Designated Funds (Group and Charity)							
Impact & Innovation Fund	iv	-	-	-	-	31,400	31,400
Tangible Fixed Asset Fund	v	32,220	-	(2,102)	-	5,656	35,774
Capital Investment Fund	vi	1,618	-	-	-	-	1,618
Pension scheme surplus	vii	6,375	-	-	(6,238)	265	402
Total designated funds		40,213	-	(2,102)	(6,238)	37,321	69,194
General Funds (Group)							
General Fund	viii	54,520	133,423	(105,838)	9,840	(37,321)	54,624
Total general funds		54,520	133,423	(105,838)	9,840	(37,321)	54,624
Consolidated Funds							
		117,398	170,016	(145,349)	3,602	-	145,667
General funds (Charity)		54,581	132,171	(104,799)	9,840	(37,321)	54,472

The funds represent:

- i. Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- ii. The net proceeds from the capital appeals. The balance at the end of the year represents the capital appeal funds which have been received for which expenditure has not yet been incurred.
- iii. Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper and Information and Support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.
- iv. The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- v. Funds held to contribute towards the renewal of the charity's assets.
- vi. We recognise that urgent and radical change is needed to keep pace with society's rapidly growing need for end of life care provision. A £31.4 million

designated reserve for an Impact and Innovation Fund has been created in 2020/21 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 13- 14 of 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. This reserve was created from the General Reserves by reducing it by the same amount. A number of initiatives to be funded from this designated reserve have already been identified and have commenced. In the event of increased financial risk or if no longer required, funds can be de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves.

vii. The valuation under FRS 102 of the defined benefit pension scheme surplus.

viii. The General Fund represents the net amount that the Trustees have available to meet possible shortfalls in funding and increases in costs.

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

	2020/21 £'000	2019/20 £'000
The charity	28,053	6,627
Intra-group profit	217	632
	28,269	7,259

Prior year funds for comparison

	At 1 April 2019 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2020 £'000
Restricted Funds (Group and Charity)						
Hospices and other Capital Fund	20,795	-	(1,701)	-	1,030	20,124
Major capital appeals	21	-	-	-	-	21
Hospices - revenue	511	17,407	(16,082)	-	(1,030)	806
Nurses	317	8,278	(7,085)	-	-	1,510
Helper	321	203	(374)	-	-	150
Information & Support	30	-	-	-	-	30
Palliative care research	125	1,280	(1,381)	-	-	24
Total restricted funds	22,120	27,168	(26,623)	-	-	22,665
Designated Funds (Group and Charity)						
Tangible Fixed Asset Fund	28,757	-	(2,792)	-	6,255	32,220
Capital Investment Fund	5,482	-	-	-	(3,864)	1,618
Hampstead Capital Fund	1,174	-	-	-	(1,174)	-
Pension scheme surplus	3,774	-	-	1,790	811	6,375
Total designated funds	39,187	-	(2,792)	1,790	2,028	40,213
General Funds (Group)						
General Fund	48,832	138,436	(127,591)	(3,129)	(2,028)	54,520
Total general funds	48,832	138,436	(127,591)	(3,129)	(2,028)	54,520
Consolidated Funds						
	110,139	165,604	(157,006)	(1,339)	-	117,398
General funds (Charity)	48,891	135,692	(124,845)	(3,129)	(2,028)	54,581

The above funds carried forward at 31 March 2020 represent the funds numbered i to iii and v to viii on page 96 together with the Hampstead Capital Fund which was a designated fund for the Hampstead hospice which was funded from a specific legacy and has been used towards the renewal of that hospice.

Analysis of net assets between funds

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total 2020/21 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2019/20 £'000
Tangible fixed assets	35,774	18,574	54,348	32,220	20,124	52,344
Investments	85,522	-	85,522	62,793	-	62,793
Stocks	326	-	326	266	-	266
Debtors	30,745	-	30,745	25,008	-	25,008
Creditors and cash	(28,951)	3,275	(25,676)	(31,929)	2,541	(29,388)
Defined benefit pension scheme surplus	402	-	402	6,375	-	6,375
Total net assets	123,818	21,849	145,667	94,733	22,665	117,398

17 Staff

i) Remuneration	2020/21 £'000	2019/20 £'000
Wages and salaries	82,305	87,027
Social security costs	7,038	6,988
Other pension costs	6,036	6,005
Total Marie Curie staff costs	95,379	100,020
Contracted staff	4,422	8,207
Total remuneration	99,801	108,227

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

charity and so are not included in the analysis of staff employed. The total amount of termination payments in the year was £0.7 million (2020: £0.5 million). There were no termination payments to senior management team members.

ii) Average number of employees	2020/21 Number	2019/20 Number
Hospices	923	1,065
Nurses	1,925	2,057
Research	8	14
Information and Support	17	10
Fundraising	259	312
Publicity, Policy & Public Awareness	65	68
Shops	400	495
Support	286	213
	3,883	4,234
Comprising		
Full time	1,326	1,423
Part time	2,557	2,811
	3,883	4,234

iii) Remuneration of higher paid staff (including voluntary, temporary pay cuts in Q1 2020/21)	2020/21 Number	2019/20 Number
£60,000 - £69,999	30	30
£70,000 - £79,999	12	9
£80,000 - £89,999	9	8
£90,000 - £99,999	8	2
£100,000 - £109,999	1	1
£110,000 - £119,999	2	2
£120,000 - £129,999	2	3
£130,000 - £139,999	1	0
£140,000 - £149,999	1	0
£150,000 - £159,999	0	2
Included in the above are the following number of medical practitioners	11	9

Contributions of £228,151 (2020: £187,802) were made to the NHS Defined Benefit Pension Schemes for 18 (2020: 15) higher paid employees. Contributions amounting to £208,524 (2020: £180,825) were made to defined contribution schemes for 44 (2020: 34) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any employer pension contributions was £524,800 (2020: £599,562). The salary of the Chief Executive in 2020/21 was £150,000 before the temporary voluntary pay cut which is reflected in the bandings in the table above (2019/20: £150,000).

All Executive Directors and tier 2 directors took a voluntary pay cut in Quarter 1 of 2020/21 as part of the overall Covid-19 effort.

iv) Trustees' expenses

No Trustees received any remuneration in the year. No Trustees were reimbursed for travel expenses in the year (2020: four Trustees were reimbursed £3,192). The charity maintains liability insurance covering Trustees in their capacity as directors and other officers of the charity at a cost of £20,468 per annum (2020: £8,467).

18 Lease commitments

	2020/21 £'000	2019/20 £'000
Land and Buildings		
Within one year	374	532
Between two and five years	2,349	2,171
Over five years	1,330	1,481
	4,053	4,184
Other		
Within one year	162	143
Between two and five years	258	338
	420	481

19 Subsidiary undertakings

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

Marie Curie Trading Limited – The company undertakes trading activities for the benefit of the charity that it cannot carry out itself as an exempt charity, including the sale of new goods such as Christmas cards and certain events. The company made a profit of £0.2 million for the year ended

31 March 2021 (2020: £0.6 million) which will be paid to the charity by means of a payment under Gift Aid.

Marie Curie Developments Limited - The company was dormant throughout the period ended 31 March 2021. The net assets at 31 March 2020 were £10,000.

A summary of the results of the Marie Curie Trading Limited subsidiary is set out below:

Marie Curie Trading Limited	2020/21 £'000	2019/20 £'000
Turnover	1,470	3,377
Cost of sales	(588)	(1,644)
Gross profit	882	1,733
Other expenses	(653)	(1,089)
Interest payable	(12)	(12)
Payment to the charity under Gift Aid	(217)	(632)
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.

20 Related Party Transactions

Marie Curie Trading owes the Charity £0.7 million (2020: £0.6 million). This is made up of the current year dividend of profits to the Charity of £0.2 million (2020: £0.6 million) which benefits from Gift Aid and accumulated management and support charges for services received from the Charity. There were no other transactions with Trustees or other related parties in the year.

Who's who

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His Royal Highness The Prince of Wales

Life Vice Presidents

Sir Peter Davis LLD, FRSA

Sir Thomas Hughes-Hallett

Vice Presidents

Major General Sir Michael Carleton-Smith CBE DL

John Carson CBE

Pauline Clarke

Dr Jane Collins MSc MD FRCP FRCPCh

John A Cooke MA

Sir Ranulph Fiennes OBE

Baroness Finlay of Llandaff FMedSci

Christine Hamilton Stewart MBE

Dame Deirdre Hine DBE FRCP

Sir Martyn Lewis CBE

Bill Midgley FCIB MIMgt

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[from 1 April 2020 to 30 September 2021](#)

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Tim Breedon CBE (Honorary Treasurer)
(to April 2021)

Chrisha Alagaratnam (from September 2021)

Dr Rachel Burman FRCP MA

Steve Carson

John Compton CBE (to August 2021)

Richard Flint CBE

Richard Harding

Ruth Holt RGN BSc DNCert MBA MSc
(to April 2021)

Patricia Lee

Chris Martin BPharm (Hons) FRPharmS

Maria McGill CBE (from April 2021)

Dame Barbara Monroe DBE

Linda Urquhart OBE

Ian Waller (from September 2021)

Helen Weir CBE FCMA

Richard Wohanka CBE (July 2021)

Bankers

The Royal Bank of Scotland

280 Bishopsgate, London EC2M 4RB

Solicitors

Bates Wells & Braithwaite

10 Queen Street Place, London EC4R 1BE

Auditor

BDO LLP

55 Baker Street, London W1U 7EU

Committee Members

[1 April 2020 to 30 September 2021](#)

Audit and Risk Committee

Helen Weir CBE FCMA (Chair)

Tim Breedon CBE (to April 2021)

Chris Martin BPharm (Hons) FRPharmS

Robert Milburn MA FCA

(Independent Committee Member)

Ian Waller (from September 2021)

Chrisha Alagaratnam (from September 2021)

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Dame Barbara Monroe DBE
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Dr Rachel Burman FRCP MA

Ruth Holt RGN BSc DNCert MBA MSc (to April
2021)

Patricia Lee (Chair from June 2021)

Robert Milburn MA FCA

(Independent Committee Member)

Dr Crystal Oldman EdD MSc MA PG Dip

Public Health PGCE RHV RGN

(Independent Committee Member)

Harry Bunch (Marie Curie Voices
Group Member)

Shital Bhaloo (Marie Curie Voices
Group member)

Finance and Resources Committee

Vindi Banga (Chair to March 2021)

Richard Flint CBE (Chair from April 2021)

Tim Breedon CBE (to April 2021)

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Tim Breedon CBE (to April 2021)

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Investment Committee

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Richard Wohanka CBE (Chair from July 2021)

Mark Chaloner

(Independent Committee Member)

Geoffrey Love

(Independent Committee Member)

Executive Leadership Team

Chief Executive

Matthew Reed

Executive Director of Corporate Services

Jackie Freeman (to December 2020)

Chief Technology Officer

Tiffany Willcox (from March 2021)

Interim Chief Financial Officer

Margaret Ashworth (from January to May 2021)

Chief Financial Officer

Amanda Oakley Smith (from May 2021)

Executive Director of Fundraising and Engagement

Meredith Niles (to June 2021)

Nicky Bishop (from June 2021)

Chief Nurse, Executive Director of Quality and Caring Services

Julie Pearce

Executive Director of People and Organisational Development/ Chief People Officer

Mike Bath

General Counsel and Company Secretary

Tricia Owens (to October 2021)

Juliet Dearlove (from October 2021)

Scottish Advisory Board

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Duncan Campbell

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Kieran Harding

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Professor Sonja McIlfattrick

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Amanda Davies

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Owen Evans

Rachel Iredale (to September 2021)

Bill Jenkins

Esyllt Llwyd (to July 2021)

Tracy Myhill (to July 2021)

James Rudolf (to July 2021)

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Call us for free on **0800 716 146**

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Please note that some of the photography used in this report was taken before the coronavirus pandemic. Our staff are supplied with the correct personal protective equipment (PPE) and wear this as appropriate, according to the government's national guidance.

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