



# **Annual Report and Accounts 2022/23**





## On the cover

Healthcare Assistant Cherry Rowland

Photo: Philip Hardman/Marie Curie

# Interests

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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

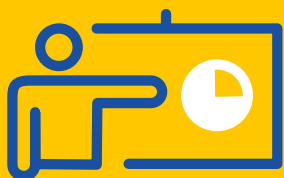
**633,240**

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](https://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](https://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](https://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](https://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](https://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](https://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](https://mariecurie.org.uk/policy)

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

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# 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

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

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**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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**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.**

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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](https://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 light-colored 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.

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

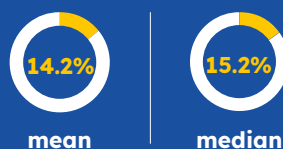
We're enhancing the skills and capabilities of our colleagues. This work includes:

- **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.<sup>1</sup>**

<sup>1</sup>Based 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.**

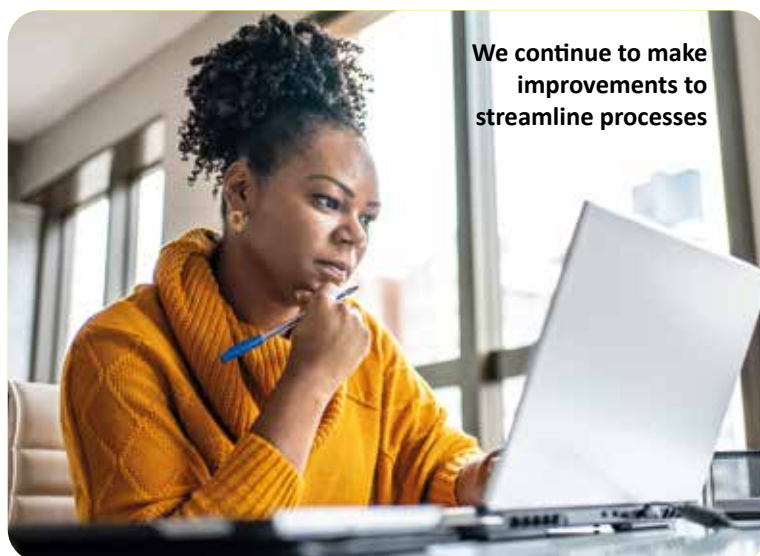


their rosters and patient visits. And they can swap rosters with colleagues without involving a manager. This gives staff more autonomy, avoids uncertainty over who's working when, and saves time. Everyone can get on with the critical tasks around supporting people living with terminal illnesses and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

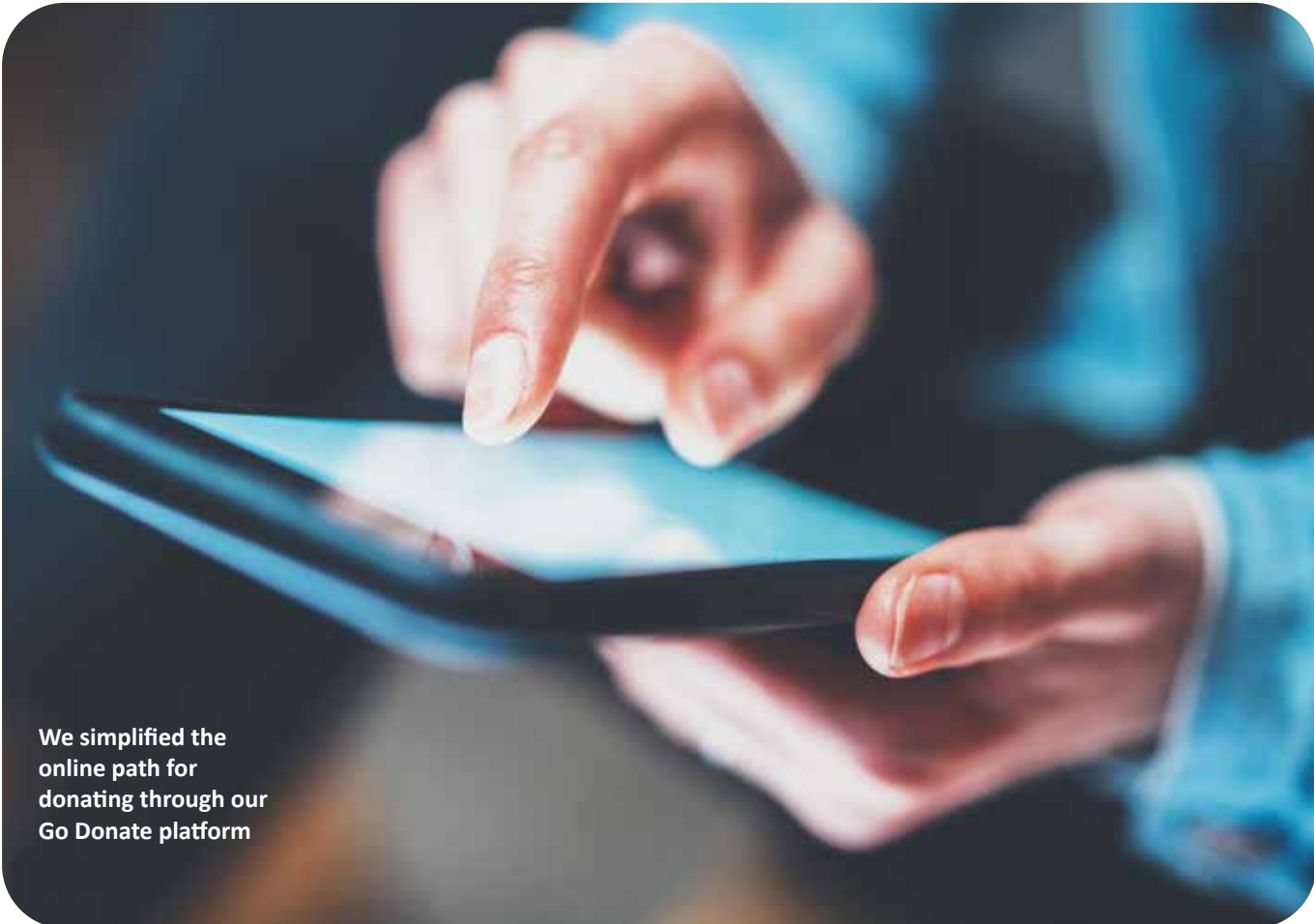
### Implementing new tools for offices and hospices

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](https://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.**

”



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
<b>Total income</b>	<b>167.3</b>	<b>1%</b>	<b>165.9</b>
Expenditure on fundraising, other trading and publicity	(34.8)	22%	(28.6)
Expenditure on retail	(14.4)	3%	(14.0)
<b>Amount available for our services</b>	<b>118.1</b>	<b>-4%</b>	<b>123.2</b>
<b>Invested in:</b>			
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)
<b>Expenditure on charitable activities</b>	<b>(126.7)</b>	<b>13%</b>	<b>(111.7)</b>
<b>(Deficit)/surplus</b>	<b>(8.6)</b>	<b>-175%</b>	<b>11.6</b>



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

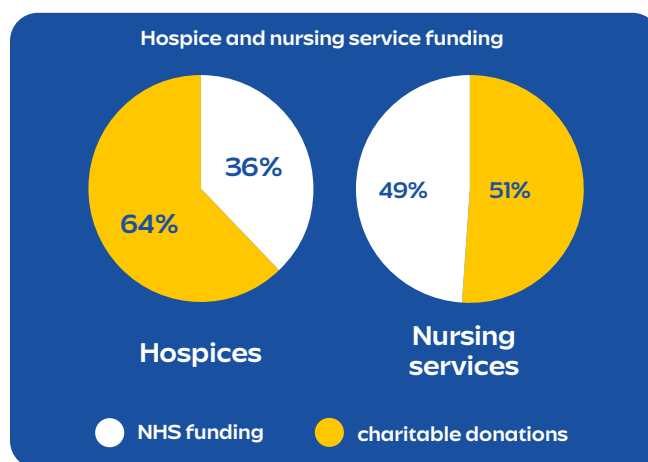
### Expenditure on hospices and nursing services

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
<b>Restricted reserves</b>	<b>16.0</b>	<b>17.4</b>
<b>Designated reserves</b>	<b>61.2</b>	<b>67.4</b>
Impact and Innovation Fund	25.8	30.8
Tangible Fixed Asset Fund	35.4	36.1
Pension scheme surplus	-	0.5
<b>General reserves</b>	<b>75.3</b>	<b>76.5</b>
<b>Total reserves</b>	<b>152.5</b>	<b>161.3</b>

**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.

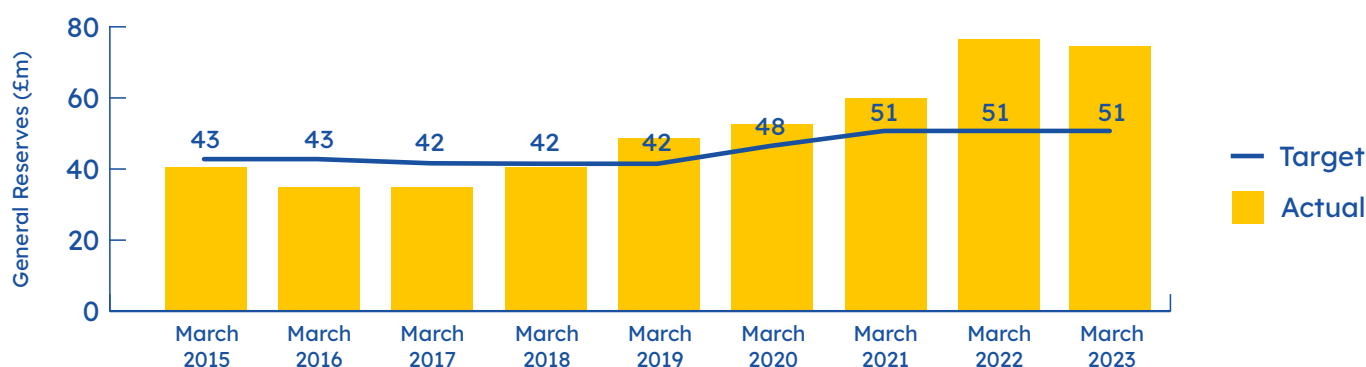
The Charity's reserves policy states that if reserves exceed 115% of target, management should prepare a plan of action, to be approved by Trustees within three months, to restore

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
<b>Total</b>	<b>55.0</b>			<b>55.6</b>

## 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%
<b>Standard payment terms</b>	30 days	30 days
<b>Maximum contractual payment period agreed</b>	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	<ul style="list-style-type: none"> <li>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.</li> <li>Management of the Charity's investments to move to a more diversified basis, still ESG-linked.</li> </ul>
Support of lobbying related to the Social Security (End of Life) Bill	Our beneficiaries and their families and carers	<ul style="list-style-type: none"> <li>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.</li> </ul>
5-year strategy (2022-2027)	Our beneficiaries, our employees and society	<ul style="list-style-type: none"> <li>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.</li> </ul>
Strategic Reward Review	Our employees	<ul style="list-style-type: none"> <li>The detailed review of pay and benefits across the Charity to balance effectiveness, sustainability and fairness.</li> </ul>



Significant board decision	Stakeholders affected	Action and impact
Business Development Strategy	Our beneficiaries and society	<ul style="list-style-type: none"> <li>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.</li> <li>New ways to deliver services such as Virtual Ward/Hospice</li> <li>Creating a digital platform and resources to support informal carers.</li> </ul>
Research and Policy	Our beneficiaries and society	<ul style="list-style-type: none"> <li>To end financial insecurity at end -of-life and ensure that everyone has the support they need to address their practical concerns.</li> <li>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.</li> <li>To end inequity in end of life experience by ensuring access to excellent standards of care and support for all.</li> </ul>
Change of London office	Our employees and volunteers, the environment	<ul style="list-style-type: none"> <li>Relocation to new office space in Central London.</li> <li>Choice of a building with high sustainability credentials.</li> </ul>

## 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
<b>Our beneficiaries, and their families and carers</b>	<ul style="list-style-type: none"> <li>End of life care and support that reflects what's most important to them.</li> <li>High-quality and safe services.</li> </ul>	<ul style="list-style-type: none"> <li>Expert voices.</li> <li>Friends and family feedback.</li> <li>We regularly update our information and support services in line with feedback from users and their families.</li> </ul>	<ul style="list-style-type: none"> <li>99% of nursing service patients and families who completed the Friends and Families Test described the overall service as "very good" or "good".</li> <li>97% of hospice patients who completed the Friends and Families Test described the service as "very good" or "good".</li> <li>91% of Support Line callers said we provided them with the information and support they required.</li> </ul>	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
<b>Our beneficiaries, and their families and carers</b>	<ul style="list-style-type: none"> <li>End of life care and support that reflects what's most important to them.</li> <li>High-quality and safe services.</li> </ul>	<ul style="list-style-type: none"> <li>Expert voices.</li> <li>Friends and family feedback.</li> <li>We regularly update our information and support services in line with feedback from users and their families.</li> </ul>	<ul style="list-style-type: none"> <li>99% of nursing service patients and families who completed the Friends and Families Test described the overall service as "very good" or "good".</li> <li>97% of hospice patients who completed the Friends and Families Test described the service as "very good" or "good".</li> <li>91% of Support Line callers said we provided them with the information and support they required.</li> </ul>	See sections on hospices, nursing and information and support on pages 14 -19.
<b>Our employees</b> Our services are delivered through our experienced, diverse and dedicated workforce.	<ul style="list-style-type: none"> <li>Opportunities for development and progression.</li> <li>Fair and transparent pay and reward structures.</li> <li>Opportunities to share ideas and make a difference.</li> <li>Respect for their diversity and an inclusive workplace where all are treated fairly.</li> </ul>	<ul style="list-style-type: none"> <li>We engaged regularly virtually ( via email, our intranet and live video updates from senior management) and in person, through team meetings.</li> <li>Workforce engagement is measured through employee surveys.</li> <li>The employee forum meets monthly as a group called "Let's Talk" made up of 16 employee representatives.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>The eNPS was 29%, 7% above the on-profit sector benchmark.</li> </ul>	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
<b>Our volunteers and supporters</b> We can only achieve our strategic vision with the generous contributions of our volunteers and supporters.	<ul style="list-style-type: none"> <li>• They require us to make the best use of the resources (time and money) they generously give.</li> <li>• They trust us to follow the rules and treat them with respect.</li> </ul>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• We have 133 shops where we engage with supporters who both donate and buy goods.</li> <li>• Each volunteer has an assigned manager to supervise them.</li> </ul>	<ul style="list-style-type: none"> <li>• We generated donation and legacy income of £97.3 million and retail income of £17.1 million during the year.</li> <li>• 13,513 Helper calls/visits were given to Marie Curie during the year.</li> <li>• 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.</li> </ul>	See sections on fundraising on pages 42-47, and volunteering on pages 34-37.
<b>The NHS</b> Our essential work is provided in contract to the NHS, who are also our main partner.	<ul style="list-style-type: none"> <li>• It fulfils its statutory requirement to provide end of life care.</li> <li>• We deliver to our contractual promises.</li> <li>• We provide safe and high-quality care.</li> </ul>	<ul style="list-style-type: none"> <li>• Each contracting NHS organisation has a dedicated member of our business development team assigned to them.</li> <li>• We have operational and contractual management arrangements in place for all NHS relationships, covering each commissioning body.</li> <li>• 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.</li> <li>• 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.</li> <li>• At a central level, we engage with NHS England and NHS Digital to drive continuous improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• We received £49.7 million in income from the NHS to provide services to support them.</li> <li>• Active engagement with commissioners during the year led to further growth in income of £2.7 million, 6% on a recurring basis.</li> <li>• Relationships with the NHS in England and with equivalent bodies in Wales, Scotland and Northern Ireland remained strong and responsive.</li> </ul>	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
<b>Suppliers</b> We rely on third-party suppliers and providers to partner with us to deliver our services.	<ul style="list-style-type: none"> <li>Working in partnership.</li> <li>Agreed contracts with clear Service Level Agreement requirements.</li> <li>Fair payment terms.</li> </ul>	<ul style="list-style-type: none"> <li>We collaborate with our suppliers to ensure that we have a mutually successful relationship, including account reviews where appropriate.</li> <li>We work with our suppliers to ensure that they uphold the same high standards of security and operation (eg modern slavery) that we uphold.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> </ul>	See Financial Review from page 48.
<b>UK society</b> To fulfil our strategic vision in a responsible and sustainable manner.	<ul style="list-style-type: none"> <li>Everyone in the UK has the best end of life experience and care they possibly can.</li> <li>To close the disproportionate gap in provision of end of life care and support for poorer communities.</li> <li>Environmental sustainability.</li> </ul>	<ul style="list-style-type: none"> <li>Working with governments and other decision-making bodies to ensure the best end of life experience for everyone.</li> <li>Using feedback from society at large to inform policy work.</li> <li>Public awareness campaign to change the conversation on death and dying.</li> <li>Funding world-class research to help inform best practice in palliative and end of life care.</li> <li>Relocation to new office space which is Building Research Establishment Environmental Assessment Methodology (BREEAM) rated excellent.</li> <li>Secured Renewable Energy Guarantees of Origin (REGO) certified Green Tariff for electricity which commences in 2023 for England, Scotland and Wales.</li> <li>Electrification of our fleet.</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>We developed a place-based plan across the UK to target support and provide care in local communities.</li> <li>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.</li> <li>We secured extra funding from a range of commissioners in Wales.</li> <li>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.</li> </ul>	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			<ul style="list-style-type: none"> <li>• 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.</li> <li>• The team in Northern Ireland have also secured funding for an Advanced Nurse Practitioner.</li> <li>• In Northern Ireland, two innovative appointments have been made in partnership with HSC Trust.</li> <li>• 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.</li> <li>• 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.</li> <li>• This covers the supply of electricity to all our Hospices (owned) and the vast majority of our leased premises (where we have building control).</li> <li>• We are currently sourcing a Green Tariff for Northern Ireland.</li> <li>• We are committed to move to an all-electric fleet by 2030.</li> </ul>	

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
	<b>Total</b>	<b>16,125,931</b>	<b>16,230,258</b>	<b>18,552,739</b>
UK Emissions (tCO <sub>2</sub> 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
<b>Total (Gross Scope 1 and 2)</b>		<b>2,464</b>	<b>2,585</b>	<b>3,232</b>
<b>Total (all Scopes)</b>		<b>5,037</b>	<b>3,810</b>	<b>4,610</b>

## 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 <sub>2</sub> 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 tCO<sub>2</sub>e out of the 182. However, rail and air travel is up by 311% (from 37 tCO<sub>2</sub>e to 152 tCO<sub>2</sub>e). 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 tCO<sub>2</sub>e for 2019/20), the organisation will work to ensure all travel is essential.

Our gas consumption (kWhs) and emissions (tCO<sub>2</sub>e) 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

<b>1</b>  Turn off lights when you don't need them	<b>2</b>  Fully turn off electronics when you're finished	<b>3</b>  Unplug your devices when they're fully charged	<b>4</b>  Turn off spare screens when you're not using them
<b>5</b>  Only boil the amount of water you need	<b>6</b>  Only print when necessary and turn the printer off after use	<b>7</b>  Inform the Facilities team when you see faulty appliances, doors or windows: <b><a href="mailto:facilities@mariecurie.org.uk">facilities@mariecurie.org.uk</a></b>	

# 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
<b>Change:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>We maintain robust project oversight and governance and, where appropriate, independent assurance is undertaken. During the year we introduced an additional health check tool.</li> </ul>	Constant	Open appetite (high) for innovation and change however cautious (low) for failure to deliver change because of factors within our control.
<b>Attract and retain staff:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>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</li> <li>We've continuously looked for opportunities to further improve our recruitment approaches and processes and completed a recruitment optimisation project.</li> <li>Investing in our people continues to be a priority and a new people leadership team has been recruited to develop our people strategic ambitions.</li> </ul>	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
<b>People resilience:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>As ever priorities are continually reassessed and, where appropriate, to ease workloads, major pieces of work have been rescheduled or resources reallocated.</li> </ul>	Constant	We are committed to creating a safe environment for all our staff and have a cautious appetite (low).
<b>Service delivery:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	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.
<b>Place-based:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul>	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
<b>Financial sustainability:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>Financial risks being closely monitored include inflation, pay settlements, fundraising performance and safety of our investments and returns.</li> <li>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.</li> </ul>	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.
<b>Data:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ul>	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.
<b>Business Development Strategy:</b> 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.	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>We have comprehensive monitoring in place to monitor our progress and regularly check strategic direction and assumptions.</li> </ul>	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 <b>open risk appetite</b> 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](http://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
<b>Other recognised gains</b>							
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
<b>Reconciliation of funds</b>							
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
<b>Cash flows from operating activities:</b>			
Net cash (used in)/from by operating activities	A	(6,896)	8,373
<b>Cash flows from investing activities:</b>			
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		<b>(2,047)</b>	<b>(3,062)</b>
<b>Change in cash and cash equivalents in the reporting period</b>			
		(8,943)	5,311
Cash and cash equivalents at 1 April		46,020	40,709
<b>Cash and cash equivalents at 31 March</b>		<b>37,077</b>	<b>46,020</b>
<b>Net debt reconciliation</b>			
Cash at bank and in hand		4,504	18,441
Money market and other deposits		32,573	27,579
		<b>37,077</b>	<b>46,020</b>

<b>Analysis of net movement in funds</b>	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
<b>Total</b>	<b>46,020</b>	<b>(8,943)</b>	<b>-</b>	<b>37,077</b>

Note A:	2023 £'000	2022 £'000
<b>Reconciliation of net (expenditure)/income to net cash flow (used in)/from operating activities</b>		
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)
<b>Net cash (outflow)/inflow from operating activities</b>	<b>(6,896)</b>	<b>8,373</b>

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
	<b>81,280</b>	<b>16,011</b>	<b>97,291</b>	<b>76,759</b>	<b>16,595</b>	<b>93,354</b>

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
	<b>1,395</b>	<b>-</b>	<b>1,395</b>	<b>998</b>	<b>-</b>	<b>998</b>

### 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
	<b>51,109</b>	<b>-</b>	<b>51,109</b>	<b>50,293</b>	<b>7,357</b>	<b>57,650</b>

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
<b>Cost of raising funds</b>						
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
	<b>43,596</b>	<b>5,593</b>	<b>49,189</b>	<b>37,500</b>	<b>5,070</b>	<b>42,570</b>
<b>Charitable activities</b>						
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
	<b>110,325</b>	<b>16,396</b>	<b>126,721</b>	<b>96,591</b>	<b>15,063</b>	<b>111,654</b>
<b>Total</b>	<b>153,921</b>	<b>21,989</b>	<b>175,910</b>	<b>134,091</b>	<b>20,132</b>	<b>154,224</b>

### 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
<b>Total charitable activities</b>	<b>2,494</b>	<b>528</b>	<b>2,204</b>	<b>6,170</b>	<b>4,797</b>	<b>203</b>	<b>16,396</b>
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
<b>Total support costs allocated</b>	<b>3,178</b>	<b>677</b>	<b>2,863</b>	<b>7,910</b>	<b>6,663</b>	<b>698</b>	<b>21,989</b>

### 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
<b>Total charitable activities</b>	<b>2,358</b>	<b>771</b>	<b>2,708</b>	<b>4,814</b>	<b>4,238</b>	<b>174</b>	<b>15,063</b>
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
<b>Total support costs allocated</b>	<b>2,968</b>	<b>988</b>	<b>3,517</b>	<b>6,171</b>	<b>5,886</b>	<b>603</b>	<b>20,133</b>

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
<b>Governance Costs</b>		
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
	<b>677</b>	<b>988</b>

Note B	2023 £'000	2022 £'000
Net (expenditure)/income for the year is stated after charging;		
<b>Fees payable to the charity's auditor for:</b>		
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
	<b>175</b>	<b>98</b>
<b>Amounts paid under operating leases:</b>		
land and buildings	3,648	3,641
plant and machinery	1,068	822
	<b>4,716</b>	<b>4,463</b>
<b>Depreciation and amortisation of owned assets</b>	<b>5,407</b>	<b>5,897</b>

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
<b>Policy and Research costs</b>		
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
	<b>9,169</b>	<b>7,769</b>

## 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
<b>Group and charity</b>						
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
<b>Market Value at 31 March 2023</b>	<b>54,938</b>	<b>-</b>	<b>-</b>	<b>54,938</b>	<b>331</b>	<b>55,269</b>
<b>Historic cost at 31 March 2023</b>	<b>38,335</b>	<b>-</b>	<b>-</b>	<b>38,335</b>	<b>331</b>	<b>38,666</b>
Historic cost at 31 March 2022	40,636	75	-	40,711	331	41,043
<b>Gains on investments</b>					<b>2023 £'000</b>	<b>2022 £'000</b>
Realised (losses)/gains					(2,221)	1,751
Unrealised gains included in market value					1,905	2,052
					<b>(316)</b>	<b>3,803</b>
<b>Listed investments</b>					<b>2023 £'000</b>	<b>2022 £'000</b>
UK					46,271	35,168
Non UK					8,667	20,167
					<b>54,938</b>	<b>55,335</b>
<b>Analysis of investment class</b>					<b>2023 £'000</b>	<b>2022 £'000</b>
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
					<b>54,938</b>	<b>55,503</b>

## 8a Group tangible fixed assets

	Land and buildings £'000	Short leasehold land and buildings £'000	Furniture equipment and motor vehicles £'000	Total £'000
<b>Cost</b>				
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)	-
<b>At 31 March 2023</b>	<b>86,949</b>	<b>8,619</b>	<b>10,955</b>	<b>106,523</b>
<b>Depreciation</b>				
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)	-
<b>At 31 March 2023</b>	<b>46,742</b>	<b>7,483</b>	<b>8,843</b>	<b>63,068</b>
<b>Net book value</b>				
<b>At 31 March 2023</b>	<b>40,207</b>	<b>1,136</b>	<b>2,112</b>	<b>43,455</b>
At 31 March 2022	<b>41,681</b>	<b>1,247</b>	<b>2,172</b>	<b>45,100</b>

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
<b>Cost</b>			
At 1 April 2022	20,450	23	20,473
Additions at cost	666	426	1,092
Disposals at cost	(6,237)	-	(6,237)
Transfers	-	-	-
<b>At 31 March 2023</b>	<b>14,879</b>	<b>449</b>	<b>15,328</b>
<b>Amortisation</b>			
At 1 April 2022	12,499	-	12,499
Charge for the year	1,520	-	1,520
Disposals	(6,237)	-	(6,237)
Transfers	-	-	-
<b>At 31 March 2023</b>	<b>7,782</b>	<b>-</b>	<b>7,782</b>
<b>Net book value</b>			
<b>At 31 March 2023</b>	<b>7,097</b>	<b>449</b>	<b>7,546</b>
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
	<b>38,348</b>	<b>36,274</b>	<b>39,365</b>	<b>36,600</b>

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	<b>32,573</b>	<b>27,579</b>	<b>32,573</b>	<b>27,579</b>

## 12 Creditors

	Group		Charity	
	2023 £'000	2022 £'000	2023 £'000	2022 £'000
<b>(a) Amounts falling due within one year</b>				
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	-
	<b>27,447</b>	<b>25,842</b>	<b>28,158</b>	<b>25,677</b>

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>(b) Amounts falling due after more than one year</b>				
Palliative care research grants	249	962	249	962
Investment Managers' performance fee	291	203	291	203
	<b>540</b>	<b>1,166</b>	<b>540</b>	<b>1,166</b>

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	-	-	-	-
	<b>1,990</b>	<b>(1,884)</b>	<b>1,640</b>	<b>1,746</b>

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
	<b>3,556</b>	<b>203</b>	<b>(75)</b>	<b>(2,301)</b>	<b>1,383</b>

### 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	<b>54,938</b>	55,503	<b>55,269</b>	55,834
Short-term investments	11	<b>32,573</b>	27,579	<b>32,573</b>	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
			<b>6,157</b>			<b>5,800</b>

### 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
<b>Net asset</b>	<b>-</b>	<b>472</b>



<b>The movement in the defined benefit pension scheme surplus is as follows:</b>	<b>2023</b>	<b>2022</b>
	<b>£'000</b>	<b>£'000</b>
<b>Asset at 1 April</b>	<b>472</b>	<b>402</b>
Net finance credit	-	7
Administration expenses	-	(118)
Employer's contributions	-	-
	<b>472</b>	<b>291</b>
Remeasurement gain	-	181
Defined benefit scheme closed	(472)	-
<b>Asset at 31 March</b>	<b>-</b>	<b>472</b>
<b>Movements in present value of defined benefit obligation</b>	<b>2023</b>	<b>2022</b>
	<b>£'000</b>	<b>£'000</b>
<b>At 1 April</b>	<b>22,168</b>	<b>24,780</b>
Administration expenses	-	118
Interest cost	-	447
Remeasurement losses/(gains)	-	(1,855)
Benefits paid	-	(1,322)
Defined benefit scheme closed	(22,168)	-
<b>At 31 March</b>	<b>-</b>	<b>22,168</b>
<b>Movements in fair value of scheme assets</b>	<b>2023</b>	<b>2022</b>
	<b>£'000</b>	<b>£'000</b>
<b>At 1 April</b>	<b>22,640</b>	<b>25,182</b>
Interest credit on scheme assets	-	454
Remeasurement gains/(loss)	-	(1,674)
Contributions by employer	-	-
Benefits paid	-	(1,322)
Defined benefit scheme closed	(22,640)	-
<b>At 31 March</b>	<b>-</b>	<b>22,640</b>
<b>Expense recognised in the Consolidated Statement of Financial Activities</b>	<b>2023</b>	<b>2022</b>
	<b>£'000</b>	<b>£'000</b>
Interest on defined benefit pension plan obligation	-	447
Interest credit on scheme assets	-	(454)
Net finance credit	-	(7)
Administration expenses	-	118
<b>Total</b>	<b>-</b>	<b>111</b>

<b>Remeasurement gain charged to the Consolidated Statement of Financial Activities</b>	<b>2023 £'000</b>	<b>2022 £'000</b>
Remeasurement gain/(loss) - return on scheme assets	198	(1,674)
Remeasurement gain - actuarial gain	-	1,855
<b>Total</b>	<b>198</b>	<b>181</b>

<b>The fair value of the scheme assets was as follows:</b>	<b>2023 £m</b>	<b>%</b>	<b>2022 £m</b>	<b>%</b>
Insurance contracts	-	-	22.2	97.9%
Cash	-	-	0.5	2.1%
<b>Total net assets</b>	<b>-</b>	<b>-</b>	<b>22.6</b>	<b>100.0%</b>

<b>Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:</b>	<b>2023</b>	<b>2022</b>
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
<b>Rate of increases in pensions in payment:</b>		
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		

<b>Life expectancies used to determine benefit obligations are as follows:</b>	<b>2023</b>	<b>2022</b>
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
<b>Restricted Funds (Group and Charity)</b>							
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)	-	-	-
<b>Total restricted funds</b>		<b>17,420</b>	<b>22,239</b>	<b>(23,668)</b>	<b>-</b>	<b>-</b>	<b>15,991</b>
<b>Designated Funds (Group and Charity)</b>							
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)	-
<b>Total designated funds</b>		<b>67,372</b>	<b>-</b>	<b>(12,140)</b>	<b>198</b>	<b>5,756</b>	<b>61,186</b>
<b>General Funds (Group)</b>							
General Fund	vi	76,473	145,013	(140,102)	(316)	(5,756)	75,312
<b>Total general funds</b>		<b>76,473</b>	<b>145,013</b>	<b>(140,102)</b>	<b>(316)</b>	<b>(5,756)</b>	<b>75,312</b>
<b>Consolidated Funds</b>							
		<b>161,265</b>	<b>167,252</b>	<b>(175,910)</b>	<b>(118)</b>	<b>-</b>	<b>152,489</b>
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
	<b>(8,776)</b>	<b>15,598</b>

## 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
<b>Restricted Funds (Group and Charity)</b>							
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)	-	-	-
<b>Total restricted funds</b>		<b>21,849</b>	<b>28,866</b>	<b>(33,295)</b>	<b>-</b>	<b>-</b>	<b>17,420</b>
<b>Designated Funds (Group and Charity)</b>							
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
<b>Total designated funds</b>		<b>69,194</b>	<b>-</b>	<b>(4,939)</b>	<b>181</b>	<b>2,936</b>	<b>67,372</b>
<b>General Funds (Group)</b>							
General Fund	vi	54,624	136,971	(115,989)	3,803	(2,936)	76,473
<b>Total general funds</b>		<b>54,624</b>	<b>136,971</b>	<b>(115,989)</b>	<b>3,803</b>	<b>(2,936)</b>	<b>76,473</b>
<b>Consolidated Funds</b>							
		<b>145,667</b>	<b>165,838</b>	<b>(154,224)</b>	<b>3,984</b>	<b>-</b>	<b>161,265</b>
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
<b>Total net assets</b>	<b>136,498</b>	<b>15,991</b>	<b>152,489</b>	<b>143,845</b>	<b>17,420</b>	<b>161,265</b>

## 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
<b>Total Marie Curie staff costs</b>	<b>111,410</b>	<b>96,473</b>
Contracted staff	8,057	5,532
<b>Total remuneration</b>	<b>119,467</b>	<b>102,005</b>

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
	<b>3,843</b>	<b>3,721</b>
<b>Comprising</b>		
Full time	1,560	1,395
Part time	2,283	2,326
	<b>3,843</b>	<b>3,721</b>

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
<b>Land and Buildings</b>		
Within one year	3,056	3,254
Between two and five years	9,472	7,406
Over five years	2,841	1,759
	<b>15,369</b>	<b>12,419</b>
<b>Other</b>		
Within one year	301	271
Between two and five years	575	223
	<b>876</b>	<b>494</b>

## 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:

<b>Marie Curie Trading Limited</b>	<b>2023 £'000</b>	<b>2022 £'000</b>
Turnover	4,035	2,221
Cost of sales	(1,846)	(763)
<b>Gross profit</b>	<b>2,189</b>	<b>1,458</b>
Other expenses	(1,044)	(778)
Interest payable	(17)	(10)
Payment to the charity under Gift Aid	(1,128)	(670)
<b>Retained profit for the year</b>	<b>-</b>	<b>-</b>
Net current assets	320	320
Liabilities - debenture held by the charity	(320)	(320)
<b>Net assets</b>	<b>-</b>	<b>-</b>

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\*

## Royal Patron

The former 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

## Members of Board of Trustees

Vindi Banga (Chair)

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

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Ian Waller (Chair)

Chrisha Alagaratnam

Chris Martin BPharm (Hons) FRPharmS

Robert Milburn MA FCA (to December 2022)

(Independent Committee Member)

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Vindi Banga

Chris Martin BPharm (Hons) FRPharmS

Dame Barbara Monroe DBE

Ian Waller

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Richard Flint CBE

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Geoff Love (to January 2023)

(Independent Committee Member)

Pankaj Shah (from June 2022)

(Independent Committee Member)

Catherine Cripps (from June 2023) (Independent Committee Member)

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(Independent Committee Member)

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(Marie Curie Voices Group member)

Harry Bunch (Marie Curie Voices Group Member)

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**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)

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Dr Sam Royston (from 1 April 2023)

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Mike Bath (to June 2022)

**Chief People and Transformation Officer**

Nina Vendemiati (from August 2022)

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**\* 1 April 2022 to 30 September 2023**

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Call our free Support Line on **0800 090 2309\***

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\*Calls are free from landlines and mobile phones. Your call may be recorded for quality and training purposes.

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