



Marie
Curie

Care and support
through terminal illness

Annual Report
and Accounts
2019/20



Please note that most of the photography used in this report was taken before the coronavirus pandemic. Our staff are supplied with the correct personal protective equipment (PPE) and wear this as appropriate, according to the government's national guidance.



On the cover

Arth Daniels, Untitled, 2020, digital illustration.

The cover of this report features a portrait of Marie Curie Nurse Fiona Morton, Infection Control Lead and ward sister at the Marie Curie Hospice, Hampstead. Drawn by British portrait artist Arth Daniels, it captures an honest and unflinching moment that takes on new resonance in light of the coronavirus pandemic. This piece was created to mark the World Health Organization's International Year of the Nurse and Midwife 2020.

To help support the vital work done by Fiona and all her colleagues, framed prints of this striking image are available to buy for £350. Please call 0800 716 146 or email supporter.relations@mariecurie.org.uk for more details.

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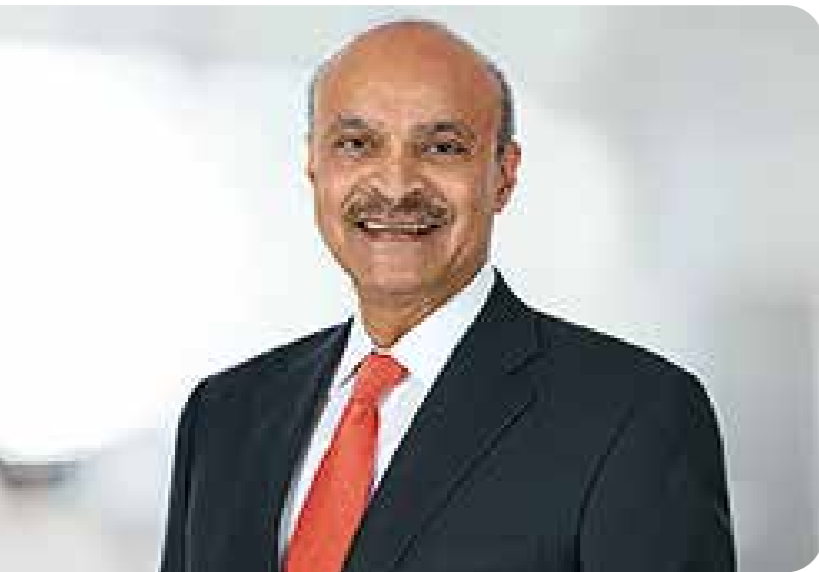
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Welcome

from our Chair and Chief Executive

Thank you for taking the time to find out more about Marie Curie.

This year, our nursing, hospice and other teams continued to provide amazing care for patients and their families across the UK, even in the face of the coronavirus pandemic.



The pandemic heightened the need for our services and we strove to do as much as possible to support the NHS and the social care sector during this critical time. It was heartening to see the commitment of our nursing and hospice staff, doing everything they could to be as effective as possible on the front line right across the country. Providing them with the knowledge, guidelines and personal protective equipment (PPE) to work as safely as possible was paramount.

Collections for The Great Daffodil Appeal, our largest annual fundraising campaign, were cancelled. In addition, we foresaw several other events and avenues of fundraising compromised for several months putting our fundraising income under threat. We reacted rapidly to ensure our financial stability. We cut back on all non-essential costs and made use of the government job retention scheme. Our fundraising teams focused on online activities and launched an emergency fundraising appeal with good results from current and new donors. We also benefited from funds from the Treasury.

We rapidly embraced new ways of working right through Marie Curie with the majority of non-clinical staff working from their homes across the country. The IT systems work already underway before the crisis to enable agility and collaboration was put to the test much sooner than anyone could have predicted. These systems have enabled us to work effectively during the lockdown without missing a beat.

As we look ahead, we see the enormity of the challenge of providing palliative care for a growing number of people in our ageing society while being prepared for potential recurrences of the pandemic. We recognise that our fundraising ability will be constrained for some time, especially in the uncertain economic climate we are now in. Nevertheless, our goal will be to enhance the impact we are able to have, even in these new challenging circumstances.

We're engaging with the NHS and other organisations to work out what can be done to structurally enhance the delivery of palliative care in the UK, including in the care home sector. We will restructure and reprioritise our activities to be more efficient. We will innovate and leverage technology to enhance the impact we are able to have on the delivery of care. And we will continue to find new ways of raising the funds needed to support the delivery of the work we do.

On behalf of Marie Curie's Trustees, I would like to express our thanks for the generosity, dedication and hard work of our staff, as well as our many partners, supporters, volunteers and staff that have made this possible.

A handwritten signature in black ink, appearing to read 'Vindi Banga'.

Vindi Banga,
Chair of the Board of Trustees

This is my first full year report as Chief Executive, and I'm incredibly proud of all that we've achieved as an organisation in that time in the face of some unprecedented challenges.



Katie Hyams/Marie Curie

We reviewed our strategy through 2019, ready for the start of new strategic period in 2020. I'm very grateful to all the Marie Curie staff and volunteers I met who contributed to what is now our shared and bold vision for the future of end of life care for everyone in the UK. I'm hugely inspired by the passion, ambition and commitment of my colleagues. We've now set about harnessing this drive and turning our ambitions into a reality.

There's growing demand for end of life care in the UK, as the challenges faced by the people we support also continue to grow. Together, we've set a new strategy for Marie Curie which highlights our commitment to ensuring the best experience for everyone, as well as our passion for social justice and inclusion.

One of the most fundamental ways we can shift the focus to end of life and tackle those injustices is by encouraging people to talk more openly about dying and death with those they love to break down that longstanding taboo.

Our 'Talkabout' public awareness campaign, which launched in November 2019 across TV, radio and online, reinforced the power those conversations can have and showed how Marie Curie can support people to have them (see page 16).

Delivering high-quality care will always remain at the heart of what we do. Extending our support to those experiencing any kind of grief or bereavement is something we feel is increasingly important. This has proved prescient in the months since those initial discussions. I'm proud that our

Telephone Bereavement Support Service launched at the beginning of March 2020, with a range of services to support people affected by the death of a loved one from a terminal illness, whether the bereavement happened recently or otherwise.

In the last two weeks of March 2020, our plans had to be adapted and refocused in the face of the coronavirus pandemic. Our response as an organisation has been phenomenal.

Despite the immediate challenges of securing PPE, we established an internal distribution system for all clinical teams and launched an emergency appeal. Thanks to the extraordinarily generous response of our supporters, we were able to re-stabilise the charity financially so we could focus our efforts on supporting more patients at the end of their lives. This was not without significant cost – both emotionally and in many other ways – to the Marie Curie staff supporting dying people on the front line.

It has been an amazing privilege to lead Marie Curie through the coronavirus crisis. Thank you to all my team for their courage, agility, dedication and commitment at this incredibly difficult time.

The emergency has reiterated as much as ever the need for excellent end of life care in the UK, and the cost to society, families and individuals when this is not available. We've been as horrified as others at the disproportionate effect that coronavirus has had on people with black, Asian and minority ethnic backgrounds, for example, and reiterated our drive for social inclusion and equity in end of life care. The coronavirus pandemic has given us a foretaste of what we can expect within a few years, as we see an increasing number of people approaching the end of their lives.

Our strategic focus and intent is therefore reconfirmed, along with our resolve to make sure that everyone in the UK has the best possible end of life experience.

We have a robust and resilient network of supporters, colleagues, Trustees, volunteers and partners that will do everything in their power to ensure Marie Curie is able to continue championing this. Thanks again.

A handwritten signature in black ink, appearing to read 'Matthew Reed'.

Matthew Reed,
Chief Executive

Year at a glance

Last year we helped more than 60,000 people directly and reached over two million more.

Nurses

35,999 people cared for, a 6.1% increase on last year

2,057 nursing staff

98% of patients and families likely to recommend us to friends and family



Ben Gold/Marie Curie

Kate Stanworth/Marie Curie

Charitable donations **45%** 55% NHS funded

NHS funded **35%** 65% Charitable donations

8,781 people cared for, a 6.8% increase on last year

9 hospices with

1,065 staff

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

Hospices

Information and support

15,078 enquiries via phone or web chat, a 32% increase on last year

2.3m+ views of online information*, a 41% increase on last year

87% of callers rated the service as excellent



Kate Stanworth/Marie Curie

Kate Stanworth/Marie Curie

100% Charitable donations

100% Charitable donations

9,373 volunteers generously gave their time to Marie Curie during 2019/20, contributing an estimated £15 million in time and skills

1,768 individuals were supported by volunteer Helpers or Companions, a more than 50% increase on last year

Volunteers

*includes the Palliative Care Knowledge Zone



Layton Thompson/Marie Curie

Who we are

At Marie Curie, everything we do from expert care and funding ground-breaking research to providing practical information and emotional support, helps dying people and their loved ones to make the most of the time they have together.

Nursing: Marie Curie Nurses work night and day in people's homes across the UK, providing hands-on care and emotional support. They support people living with a terminal illness to stay surrounded by the people they care about most, in the place where they're most comfortable. See page 18.

mariecurie.org.uk/nurses

Hospices: Marie Curie Hospices offer the reassurance of specialist care and support, in a friendly, welcoming environment, for people living with a terminal illness and their loved ones – whether they're staying in the hospice, or just coming in for the day. See page 22.

mariecurie.org.uk/hospices

Helper volunteers: We know the little things can make a big difference when you're living with a terminal illness. That's where our trained Helper volunteers come in. They can visit regularly to have a friendly chat to over a cup of tea, help you get to an appointment or run an errand. See page 45.

mariecurie.org.uk/helper

Information and support: Whatever your question, we're here to help with practical information and support on all aspects of life with terminal illness, dying and bereavement. You can call us, chat to us online, visit our website, order information in print or join our community. See page 26.

mariecurie.org.uk/support

Research: We're the largest charitable funder of end of life research in the UK. We fund research to help improve care and support across our services, as well as those provided by others. See page 34.

mariecurie.org.uk/research

Policy and campaigning: We're determined to fight for a world where everyone gets the best experience they possibly can at the end of their lives. We campaign and influence decision-makers on issues that affect people reaching the end of their lives, their families and friends, to help them access high-quality care and support when they need it most. See page 30.

mariecurie.org.uk/policy

Public awareness: We know talking and planning can help make life better at the end. We offer resources to help families and friends start important conversations around end of life earlier, so, as a nation, we can be better prepared for death. See page 16.

mariecurie.org.uk/talkabout

Our vision

for the future

In the midst of the coronavirus pandemic, many people have unexpectedly been affected by the loss of someone close to them. Dying has suddenly become a front-of-mind issue for us all.

As well as the coronavirus pandemic, we have an ageing population. By 2040, it's predicted that the number of people in the UK aged 85+ will double from 1.6 million to 3.2 million. People are living longer with multiple conditions. This means a 'tsunami' of demand for end of life care and support is expected over the next decade.



Kieran Dodd/ Marie Curie

Already, one in four people don't get the care or support they need at the end of their lives. The coronavirus crisis has given us a glimpse of the future and has exposed the weaknesses in the delivery of end of life care in the UK.

The health and social care system we know today simply won't be able to cope with the future demand for palliative and end of life care. This could mean increased isolation and suffering for people at the end of life, as well as for those who are bereaved.

The world around us is changing significantly and the external challenges of health and social care, such as funding, commissioning, fundraising and politics are likely to continue to be disruptive for many years to come.

Changes in these areas have resulted in inequities in accessing care and support, disproportionate funding, gaps in end of life provision based on what people need, and an end of life system which is overly complicated, disconnected and fraught with barriers.

At Marie Curie, we see a different society where everyone has the very best care at the end of their lives, and support for their loved ones as well. We aspire to be a country where everyone can expect the best possible last chapter of life, and their loved ones are able to start the next chapter of their own lives as well as they can.

We only get one chance to get this right for people at the end of their lives and we must find new ways to support more people beyond those we reach directly through our services.

Now, more than ever, change is needed across the whole health and social care system, so people can get the end of life care and support they want and need.



Layton Thompson/ Marie Curie

Marie Curie has therefore established a new strategic drive to ensure that everyone in the UK gets the best possible end of life experience. We've identified the areas where we can contribute the most in order to make sure that happens.

Realising our vision: our strategy

Our strategy is focused on long-term, sustainable impact and our ambition is for everyone to have the best possible end of life experience, including all the things that are important to people at the end of their life. It's underpinned by this statement:

Everyone will be affected by dying, death and bereavement and deserves the best possible experience, reflecting what's most important to them. Marie Curie will lead in end of life experience to make this happen.

Our targets

for the coming year

Our ambitions for the coming year have been reshaped by the coronavirus pandemic and our response to the recovery phase. With this in mind, in 2020/21 we will:

Build and co-design end of life services with others, to support people in the best possible way in their local communities.

- Develop and implement a plan to transform the end of life experience at a national level in all four nations.
- Develop community services that are integrated, local to people's homes, socially inclusive and meet their end of life needs.
- Develop a Virtual Learning Academy to share our end of life knowledge and skills with other organisations to ensure that more people have the best possible experiences at the end of life.

Strengthen our national voice and influence society's thinking around the end of life experience.

- Increase public awareness around death, dying and bereavement.
- Upscale our national research and policy programme to improve the end of life experience for all.
- Create an open dialogue between our brand and the public in order to clearly articulate the change Marie Curie seeks to deliver.



Lisa Kennedy/Marie Curie



Neil Phillips/Marie Curie

Invest in our capability to increase impact for patients and financial sustainability for the organisation.

- Develop and implement a digital plan to embrace innovation, drive efficiency and establish new ways to support care delivery and back-office functions.
- Invest in business intelligence and data management to better understand and measure the difference we want to make for people at the end of life.
- Publish a new people strategy which transforms us from a 'good' to 'great' organisation to work or volunteer for, including strengthening our diversity and inclusivity.
- Improve our effectiveness and efficiency through implementing new and better practices, reducing our operating costs and improving productivity.
- Undertake a review of how we raise our voluntary income in a world in which coronavirus exists.
- Further review our retail portfolio in order to optimise profitability.

Our response

to the coronavirus pandemic

In the last two weeks of March 2020, the coronavirus pandemic created two immediate and defining challenges for Marie Curie. How do we adapt operationally? What do we do about the financial hit?



Brian Morrison/Marie Curie

Responding fast on the front line

Our community services and hospices pivoted with pace and agility to working in a coronavirus environment.

In partnership with the NHS, we tenaciously focused on adapting our services to keep patients out of acute hospitals and to ensure that people dying with coronavirus and other conditions continued to receive the care they needed. This meant stopping all outpatient care in our hospices and adapting our in-patient hospice care and community care for the new reality. This included rapidly developing new digital and virtual services.

The main challenges we faced at first included

securing sufficient PPE to keep colleagues, patients and the public safe. We resolved this through public campaigning, political intervention and the eventual establishment of a highly effective Marie Curie UK-wide PPE distribution system staffed by colleagues, volunteers and supporters.

Our frontline doctors and nurses also faced exceptionally challenging circumstances. Many felt anxious about going to work, others had to be off work for various reasons. They saw higher death rates than usual and had to manage a very limited capacity for families to be with their dying

loved ones. Added to this was the physical and psychological distress of wearing PPE for end of life care, which made it harder to forge a human connection with patients. Tragically, our nursing colleague Barbara Sage died from coronavirus on Easter Sunday (read our tribute to Barbara on page 98).

With end of life experience becoming headline news overnight, we acted fast to expand our information and support services, making use of expert staff unable to work on the front line during lockdown. We were able to offer additional and much-needed help to the public.

This included enhancing our Support Line to offer specialist guidance from a range of experts including spiritual carers and bereavement counsellors, launching a volunteer befriending service, extending our information and support opening hours to seven days a week, and increasing the capacity and availability of our bereavement support so we could help more people affected by a death during coronavirus, and those feeling more isolated in their grief.

We worked hard to promote this free, national service to healthcare professionals and key decision makers, who in turn spread the word via their networks.

Everything on hold

The government lockdown and social distancing rules caused fundraising event cancellations; our fundraisers and volunteers were unable to collect on the streets and major fundraising events and community activities were cancelled or postponed. Our charity shops had to close, with more than 400 members of staff immediately put on furlough.

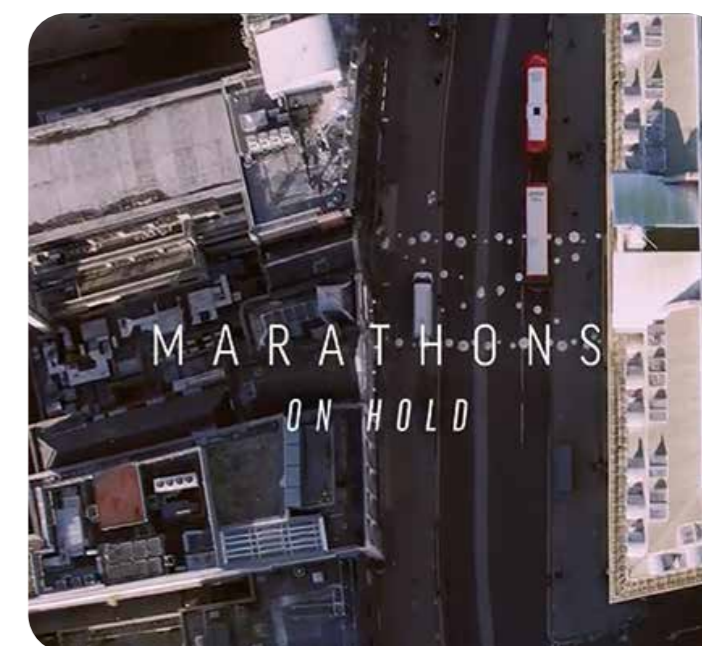
It was clear that as an organisation we needed to act fast to restore financial stability.

Within days, we'd launched an emergency appeal. We wrote to, emailed and phoned donors, foundations and corporate partners, and appealed to the public. Our advertising agency Saatchi & Saatchi speedily put together a pro bono campaign highlighting that, while many things were put 'on hold', terminal illness couldn't be paused or postponed.

The generosity of the public, our supporters and corporate partners during this time of national emergency was astounding, and we'd like to say a

resounding thank you to everyone who supported Marie Curie during that time.

We also received direct emergency government support to ensure that our frontline services were fully available during the crisis, and a number of non-clinical colleagues accepted furlough.



Implications for the future

As of June 2020, Marie Curie is reacting to two new realities. Firstly, despite the success of our emergency appeal, the crisis is likely to have a lasting impact on fundraising income (read more about the financial impact of coronavirus on page 55). Secondly, the health and social care context in which we work has been significantly disrupted by the crisis.

The pandemic has also presented new opportunities for Marie Curie to fulfil its ambition for everyone to have the best possible end of life experience. During the rest of 2020, we will therefore refocus and shape the organisation to secure its longer-term financial stability and expand our impact in the new reality.

Away from the front line, for many non-clinical Marie Curie staff the crisis has meant a prolonged period of home working; this has presented some challenges but also opportunities for our future operating model.

We will continue to assess our plans in this area (read more on page 55).

Starting the conversation

about end of life

At Marie Curie, we know that having open conversations about end of life while there's still time can improve peoples' experiences, so we launched a campaign to encourage the public to start talking.

For a long time, talking about death and dying has felt like a taboo in our society. But in reality, a larger ageing population than ever before means the UK is expecting a sharp rise in the number of deaths over the next 20 years. That means many more of us will soon be affected by dying, death and bereavement.

We know talking and planning for the end of life when you're healthy is a positive action you can take to retain some control over your death and make things easier for the people closest to you.

So, in November 2019, we launched a national campaign to help people begin the conversation about end of life with friends and family, share their thoughts and feelings, discuss wishes and make plans earlier in life.

Looking back, we could never have predicted how relevant these issues would become in 2020.

Resources to help

We launched a new suite of resources to help people engage with the sensitive topic of dying and death in new ways.

- Talkabout: an online magazine filled with thought-provoking articles, stories, videos and opinions to intrigue readers and get them to take that first step towards thinking about death. Having aimed to reach 43,000 visitors, we saw 69,810 people engage with content in six weeks.



- Our first podcast series, *On the Marie Curie Couch*, in which a Marie Curie bereavement expert sits down with celebrity guests (like Dustin Lance Black, Greg Wise and Beverley Knight) to discuss their experiences of grief, talking about and

planning for death. Popular with both listeners and critics, the podcast was named Sunday Times Podcast of the Week and received a range of positive media coverage.

- We distributed over 3,000 packs of conversation cards to the public, healthcare workers, care homes, hospitals and other charities. These were regular decks of playing cards peppered

with questions and prompts to help spark meaningful conversations.

- Information on how to start planning ahead and have conversations with loved ones. This included a printed guide and a checklist of practical things you can do to get your plans in place. If you want to find out more about these resources, visit mariecurie.org.uk/talkabout



Getting people's attention

In November and December 2019, we promoted the campaign through national advertising, using TV, radio and digital channels.

Our TV advert by Saatchi & Saatchi used animation (pictured above) and a bespoke song to bring a lightness to the subject. It reached 77% of UK adults over 45.

The campaign was supported by PR, with coverage

in print, online, on radio and TV reaching 50% of UK adults over 45. On social media, we reached more than six million users on Facebook alone.

Over the coming year, we plan to collect stories from supporters, staff and anyone else who has used our new resources to begin talking about dying and death more openly. These will be shared as part of our ongoing effort to make this topic less intimidating.

Nursing

Choosing to spend your final days surrounded by the people you love is something we believe, where possible, everyone should be able to do. The Marie Curie Nursing Service makes this happen.

Our nurses are trained to be knowledgeable and reassuring carers for people living with any terminal illness. They support those people in their own homes – whether they are living with cancer, dementia, neurological disorders, heart failure or any other terminal condition.

Last year, Marie Curie Nurses cared for 35,999 people, an increase of more than 2,000 on the previous year. Along with other frontline colleagues, Marie Curie Nurses played a vital role in our response to the coronavirus pandemic. Read more on page 14.

Depending on a person's specific requirements and location, our nurses work closely with local district nurses, GPs and hospice teams to give them flexible, 24-hour care.



Ben Gold/Marie Curie

Our Quality Account 2019/20 sets out how we monitor, measure and ensure the quality of the care we provide. It contains additional background, context and detail relating to nursing and quality.

You can read the Quality Account online at mariecurie.org.uk/qualityaccount

One of the things that sets Marie Curie apart is the high quality of our care. See the achievements box on the opposite page for how our services were rated during 2019/20.

Supporting dying people in hospital

In February 2020, we announced a new collaboration with Helpforce, an organisation that supports the NHS through volunteering. The project will address the fact that almost three in every 10 hospital patients are in their last year of life, yet many of them will die alone on a busy ward, spend long periods on their own, or have little company in hospital or at home.

We're working with Helpforce to launch seven innovative projects across England, Scotland, Wales and Northern Ireland. This will mean more end of life care volunteers working in hospitals and in the community to provide much-needed extra support to patients, families and friends, and staff. The volunteers will be trained to support people living with a terminal illness and their families by providing emotional and practical support and companionship.

"We should be more open to looking at ways of supporting each other to care for people well," says Julie Pearce, Chief Nurse and Marie Curie Executive Director of Quality and Caring Services. "Our own services show how well-trained volunteers supporting patients and families in different care settings can enhance the holistic support provided, as well as reassure staff that their patients are getting the emotional, practical and compassionate support they need and deserve."

2019/20 targets and achievements

Targets

- We will continue to develop and expand our services across the UK, embracing innovation and new ways of working with partners so that we can help more people who need our care and support.
- We will continue to prioritise the quality of our services, ensuring we meet our rigorous standards of clinical quality and maintain our excellent compliance rates.
- We will successfully complete the implementation of new technology for our nursing services across the UK.

Achievements

- We've embraced new ways of working and innovation to expand and increase our offering, including forging partnerships with Coordinate My Care and Helpforce.
- Of our 11 nursing services, in inspections carried out during 2019/20, one was rated outstanding overall, two were rated excellent for management and leadership, two were rated very good for care and support, and one was rated good overall.
- Electronic rostering has been implemented in our nursing service. This has taken away the need for paper timesheets and made absence management much easier, increasing patient-facing time for our frontline staff.
- In anticipation of rolling out new electronic patient records in 2020, we've been piloting the use of electronic patient records in one of our North West England services. In this service, healthcare assistants can now access patient records on their tablets meaning they can quickly see what medications someone's been prescribed and other key information that allows them to assess and treat their patients more efficiently and effectively.

Helping people in London plan their future care

In London, we launched a new service giving residents of nursing homes a voice, which has proven invaluable to families during the coronavirus pandemic. The need for this was based on research that found people with dementia may not be getting the care that they and their family would wish for at the end of life.

We wanted to help more people with advance care planning in nursing homes so that individuals and their families could have those crucial, timely discussions and put a robust plan in place. "Choosing where you might like to be cared for, or making arrangements for a family pet, can give you peace of mind to have thought ahead," says Marie Curie Nurse Wendy Hutchinson, who worked on the project.

"It can also ease stress for your loved ones, as they'll know your wishes," she adds. "Even if you're not approaching the end of your life, you can still plan ahead, and it can be helpful if there's a time in the future when you aren't able to tell people what you want."

Once the care plan has been drafted and agreed, it's uploaded to a database called Coordinate My Care (CMC). As this database is visible to the London Ambulance Service, the plans serve well as a record of discussions with patients and their families, to make sure people going into care homes get joined-up treatment.



Patrick O'Neil/Marie Curie



Philip Hardman/Marie Curie

Embedding person-centred care

Person-centred care involves treating the individual as whole person, involving them – and, where appropriate, their family and friends – in helping to assess their own needs and plan their own care. This enables the people we care for to make decisions around their care based on their own wishes, gives them more opportunities to speak up about their treatment and helps make sure that they get the best possible end of life experience.



Liz Cuthbertson/Marie Curie

In Central England, we developed and delivered a series of workshops to encourage and empower staff to embed this approach in their work. The sessions aimed to explore what person-centred care means, how working cultures and environments could affect how we deliver it, and new ways of working to improve it.

From the nine workshops delivered in 2019, clear trends emerged from the group feedback and discussion. Factors such as good communication, mindfulness, feeling valued and talking through problems were seen as important to achieving good person-centred care, while external stresses, unrealistic expectations and a lack of consistency get in the way.

The learnings from these workshops have been shared with nurses working within other teams across the organisation. We're currently looking at ways to develop the programme further, with an emphasis on the importance of clinical supervision.

Improving patient safety

Marie Curie is well-known for its quality of care, but we're always looking to see how we can improve things. To improve staff and patient safety, it's important that staff and volunteers feel able to speak up when anything gets in the way of delivering safe, high-quality care, or when it affects their experience in the workplace.

While a lot of our staff feel able to do this, we'd like more staff to feel able to voice their concerns. We're working with staff at all levels of the organisation to ensure that the necessary training is developed and completed to make this possible. We'll work to show that speaking up is celebrated and used to correct problems and make improvements that turn 'good' practice into 'great' practice.



Ben Gold/Marie Curie

Frances Birrell had chronic obstructive pulmonary disease (COPD) and bowel cancer. She was cared for by Marie Curie Nurses at her home in Edinburgh.

Frances's story

"I worked as a nurse myself until I was 68, so I know what great care looks like. I was also a carer to my daughter, Angela, who had chronic sarcoidosis – a condition that caused patches of red, swollen tissue to develop on her organs. I nursed her right until the end, in 2013.

"When I was told that I had COPD, I couldn't believe it. I didn't want to burden my family and friends with it, but in the end I had to open up. Then in December 2018, I was told I also had bowel cancer. It was terminal and they didn't know how long I had left.

"I know I've deteriorated quite a bit, but I have a Marie Curie Nurse who visits twice a week to help me look after myself. The nurses have been fantastic. They even helped me get to the Marie Curie Hospice in Edinburgh for day therapy, which I really enjoyed."



Kate Stanworth/Marie Curie

Very sadly, Frances died at home in April 2020. It was important for Frances to be able to be at home at the end of her life. Marie Curie Nurses made that possible.

Hospices

Hospice care supports people living with a terminal illness to carry on doing the things that matter to them, and to spend quality time with the people they care about. Marie Curie is the largest UK provider of hospice care outside the NHS.

Our nine hospices help people living with a terminal illness to get the most from the time they have left.

We offer a broad range of services including outpatient assessments, rehabilitation and specialist hospice care. Many people who are admitted into our hospices will already have some experience of our care, whether that's by attending day therapy or coming in for an appointment to help manage their symptoms.

Last year, our nine hospices cared for 8,781 people

Last year, saw an increase of 6.8% on the previous year. Survey data shows that 99% of patients and families would be likely to recommend our hospices to their family and friends.

Our hospice staff were at the forefront of the coronavirus pandemic and played a key role in our response. Read more on page 14.

Updating the systems we use

Last year saw a quality improvement project at the Marie Curie Hospice, Newcastle, where we brought in an electronic prescribing and medication administration (ePMA) system to try to reduce the likelihood of medication errors. These are very rare and any incidents are closely monitored but, very occasionally, such errors do happen. Staff have been trained to use the new system and are being supported so they feel confident using it. Electronic prescribing and administration of medicines is used widely across the health system and the hospice has been shortlisted for a patient safety award following implementation.



Kate Stanworth/Marie Curie

2019/20 targets and achievements

Targets

- We will increase the number of people provided with excellent, personalised care in our hospices through service and operational improvements, so that hospice teams can continue to play a vital role for the communities they serve.
- We will continue to prioritise the quality of our services, ensuring we meet our rigorous standards of clinical quality and maintaining our excellent compliance rates.
- We will address the inequity in palliative and end of life care, ensuring our own services are diverse, inclusive and meet the changing needs of patients and their families.

Achievements

- We increased the number of people cared for in our hospices from 8,220 (2018/19) to 8,781. This represents an increase of 6.8%.
- 99% of patients and families said they were likely to recommend our hospices to friends and family.
- We commissioned an external review of our clinical governance and are making good progress on the action plan. This includes reviewing our quality visit schedule, embedding standardised governance agendas and exception reporting. This means the services we offer will continue to improve as they're closely monitored and we're held accountable, so people in our care can feel reassured that they will continue to receive quality, personalised care.
- We've appointed an equality, diversity and inclusivity lead to support our organisation's work on social inclusion. We'll build on our work with the teams to establish data and practices that we can use to measure our progress against our patient and carer experience priorities for the coming year. We've made good progress in this area, as our work with prisoners at HMP Edinburgh shows.
- Of our nine hospices, the Marie Curie Hospice, Belfast was the only one inspected in 2019/20. We're currently awaiting the report.
- We've brought electronic rostering into our hospices. This has taken away the need for paper timesheets and made absence management much easier, increasing patient-facing time for our frontline staff.
- We've appointed a new Head of Safeguarding who will lead on the organisation's wider safeguarding agenda and strategy. We've also introduced a Safeguarding Assurance Group (SAG). The SAG will review all reported safeguarding incidents, as well as identifying changes to legislation and areas where we can improve our policies and procedures. This will allow us to improve the safety of our patients.
- We audited our performance against the Accessible Information Standard in our hospices. People with disabilities or sensory loss often experience poor health outcomes and inequalities. The Accessible Information Standard sets out an approach to identifying, recording, flagging, sharing and meeting the information and communication needs of this group. Our facilitators will use the information gathered to identify areas for improvement.

Following a successful six-month trial funded by the Albert Hunt Trust at the Marie Curie Hospice, Newcastle, in 2019 we began using sub-epidermal moisture (SEM) scanners in all nine of our hospices. The scanners are being used to detect tissue damage deep beneath the surface of a patient's skin, days before previous methods would have been able to spot it.

Staff are now able to respond quickly to the early warning signs and take preventative measures to minimise patients' chances of developing painful sores. "Through the introduction of this pioneering

approach, we've not only demonstrated our credentials as leaders in our field, but also our commitment to improving the quality of life for those living with terminal illness and their families" says Lead Nurse Gillian Raine.

Providing palliative care for prisoners

In keeping with our passion for social justice and inclusion, the Marie Curie Hospice, Edinburgh has developed a partnership with its local prison, HMP Edinburgh. This prison has one of the highest populations of older, long-term prisoners in Scotland and therefore a number of the people it houses have specific palliative care needs.

The Scottish Prison Service, NHS Lothian and Marie Curie are working together to transform the experience of palliative care for prisoners.

There are specific challenges to making sure this group gets high-quality end of life care. These include identifying those prisoners who have palliative care needs, gaining safe access to medication in the prison and the restrictions of the prison environment.

Great progress has been made so far in connecting the hospice staff and services with those prisoners who need their support. We've introduced training both for hospice staff who might have felt uncertain of working in this new and challenging environment, and also for prison staff and prisoners themselves. This includes support following a traumatic death. "This work to date has resulted in directly providing palliative

and end of life care to a number of prisoners, and bereavement support to prisoners affected by loss," says Lead Nurse Libby Milton.

Understanding the impact of our care

It's important to us that we make sure we're doing the very best for everyone in our care. One way of making sure that happens is by recording what we call 'outcome measures', as this information helps our staff understand and demonstrate the impact of the care a person has received.

Outcome measures are ways of measuring what we're trying to achieve for our patients, based on their wishes. This could include relief from symptoms such as pain or nausea and choosing where their care is delivered or where they die – at home or in the hospice. Each patient can discuss what's most important to them in the order they wish.

In the last year, we've made steady progress with the implementation of outcome measures within our hospices. All of our hospices are now collecting 'Phase of Illness' and 'Australian Karnofsky Performance Status' scores and are at varying stages of implementing the 'Integrated Palliative Care Outcome Scale'.



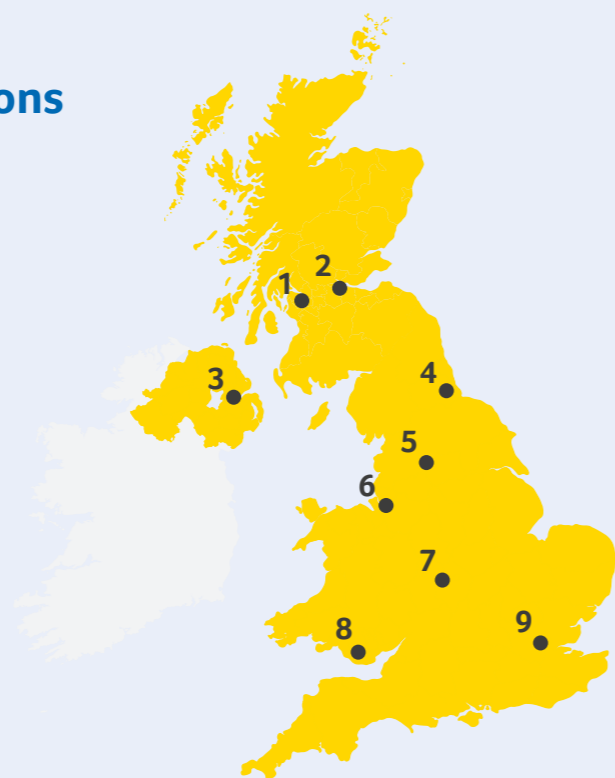
Kieran Dodds/Marie Curie

Each of our nine hospices has appointed a clinical lead to drive this project forward and we have a group call every three months to support them.

We held our first workshop in June 2019 to promote and support the use of outcome measures, which was very positively received. A further workshop is planned for later in 2020. Our analytics team is currently working to improve how we report on outcome measures and how this can improve the care we deliver.

Our nine hospice locations

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



Kenny Thompson was diagnosed with prostate cancer in 2017, which spread to his kidneys. In August 2019, he started going to sessions at the Marie Curie Hospice, Bradford.

Kenny's story

"I go to the Living Well group. The staff there are very friendly and helpful. If I ask anything about my health, there's always someone there to talk to me, to point me in the right direction to get help.

"I get support from lots of different teams at the hospice. They take away my worries. Since I've been going to the hospice, I've been looking forward to it. Seeing other people and talking to them helps pass the time."

Kenny sadly died in April 2020. Attending day therapy sessions at our Bradford hospice meant that when the time came to be admitted as an in-patient at the very end of his life, he was in comfortably familiar surroundings.



Kate Stanworth/Marie Curie

Information and support

We know that clear and accurate information can make all the difference to a person's end of life experience. From diagnosis through to bereavement and beyond, our information and support services are here to answer any questions people might have.

Growing and promoting our services

Last year saw the evaluation and continuation of our newly launched national clinical information and support service for the public. The service aims to answer any health and clinical questions someone might have about terminal illness – whether they're ill themselves, are a concerned family member or friend of someone who's been diagnosed, have been bereaved, or are a health or social care professional.

The evaluation found callers who'd spoken to our Support Line were very happy with the service. People using the service felt more informed as a result of making contact and intended to act on the information they'd been given.

Last year, 1.8 million users engaged with our information and support service. We responded to 15,708 enquiries across our phone Support Line, email, web chat and social media.



Ben Gold/Marie Curie

2019/20 targets and achievements

Target

- We will continue to grow our information and support service so that we can be there for more people, when they need us most.

Achievements

- We launched our new telephone bereavement service, online benefits calculator, produced new content (both in print and online), launched our 'Check-in and Chat' befriending service, extended our Support Line opening hours and responded to the coronavirus pandemic in innovative, dynamic and reactive ways.
- We had a major increase in our reach figures on printed materials and web pages. We issued more than 115,000 printed booklets (2018/19: 54,000) and the number of users accessing our online information totalled more than 1.6 million (2018/19: 1.2 million) – an increase of more than 32% on last year.
- We have continued reviewing and updating our online content, including pages within the Palliative Care Knowledge Zone such as 'Talking to someone about dying', to ensure that it helps healthcare professionals easily find what they need. There were more than 720,000 users of our Palliative Care Knowledge Zone (2018/19: 442,000).
- Once again, we saw a lot more people choosing to take up our web chat support option, up from 2,085 (2018/19) to 3,306 – an increase of 59%.

We're proud that we were able to adapt and grow this national service at speed in the face of coronavirus (for more on this, see overleaf).

In March 2020, we extended our information and support offering with the launch of a national bereavement service. The new service offers weekly telephone-based sessions with trained volunteers to help people experiencing grief. By increasing our bereavement offering across the UK through this listening service, we can support more people to cope with grief, whether their loved ones received care from Marie Curie or not.

Our content on 'What to expect at end of life', aimed to help someone prepare for a death, is used extensively and this year we launched new video content by volunteers sharing their experiences of a loved one dying. Since being posted, the video has been viewed more than 53,000 times, making it by far our most viewed information and support film.

We also launched a mini-series of three short films designed and developed to support people through their grief, as well as a new 'Easy Read' booklet to support people with learning disabilities through grief.

Supporting as many people as possible

In November 2019, we introduced a benefits calculator to our website. This is an online tool that can be used to work out how much money someone affected by terminal illness could receive in benefits. The benefits system can be very difficult to navigate, and we hope that this tool will enable people to find out what they're entitled to and how to apply.



There were 4,431 completed calculations between the launch of the benefits calculator and the end of March 2020, identifying £734,785 in potential benefits. If someone doesn't have internet access to use the tool, our Support Line team can take them through the calculator over the phone. Making sure people can access financial support when they're affected by terminal illness has been central to our work as charity for the past few years (read more about this on pages 30-31).

In the past year we also launched a new booklet to support people who identify as LGBTQ+. Research shows that LGBTQ+ people can experience significant barriers to accessing palliative and end of life care and they might not get access to the support they need at the right time. We created a booklet to help address this inequality and send a clear message that palliative and end of life care is for everyone.

The information and support area of our website includes pages aimed at the public as well as the Palliative Care Knowledge Zone (PCKZ); an online information platform aimed at health and social care professionals. In the last year, we published new content on managing symptoms (including anxiety, incontinence and pressure ulcers) and having difficult conversations. Visits to the PCKZ continue to increase, with over 720,000 unique users in 2019/20.

Responding to the coronavirus pandemic

In March 2020, the coronavirus pandemic took hold in the UK and our Information and Support team began fielding an increasing number of queries relating to coronavirus and end of life care. These included questions around the vulnerability of loved ones and whether it was safe to visit people in their homes or hospices, as well as wider questions relating to anxiety and isolation.



Ben Gold/Marie Curie

Our team responded by extending the opening hours of our Support Line from six to seven days per week – particularly notable at a time when other organisations were reducing their capacity and availability. We set up a 'Check-in and Chat' befriending service, aiming to provide a friendly connection in uncertain times and launched an online hub for carers with information about end of life care during coronavirus.

We also quickly actioned the expansion of the Information and Support team to offer a more holistic service, including giving those who get in touch with us access to hospice nurses, spiritual care coordinators and counsellors.

Read more about our overall response to the pandemic on page 14.



Phil Hardman/Marie Curie

Sue Evans was diagnosed with cancer in 2019. She rang our Support Line when she wanted to speak to someone other than family and friends and found it a reassuring experience.

Sue's story

"I was given a semi-diagnosis of cancer after a test and was about to go for a CT scan and MRI scans, which I was terrified of. Not knowing what to expect or what I would find out. Would I be around at the end of the year? My youngest son was getting married in the October. Wonderful as he is, all I kept getting from my husband was: 'You'll be fine, don't worry.'

"So I made the call and it was lovely to talk to somebody who just listened and helped me learn about what was happening to me. I thought it would be helpful to talk to somebody who doesn't know me at all, and it did make me feel more reassured and better about things.

"Fortunately, the cancer hadn't spread, so I went in for surgery. I'm coming up to my first-year check, so fingers crossed

everything is OK. It was so nice to call the Support Line to talk to somebody and not just be told, 'You've got to keep positive all the time.' Sometimes that's just how you feel and you need to allow yourself to feel that way."



Policy and campaigning

With mounting pressure on the NHS and social care in the UK, people at the end of their lives, and those supporting them, need a voice to make sure they get the support they need. That's where we come in.

Our policy team works to influence governments and administrations across the UK to find ways to make sure that dying people, and their families, get the support they need.

It's vital these messages reach the relevant audiences and are heard as loudly and as clearly as possible, so our Policy, PR and Campaigns teams work closely together to give vulnerable people a voice, secure media coverage and gain support of key decision makers.

When the pandemic hit, our policy and campaigning successfully ensured that we, alongside the NHS and other essential workers,

got the personal protective equipment we needed to keep patients, their families and our staff safe. Read more about this on page 14.

Improving standards of care

In February 2019, we launched Marie Curie's Daffodil Standards across the UK. Designed to help GP practices consistently offer the best end of life care for their patients, they are a set of quality improvement standards to be completed by each practice over a three-year period. We worked alongside the Royal College of General Practitioners (RCGP) to develop the Standards.



2019/20 targets and achievements

Targets

- We will use our voice as leaders in end of life experience and continue our programme of thought leadership events to influence societal change and raise awareness about the needs of patients and families.
- We will continue to campaign for fairer and quicker access to benefits for people who are terminally ill, building on our success in Scotland.

Achievements

- We signed up more GP practices to our Daffodil Standards to help them consistently offer the best end of life care for their patients.
- We delivered the All-Party Parliamentary Group for Terminal Illness's formal inquiry into fast-track access to benefits for people with a terminal condition, continuing our work to scrap the six-month rule.
- We secured an amendment to the *Transport (Scotland) Act 2019*, to ensure that hospice parking spaces remain exempt from local parking levy schemes.
- We secured palliative and end of life care as a distinct workstream within the Northern Ireland Cancer Strategy.
- We influenced the Welsh government's Loneliness Strategy to ensure that it took proper account of the part grief and bereavement plays in loneliness.
- We presented Marie Curie's Talkabout public awareness campaign (read more about this on page 16) to members of the National Assembly for Wales, providing them with materials that they could use with their constituents.

During 2019/20, more than 1,300 GP practices signed up to take part. Each GP practice receives a welcome pack, as well as resources, guidance and tools they can work through to build on the good care they already provide to people living with a terminal illness, and those close to them.

Practices can show their commitment to the Daffodil Standards by displaying a 'Daffodil Mark' in their surgery. "When patients see the Daffodil Mark in our window or on the wall in our waiting rooms, they know we're committed to providing the care and support they need and deserve," says Dr Catherine Millington-Sanders, End of Life Care Lead at RCGP.

Scrapping the six-month rule

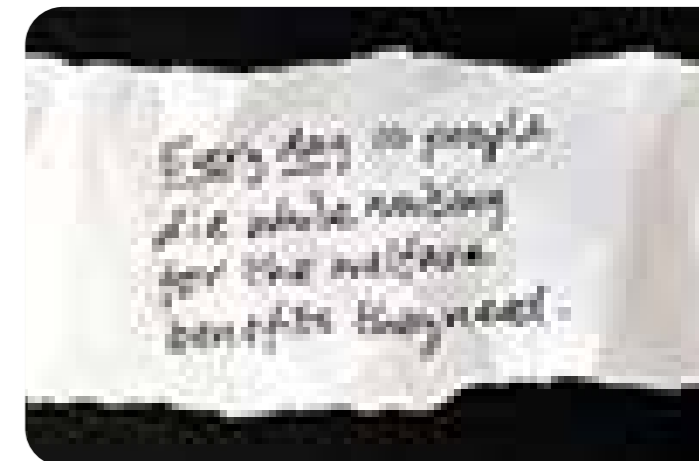
The All-Party Parliamentary Group (APPG) for Terminal Illness raises awareness of issues around terminal illness in Parliament. It also promotes links between Parliament, individuals and families affected, charities, scientists, health professionals and decision makers.

In June 2019, we led the APPG for Terminal Illness's formal inquiry into fast-track access to benefits for people with a terminal condition. Every year, thousands die while waiting for the welfare benefits they need. Anyone with a longer prognosis or an unpredictable illness faces a mountain of red tape to access these benefits.

The inquiry looked at evidence in order to assess the legal definition of 'terminally ill' and the impact this definition has on people affected by terminal illness. Currently, the law states that someone 'with six months or less left to live' is considered to have a terminal illness.

Published in July 2019, the inquiry report *Six Months To Live?* attracted substantial media attention and helped persuade ministers that the six-month rule was no longer fit for purpose.

In August 2019, working with the MND Association, we handed a petition of more than 55,000 signatures to 10 Downing Street, calling for the six-month rule to be scrapped. The law



is already set to be changed for some benefits in Scotland following a successful campaign in 2018. All parties in Northern Ireland now support scrapping the six months rule. In England, the government has announced a review into the benefits system for terminally ill people.

Protecting hospices from parking fees

Identifying changes in the law that could improve the lives of those affected by terminal illness is one of the most important things we do. In April 2019, our Scotland team successfully secured an amendment to the *Transport (Scotland) Act 2019*.

This amendment will mean all Scottish hospices will be exempt from any locally-introduced car parking levy schemes, which Scottish Local Authorities had been given the power to create.

There are two Marie Curie hospices and 14 independent hospices in Scotland, serving over 20,000 people living with a terminal illness and at end of life. If the *Transport (Scotland) Act 2019*

had passed unchallenged, this would have been costly for all hospices in Scotland. Instead, our amendment has saved all hospices from paying these potential additional costs – including saving Marie Curie up to £30,000 per year, which can now be used to provide care and support for those affected by terminal illness.

Influencing policy and strategy

In Northern Ireland, we secured palliative and end of life care as a distinct workstream within the long-awaited Northern Ireland cancer strategy and were subsequently invited by the Chief Nursing Officer to chair the workstream.

Reporting to the Department of Health, this critical piece of work involves engaging with people with lived experience of cancer and working in collaboration with a wide range of stakeholders across all sectors.

In Wales, we influenced the Welsh government’s loneliness strategy to ensure that it took proper



Kate Stanworth/Marie Curie

account of the part grief and bereavement plays in loneliness. The draft strategy focused on supporting people, empowering communities, building meaningful relationships and working together to tackle social isolation and loneliness.

We felt it important to add that bereavement needs to be referenced as a cause of loneliness and that while this typically impacts older people, young people may also find themselves feeling lonely following the death of a parent or friend, especially if that death triggers changes in lifestyle or relationships with others.



Phil Hardman/Marie Curie

When Jo Lynton’s husband Mark was diagnosed with motor neurone disease (MND), she spent months trying to claim the benefits she knew they were entitled to.

Jo’s story

“My husband Mark was diagnosed with rapidly progressing bulbar onset motor neurone disease in February 2019. From the outset, he didn’t have a good quality of life – he couldn’t eat or swallow and struggled to breathe. He died in the July of that same year.

“While he was ill, I was his full-time carer. I couldn’t leave the house; I did everything for him. We had no support and no family nearby to help out. Claiming benefits to get through it was horrendous. There was so many false starts and dead ends.

“We wasted so much time on hold and filling in forms. It made me really angry because we’d both worked all our lives.



We’ve paid into the system and the one time we needed help, we simply couldn’t get it. That’s why I’m campaigning with Marie Curie to improve the system for other people.”

Research

Many of us are living longer with multiple conditions at the end of our lives. Combined with the effects of coronavirus, this is a major societal challenge. We believe we can only meet this challenge with insight from end of life care research. That's why we're the largest charitable funder of it in the UK.

Making end of life research happen

In January 2020, new data from the UK Clinical Research Collaboration (UKCRC) found that palliative and end of life care research is one of the lowest funded areas of healthcare research in the UK (ranked 44 out of 48), despite it being an issue that affects all of us.

Looking at the data, only 0.21% of funding for all non-commercial, health-related research projects was spent on palliative and end of life care research in 2018. This was £5.49 million from a total non-commercial research spend of £2.56 billion. Marie Curie funded 34% of this, which makes us the largest charitable funder of research in this area.

We responded with a press release to highlight that evidence-based research is vital to improve our understanding of what works best and what matters most to people to ensure the best possible end of life experience for everyone.

Identifying the topics that matter

In January 2020, we held a workshop to identify issues around end of life and out of hours care. This topic had been highlighted as a top research priority by people likely to be within the last years of life, carers, and health and social care professionals.



Brian Morrison/Marie Curie

2019/20 targets and achievements

Target

- We will raise our profile and foster collaborations to fund and initiate new research into palliative and end of life care to improve outcomes for patients and families across the UK.

Achievements

- Research from the Marie Curie Palliative Care Research Department's improving care, assessment, communication and training at the end of life (I-CAN-CARE) programme grant was cited in the *Six Months to Live?* report by the All-Party Parliamentary Group for Terminal Illness inquiry into the legal definition of terminal illness. This report fed into the 2019 Marie Curie report, *The Cost of Dying: the financial impact of terminal illness*.
- The 2019 Marie Curie Annual Research Conference, held in partnership with the Royal Society of Medicine, was the most successful to date. The theme, 'Future Directions of Hospice Care: ITU or IPU' generated intense debate about what hospice care may look like in 20 years' time, and how to prepare for this.
- There were several examples of Marie Curie-funded researchers gaining recognition for excellence throughout 2019/20, including:
 - In May 2019, Dr Nathan Davies of the Marie Curie Palliative Care Research Department, UCL, was awarded the Outstanding Early-Career Contribution to Dementia Research Award at the Alzheimer's Society's Dementia Research Leaders Awards.
 - Research into carers of people with end of life care needs by Marie Curie Research Leads Dr Anne Finucane and Dr Emma Carduff, Marie Curie Head of Policy and Public Affairs Richard Meade, and Scott Murray of the University of Edinburgh won a NIHR Charities Consortium Conference for Hospice and Community-Based Research Award.

Improving out-of-hours care

We funded two studies on out-of-hours care which finished in 2019.

The first was by Professor Scott Murray and Dr Kirsty Boyd at the University of Edinburgh. It was called 'Supporting people with palliative and end of life care needs out of hours: a mixed-methods study of needs, demands and experiences to inform person-centred service developments'. There have been no published outputs from this study yet, but these are expected soon.

The second was by Dr Huw Williams of Cardiff University, with a joint fellowship with the Royal College of General Practitioners. The research was called 'Quality improvement priorities for safer out-of-hours palliative care: lessons from analysis of a national incident reporting database'.

The paper for this was published in *Palliative Medicine* in 2019. The research found that healthcare systems with primary care-led models of delivery must examine their practices to discover more about safety issues. This includes looking

at things like communication between providers, knowledge of (and access to) commonly-used medications and equipment, and need for improvement methods.

This research also led to a how-to guide called *Learning from patient safety incidents to identify changes for end of life care improvement*. This is currently in the draft design stage and due to be launched later in 2020.



Patrick Omer/Marie Curie

We're also funding two further projects on out-of-hours care which are ongoing.

The first is being led by Professor Richard Harding at King's College London and Professor Fliss Murtagh at Hull York Medical School. Together, they're looking at understanding and improving community-based palliative care outside of normal working hours.

The second, which is being led by Dr Felicity Hasson at Ulster University, looks at the role, contribution and impact of the healthcare assistant in ensuring proactive efficient and effective out-of-hours palliative care provision.

Supporting the work of our staff

As an organisation that takes pride in the quality of our work, we believe in supporting Marie Curie staff to undertake research projects in line with their specialisms. Our Internal Small Research Grants Scheme supports staff to do this. We funded nurse Siobhan Fairhurst's project at the Marie Curie Hospice, Glasgow, which looks at the delirium screening tool in a specialist palliative care setting. This is an extension of the project at our Edinburgh hospice, led by Dr Liz Arnold.

So far, the team has recruited 81 participants from across our hospices in Scotland (as at 31 March 2020). The findings will be relevant to all hospice in-patient units and will inform and improve delirium assessment in specialist palliative care.

Collaborating and raising our profile

In September 2019, our research featured at the ACCESSCare Conference held at the Cicely Saunders Institute at King's College London. Guests included a variety of health and social care professionals, policy makers and international delegates, as well as Marie Curie Staff. They learned about ACCESSCare II, a Marie Curie-funded study, that looked at the bereavement outcomes for lesbian, gay and bisexual and heterosexual partners. Speakers also included LGBTQ+ community representatives and Dr Michael Brady, the LGBTQ+ advisor to the NHS.

We also joined colleagues from Cancer Research UK, the Stroke Association, Cystic Fibrosis Trust and Asthma UK* in December 2019 to run an 'Introduction to Research' training workshop. Through this project, we hope to encourage colleagues at other charities to develop their

research offering and channel some of their income into this underfunded area of research, which will result in improved care for patients affected by terminal illness.

The training aims to demystify the research process and provide attendees (new patient and public involvement members for the listed charities) with background on the medical research process and some examples of Marie

Curie-funded projects.

*This has recently become Asthma UK and British Lung Foundation Partnership.

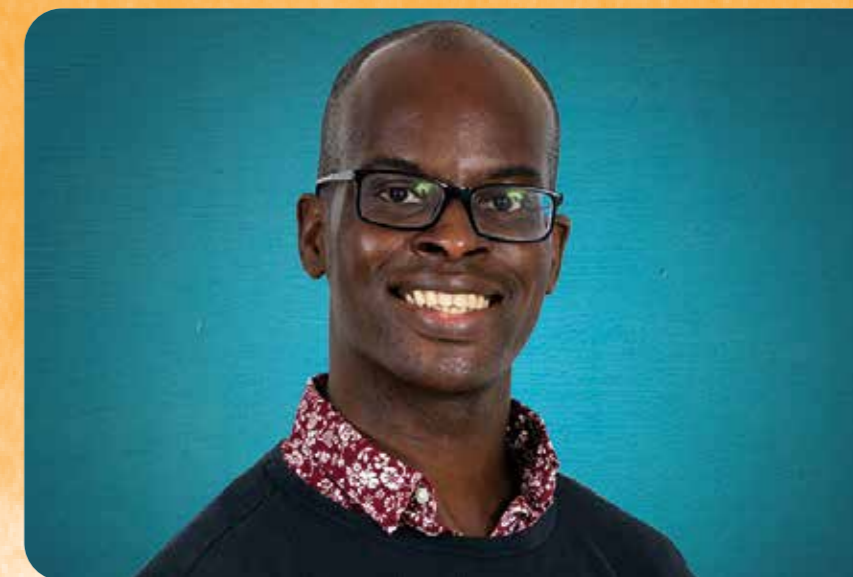
Dr Ami Nwosu is Research Lead at the Marie Curie Hospice, Liverpool. He has recently been appointed as Senior Clinical Lecturer in Palliative Medicine at the International Observatory on End of Life Care, Lancaster University. He is also a consultant in palliative medicine at the Royal Liverpool University Hospital and was recently an inaugural member of the Research Scholars Programme for the National Institute for Health Research North West Coast Clinical Research Network.

"A big part of my work has been to help develop a research culture at the hospice through staff development, education and collaboration. A highlight has been the successful journal club at the hospice. It allows clinical staff to come together to discuss latest research trends and priorities, and to propose ideas for future research that can be undertaken at the hospice.

"This sustained period of research interest and success culminated in 2019, when the hospice was nominated for The Nursing Times Clinical Research Nursing Award in recognition of all the great work we've done to make the hospice more research active.

"I'm interested in futurism and robotics, and have had papers published in this area. In March 2020, I was awarded a Winston Churchill Memorial Trust palliative and end

of life care fellowship, in partnership with Marie Curie, to travel to the Netherlands and the US to undertake a project which aims to improve palliative care through better use of technology."



Phil Hardman/Marie Curie

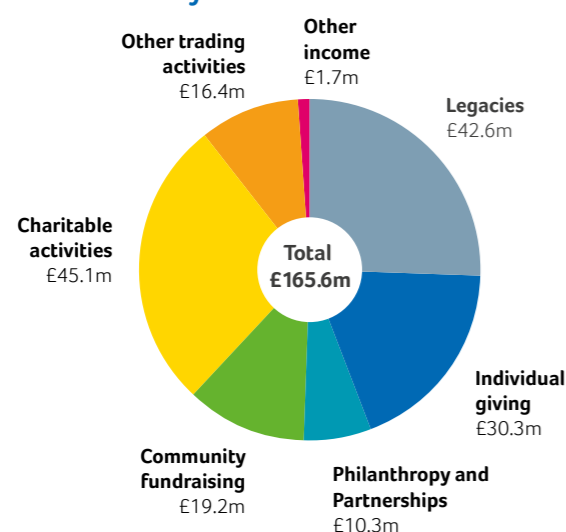
Fundraising

Without our dedicated supporters, the work we do to provide care and support to people living with a terminal illness, and their families, simply wouldn't be possible.

Thanks to all of you

Last year was another strong one for the fundraising team at Marie Curie, in the face of some unexpected challenges. The continued support of individuals, partners, patrons and organisations remains incredibly important to our fundraising efforts.

Our income by source for 2019/20



The importance of legacies

Gifts in Wills are vital to the future of all Marie Curie's services and give supporters an opportunity to give more and provide care long into the future.

Last year, more than £42 million of our income came from 1,430 people choosing to recognise us in their Wills. This means legacies represented 42% of our overall fundraising income in 2019/20. This is particularly high owing to a revised approach to recognising legacy income, but even without this it would have been 32%.

In 2019/20, we also provided help with writing a Will, giving practical advice on what to consider,

as well as offering our free Will-writing service – helping more people get their affairs in order.

The impact of coronavirus

In March, the coronavirus pandemic forced us to make some tough decisions. March is normally a huge month for Marie Curie – it's when we hold our biggest annual fundraising appeal, the Great Daffodil Appeal, and lots of supporting events.

At the start of March, volunteer collectors hit the streets to bring in donations. The Great Big Daffodil began touring the country and we had brilliant support from Morrisons, Superdrug and Lions Clubs International.

Sadly, with two weeks of March remaining, we had to halt collections as the pandemic took hold. Our fundraising took a hit, with events cancelled and shops forced to close. We responded rapidly and within days we'd launched our emergency appeal.

Our emergency appeal raised £1.1 million in just 11 days

Our partners Saatchi & Saatchi donated pro bono support and worked with us to produce a powerful advert. This kept our cause at the front of mind and helped plug the shortfall in our income.

We reached out across all our supporter networks and began turning the tide. By the end of May 2020, we'd raised more than £5 million. Our direct mailing was one of the first to land with supporters in response to the crisis and generated £900,000.

Generous donations of media space and prime airtime slots helped make our voice heard over a very crowded news agenda. Read more about our overall response to coronavirus on page 14.

2019/20 targets and achievements

Target

- We will continue to build on our vital fundraising and retail activities to raise the income required to deliver care and support to the people who need us.

Achievements

- The Great Daffodil Appeal got off to a strong start in March 2020, with the Great Big Daffodil gaining media coverage as celebrity guests, including Chris Kamara and Paul Chuckle, stopped by to leave messages on its petals.
- We were delighted to continue partnering with Morrisons for our week-long daffodil collections. In challenging circumstances, customers and colleagues got behind the daffodil and helped to raise over £766,000.
- We extended our partnership with Superdrug and Savers. Colleagues and customers have worked tirelessly to raise funds through Great Daffodil Appeal collections, sponsored events, in-store fundraising and product campaigns.
- When Great Daffodil Appeal collections were halted, we bounced back quickly with our emergency appeal, raising £1.1 million in just 11 days.
- We continued to make improvements to the ways our fundraisers and Caring Services staff work together, with our Fundraising and Caring Services Engagement team now recruited in all nine of our hospices. Our aim is for every person who uses a Marie Curie service to understand how vital fundraising is to it.
- We continued reshaping our retail network, focusing on profitable shops. We opened a new store in Sinfin in Derbyshire. We launched our first Community Hub at an existing shop in Bristol. The Hub signposts visitors to the support networks we offer, as well as being a space people can hold workshops or meetings, alongside enjoying a great retail experience.

Sue Soffe decided to leave a gift in her Will to Marie Curie to say thank you for helping her look after her mum in her final weeks.

Sue's story

"Back in 1981, my mum Hilda – or Tilly, as she was known – was diagnosed with terminal cancer and needed specialist care. I was just 22 and didn't have the money to pay for it. The council gave me a list of organisations that might be able to help. I approached Marie Curie and couldn't believe it when they said yes straight away. That act of kindness never left me.

"Making a Will has been on my to-do list for a long time, but coronavirus pushed it to the top. I don't have children, but my husband and I agreed to do something good with our money. I don't know what I would have done without Marie Curie's



help when Mum was ill. It means a lot that I can help many people in a similar position by leaving a gift in my Will."

Our inspirational supporters

From leaving a gift in their Will to doing a sponsored swim, there are so many ways people support Marie Curie in providing vital care and support. Whether you're an event participant or corporate partner, none of this would be possible without you.

Far-reaching individual support

Marie Curie's individual supporters show their incredible dedication in many different ways. From Weekly Lottery players to those giving a regular gift via Direct Debit, we continue to see their generosity and loyalty to Marie Curie grow.

Last year, our national team of passionate, face-to-face fundraisers engaged with the public to raise awareness of the vital work carried out by Marie Curie across the UK. Through these conversations, over 37,000 remarkable individuals became committed, regular supporters.



Colin Baldwin/Marie Curie

In 2019/20, our Weekly Lottery has grown to have over 63,500 entries each week, generating more than £3 million a year. Although affected by coronavirus, the Great Daffodil Appeal was met with an amazing response, with over 73,000 people donating money.

We're indebted to the individuals who donate each year. Their kindness helps fund our vital services.

Philanthropy and partnerships

Philanthropy and partnerships are built on developing bespoke relationships and partnerships. During 2019 and into 2020 we were truly humbled by the power of these relationships and the generosity of our supporters. We'd like to thank all our individual philanthropists, charitable trusts and foundations, and corporate partners for their continued support.

In 2019, we were delighted to extend our partnership with Superdrug and Savers. Colleagues and customers are incredible champions of Marie Curie and have been working tirelessly to raise vital funds through our Great Daffodil Appeal collections, sponsored events, in-store fundraising weekends and commercial product campaigns. We're looking forward to continuing our partnership and the exciting developments ahead. We'd also like to thank the colleagues and customers of Morrisons for their ongoing support of our Great Daffodil Appeal.

Last year also saw us celebrate the seventh annual Peacock Awards, held in partnership with the Peacock Charitable Trust. The awards are an opportunity to celebrate the difference Marie Curie's frontline staff make, recognising the contribution of individuals and teams, with winners from across the UK. We'd like to thank the Peacock family, both for the awards and also for their ongoing support.

Our partnership with the National Garden Scheme continues to flourish. Thanks to the dedication of thousands of volunteers across England and Wales, our partnership has raised more than £9.6 million since 1996. We were also delighted to continue our partnership with My Peak Challenge, supported by Peakers across the world, with many embarking

on incredible challenges to raise funds for Marie Curie. Thank you for your inspiring support.

We were humbled by The Albert Hunt Trust, who generously supplied vital equipment to our hospices. Beginning with an initial trial of a specialist sub-epidermal moisture (SEM) scanner at the Marie Curie Hospice, Newcastle, the Trust has extended their support to provide scanners and equipment across our hospices (read more on pages 22-23). The scanners have had a vital impact on patients, and we are extremely grateful to The Albert Hunt Trust.

Our special events continued to be successful in 2019, raising £1.49 million through exclusive lunches and dinners, an annual carol concert and the ever-popular Brain Game series. In March 2020, we took the decision to postpone many of these events in light of the coronavirus pandemic. Thank you to all our Special Event Committee chairs, Committee members and event attendees for their continued support during these times.

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

Across all four nations, our senior volunteers continue to raise funds for Marie Curie, especially during the challenging final weeks in March 2020. Thank you for your support and partnership.

Pat Wood takes part in Swimathon every year as a way of remembering her dad, Roy, who was cared for by Marie Curie Nurses at home.

Pat's story

"I got involved with Swimathon about five years ago because I love swimming. Then, it was just exercise for me, just to say 'I can swim and enjoy it'. Then Dad got ill – he had prostate cancer but left it too long. It spread to his bones; there was no cure. He started to deteriorate towards the end of 2017. That's when Marie Curie Nurses started coming to look after him.

"We could have done with them every night to be fair, but Marie Curie Nurses have to be shared among all the families who need them. My dad died in July 2018. Now I take part in Swimathon every year for

Volunteers fundraising in communities

Our 4,800 registered fundraising volunteers across the UK raised more than £5 million last year.

Whether fundraising individually or as part of our network of more than 500 fundraising groups, these volunteers raise vital funds and awareness of our services in their communities – as well as how the public can support us.

Taking on fundraising challenges

In 2019/20, thousands of Marie Curie supporters pushed themselves to their limits. They took on challenges and events from the Virgin Money London Marathon to Swimathon, raising more than £3.1 million in the process.

Swimathon has been running since 1986 and has raised more than £50 million for charitable causes in that time. Marie Curie has been a charity partner of Swimathon since 2007. Thanks to Swimathon and the generosity of our supporters, including Pat, whose story you can read below, this partnership has raised more than £13 million to support our vital services.



Marie Curie as it's a cause close to my heart. I want to help other families get the help we had with Dad."

Managing our fundraising effectively

At Marie Curie, we're committed to using our supporters' generous donations to provide care and support to as many people as possible.

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. With 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.

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies. We don't use agencies for street fundraising, but we do work with an agency to carry out door-to-door fundraising as this is a cost effective way for us to manage the activity we undertake each year. We also work with agencies to call up existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure they represent our work and our organisation to the highest standards. None of our fundraisers, whether employed by us or one of our agencies, are paid on a commission basis.

Complaints

The number of complaints received in 2019/20 regarding fundraising was 462 (2018/19: 721). Over that period, supporters had around 699 million opportunities to see or hear one of our advertisements. All the complaints were resolved satisfactorily through our in-house procedures and none were escalated to the Fundraising Regulator.

Managing communications

Most people who donate to us want to know how their money is making a difference. We ask whether they'd like us to keep in touch with them so we can update them on our work and how they've helped us. From time to time, we ask supporters if they'd like to support us further – for example, by increasing their donation or by taking part in a particular event.

We ask supporters how they'd prefer us to communicate with them. We give them the option to let us know if they prefer less contact or no longer wish to hear from us, and always respect

their wishes. We don't sell or exchange lists of data with any other charities or companies.

Protecting the public

All Marie Curie fundraisers, including agency staff acting on our behalf, receive detailed training on how to identify and protect people in vulnerable circumstances. If we encounter someone showing signs of distress, confusion or vulnerability, our fundraisers are trained to politely end the conversation and refuse any donation offered in such circumstances. In the unlikely event of a donation being taken in such circumstances, we refund the donation.

Training for our fundraisers

In 2019/20, we launched our Fundraising Training Pathway, a series of skills-based training courses and learning opportunities for all our fundraisers. A highlight was the opportunity to take part in a series of in-house workshops on 'in memory' fundraising and the most sensitive ways to communicate with recently bereaved donors.

Managing our environmental footprint

Environmental issues are having an increasing impact on the health and wellbeing of people in the UK and it's vital that Marie Curie plays its part in improving this situation. We've begun work that will look at how we can be more environmentally aware as an organisation, and are assessing the impact of all our fundraising activity on the world around us.

Read more about our commitment to the environment and the steps we are taking as an organisation to improve our overall footprint on page 59.

Retail

Last year, Marie Curie Shop profits were below budget due to fewer donated goods sales and the associated Gift Aid income.

Temporary store closures, poor weather, low volunteer numbers and quality of stock donated have all contributed to this, along with a declining footfall across all shopping destinations, severely impacted from March 2020 with the temporary closure of all stores due to the lockdown measures imposed during the coronavirus pandemic.

Trialling new fundraising technology

We're investing in new technology to make donating to Marie Curie easier than ever, including cashless payment systems for collections so people can donate digitally.

Raffles and lotteries

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

To run a raffle or a lottery legally, 20% of income must go to a good cause. This is the level that many organisations work to. However, last calendar year Marie Curie used 43% of income from raffles and the Weekly Lottery to directly support people living with a terminal illness. The remaining 57% was reinvested into operating and developing our gaming fundraising activities. This means we can promote our raffles and Weekly Lottery further, to help us raise more money in the long term and increase the percentage of funds going towards supporting people living with terminal illness into the future.

Last calendar year, Marie Curie raffles raised more than £530,000 from donations on top of income from ticket sales.

Our fundraising promise

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

- We promise to provide information about our work and our finances so you can see how your money is being spent and what a difference you're making to people living with a terminal illness.
- We promise to communicate with you in a way that suits you. If you tell us you'd prefer less contact or don't want to hear from us at all, we'll respect your wishes.
- We promise to check at the start of every conversation, on the phone or in person, that you're happy to speak to us.
- We promise never to sell your data to any third party. We will not share your details with other charities.
- We promise to adhere to all industry guidelines and regulations and require others acting on our behalf to do the same. We'll take appropriate action promptly if we find any failure to meet our standards. We will regularly monitor the activities and compliance of our suppliers, including for the protection of vulnerable people.
- We promise to make it easy for you to tell us your contact preferences and we're here to talk to you about our work or answer any questions.



Liz Cuthbertson/Marie Curie

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.

People

Each and every one of our 9,373 volunteers and 4,234 employees plays a vital role in helping us provide care and support to families living with terminal illness, and we're proud of their achievements.

Speaking and listening to our staff

We know how important it is to keep everyone involved with what's happening in the wider charity and in shaping the future of our organisation. Last year, Marie Curie's Trustees looked at employee interests in a number of ways, including taking major decisions during the course of the financial year to protect the charity and its people, for example the annual pay review.

We meet regularly with senior managers across the charity to share how we're doing, shape plans and provide them with key information to brief to their teams. Our Chief Executive and Senior Management Team give regular updates to the wider charity; during the coronavirus pandemic these were increased to weekly video updates.

Last year, we engaged with many of our colleagues during the development of our future strategy through roadshows, livestream 'Town Hall' meetings, a fortnightly e-newsletter, quarterly staff magazine, videos, webinars, and using technology, such as Yammer and our intranet. Together, these offer our staff a variety of opportunities to shape plans, get involved in activity across the charity, ask questions and share their views.

We also introduced a new regular employee survey tool, which means managers can immediately see the issues that are of concern to their teams, provide feedback and take action in real time, while retaining anonymity. This allows us to track employee engagement and take action to address issues and concerns. We share regular updates on the results of the engagement survey, as well as an annual report.

In 2019/20, we further developed our relationships with trade union partners, making sure we engage fully on changes, collective bargaining and issues relating to policy and health and safety.

Learning and development

Last year, we reached the end of our five-year learning and development strategy. We met the core objectives of that plan, including the creation of a comprehensive leadership prospectus, the corporate induction, a learning and development offer responsive to organisational needs and a Learning Management System (LMS) providing a wide variety of learning and data.

We built on these achievements by expanding our leadership training, increasing the number of apprenticeships we offer, providing bespoke team programmes, seeing an increase in library service traffic and expanding our suite of online continuing professional development (CPD) courses.

Responding to the pandemic

- We launched a coronavirus resource on our LMS and shared e-learning to support staff with redeployment. We also provided a coronavirus awareness service for clinicians in our library.
- We gave volunteers and the wider healthcare community to access to e-learning on end of life. We also supported furloughed staff with e-learning and created a virtual induction for new starters.
- We offered virtual coaching and action learning to teams, and we circulated additional leadership resources across the organisation.

2019/20 targets and achievements

Targets

- We will value and support our staff and volunteers to do their jobs well.

Achievements

- We reshaped our human resources (HR) services during 2019/20 to increase frontline resources and improve strategic alignment with operational services and responsive business partnering.
- We've developed and introduced a revised 'people dashboard' and introduced accountability reviews to focus on areas that need support.
- We've continued to embed and support our new recruitment system and targeted recruitment hot spots for customised interventions.
- We've streamlined the process of supplying temporary workers and improved our range of suppliers.
- We've introduced new occupational health support for our employees, including access to physiotherapy.
- We've made improvements to our governance on managing severance, suspension risk assessment and pay policy.

Thank you to our incredible volunteers

We estimate that last year more than 9,000 volunteers generously gave up 1.3 million hours to support our work, across many disciplines, from the gardeners at our hospices to fundraising and support in our offices. Then the coronavirus pandemic hit, and we saw an incredible effort on their part to support people at risk of being forgotten in the midst of the global health crisis.

From supporting the distribution of PPE across all four nations, to stepping up and joining our Helper and Companion services in higher numbers than usual – our volunteers went above and beyond. Despite the difficulties, many of our Helper volunteers did what they could to support people living with a terminal illness during the lockdown period – whether that meant doing online recipe tutorials, sharing photo walks or even chatting to them through a window.

We also had more than 50 new volunteers signing up to support the expansion of our information and support by manning the new Telephone Bereavement Support service, being there at the end of a phone line to listen and support people who are going through grief at an incredibly difficult time.

Meanwhile, we found new ways to recruit, process and deploy volunteers into particular areas of need during the pandemic. This involved redeploying a number of retired healthcare professionals to offer clinical support through our information and support service.

Read more about our response to coronavirus on page 14.



Rick Pushinsky/Marie Curie

Looking after our people

It's our duty to look out for the physical and mental wellbeing of our volunteers and staff, reward and recognise their hard work, and give them safe working environments.

Wellbeing

We developed a Health and Wellbeing Hub to provide employees and volunteers with advice, resources, learnings and tools to support all aspects of wellbeing.



Kate Stanworth/Marie Curie

During the coronavirus pandemic we provided virus-specific support, while working tirelessly to ensure that frontline staff had the appropriate PPE. We reviewed and improved our occupational health services, offering counselling, physiotherapy and cognitive behavioural therapy.

Diversity and inclusion

We're constantly reviewing our policies in this area. Alongside Marie Curie's existing network of Diversity Champions – individuals from across the organisation who identify areas for improvement – we're expanding our internal diversity networks and ensuring support groups are available to all

communities. This year, we became a Stonewall Diversity Champion, building on our LGBTQ+ inclusion work across staff and volunteers, as well as the patients and families we support.

There is no place for racism in our charity. We support an Ethnic Diversity at Marie Curie network and will continue to oppose racism and any form of prejudice.

Marie Curie gives fair consideration to applications for employment from people with disabilities, taking their particular aptitudes and abilities into account. Training, occupational therapy and support is available to employees who become disabled while working for Marie Curie. We comply with the *Equality Act 2010* and facilitate the career development and promotion of all employees with a disability.

Safeguarding

We're committed to safeguarding all our people from harm. This includes our volunteers, staff and all those who use or come into contact with our services. We recognise that all our people, regardless of race, age, ability, gender, identity, sexual orientation, religion or belief, have the right to protection from all types of harm or abuse.

We also recognise that safeguarding is everyone's responsibility.

All our staff and volunteers, including our Trustees and Executives are trained to recognise signs that could indicate that an adult or child at risk may be being abused or neglected, and what they should do about it. We encourage our people, and those who use or come into contact with our services, to speak up about things that they think could cause harm to people and we act promptly when

concerns are raised. Our Whistleblowing Policy and Freedom To Speak Up Champions support this.

We have a designated safeguarding lead on the Board of Trustees as well as leads across the rest of the organisation.

This year, we employed a Head of Safeguarding and we set up a Safeguarding Assurance Group, chaired by our Chief Nurse (who is the charity's Executive Safeguarding Lead). This group oversees the implementation of our safeguarding policy and includes people from all areas of our charity, including our trustees.

We also set up a safer recruitment steering group and a serious incidents panel to ensure robust reviews and shared learning, and launched a complete review of our safeguarding training for all staff and volunteers, across all four nations. We're working on further developing our incident reporting processes.

Gender pay gap

As of April 2017, all organisations that employ 250 people or more must report on their gender pay gap.

This is the difference in the average salaries earned by men and women in an organisation. It doesn't compare salaries earned by men and women in similar roles.

Our mean gender pay gap for 2019/20 is 13.8% (2018/19: 11.2%). Our median gender pay gap for 2019/20 is 12.6% (2018/19: 9%).

Although we have fewer male employees at all levels of the organisation compared with numbers of female staff, proportionately more of the men we employ are in higher paid roles.

We recognise there are particular challenges around recruiting men into frontline care roles; men are under-represented here across the sector as a whole.

We're committed to reducing the gender pay gap in our organisation as far as possible.

Remuneration policy

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

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

our salaries annually and seek to offer suitably competitive levels of reward and appropriate recognition for all our staff.

In 2019/20, we revisited our reward principles to guide both the annual salary review and began a strategic review of total rewards that will:

- reflect our organisational strategy and our standing as a social justice organisation (including employee wellbeing and fairness)
- facilitate delivery of a new target operating model – including integration of services and increasing regional autonomy, increased collaboration and partnership working
- support sustainable and affordable service delivery, represent value for money and promote agile working
- deliver recruitment and retention in a competitive marketplace and promote career development
- promote organisational values in performance, behaviour and delivery.

To help us achieve this, we will continue to review labour market information within appropriate sectors and regularly benchmark our roles to make sure our approach is consistent with our peers.

The basic salaries paid to all our employees are reviewed at the end of each financial year to make sure we're remunerating competitively and consistently against the relevant sectors.

The remuneration of the Chief Executive and the Executive Leadership Team are reviewed and determined by the Board of Trustees.

No individual performance bonuses are paid. Marie Curie uses a job evaluation system to ensure a fair and transparent process in determining all job performance levels. These are then benchmarked against similar jobs in other charities and relevant organisations.

Managing our charity as effectively and efficiently as possible



Ben Gold/Marie Curie

2019/20 targets and achievements

Targets

- We will successfully complete the implementation of new technology for our nursing services across the UK.
- We will continue to transform our frontline and back office systems, processes and ways of working and invest in our people and technology.

Achievements

- Our new electronic rostering has been implemented in both our hospices and nursing services. This has made absence management much easier and increased patient-facing time for our frontline staff.
- We've been preparing for the launch of a new scheduling system that will help us match nurses with patients in the most effective way and piloted the use of electronic patient records in our nursing service.
- We've begun a programme to implement new systems and processes across our HR and finance functions. This will enable us to retire a number of legacy systems, store all our HR and finance data in one place and make it much easier for managers and staff to access the information they need.
- We've transitioned our key finance and HR processes to the cloud so we can carry on working remotely in an efficient and secure manner. This has proved essential to support the organisation during the coronavirus crisis.

We're continuing to work hard to make sure every penny of the funds provided by our generous supporters is used as effectively as possible.

New ways of working

We're committed to ensuring that our teams who aren't on the front line deliver the best service and support to the organisation, so that we can move forwards together towards our developing strategic goals.

In 2019/20, we began a programme to review our processes and implement a new finance and HR system. This new system will transform the service our Corporate Services and People teams deliver.

We will empower staff and volunteers through effective self-service, drive better decision-making through meaningful and easy-to-access live data, and put in place a new set of lean processes to support the transformation.

Financial review

Net income before investment losses and pension gains was £9 million. Included in that result are two one-off adjustments: a change in the way we estimate the amount of legacy income recognised and a decision from HMRC to approve a change in

treatment of VAT. Without these adjustments, Marie Curie would have incurred a deficit of £4 million, reflecting in part the estimated £1.5 to £2 million lost income due to the coronavirus pandemic. The breakdown is as follows:

All figures in £m	2019/20	% change	2018/19
Hospice income	19	5	18
Income for the nursing service	26	9	24
Fundraising income	93	(3)	96
Retail income	16	(6)	17
Other income	2	19	2
Total underlying income	156	-1	157
Expenditure on fundraising and publicity	(35)	4	(34)
Expenditure on retail	(18)	18	(15)
Amount available for our services	103	(4)	108
Invested in:			
Hospices	(51)	4	(49)
Nursing services	(48)	4	(46)
Policy, information and awareness	(4)	(2)	(4)
Research and development	(2)	(39)	(3)
Helper service	(1)	21	(1)
Information and support	(2)	13	(1)
(Deficit) / surplus before one-off adjustments	(4)		4
Change in legacy income estimation	10		-
Change in VAT treatment	3		-
Surplus	9		4

Income

Overall underlying income, excluding the impact of the change in estimate of legacy income, was £156 million and has decreased by 1% this year.

Funding from the NHS was up thanks to the introduction of services in new areas. We were able to care for more patients through our new services in, among other places, Northamptonshire, Northern Ireland, Lanarkshire, Liverpool and West Yorkshire. Patient numbers increased by 6.1% in the nursing service and 6.8% in the hospices.

Hospice income from the NHS was £19 million and has increased by 5%, reflecting the fact that our hospices have cared for more people.

Income received from the NHS for our nursing service increased last year by 9% to £26 million.

Higher NHS income was more than offset by reductions in fundraising and retail income streams. Fundraising income has decreased by 3%, excluding the impact of a one-off adjustment to our legacy income estimation. Our income in March 2020, particularly from the Great Daffodil Appeal, was below expectations due to the impact of the coronavirus pandemic.

Retail income decreased by 6%. Following the UK Government's announcement of a lockdown on 23 March 2020, all our shops were closed, but sales had already reduced significantly in March 2020, reflecting the sharp reduction in consumer confidence prior to the lockdown due to the impact of the coronavirus pandemic.

Expenditure on fundraising and publicity

While Marie Curie's aim is always to maximise the allocation of funding to its various services, it is

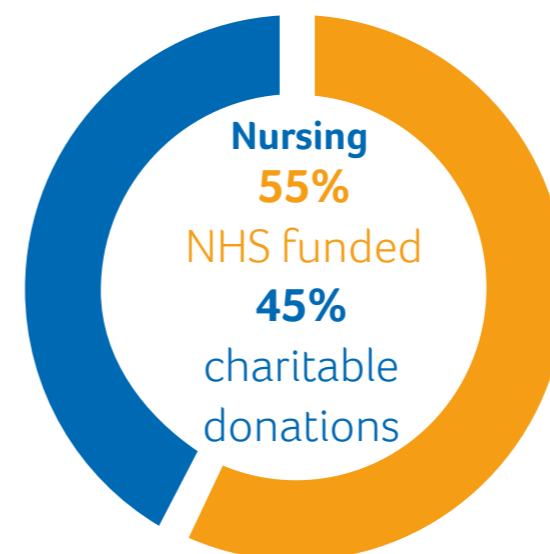
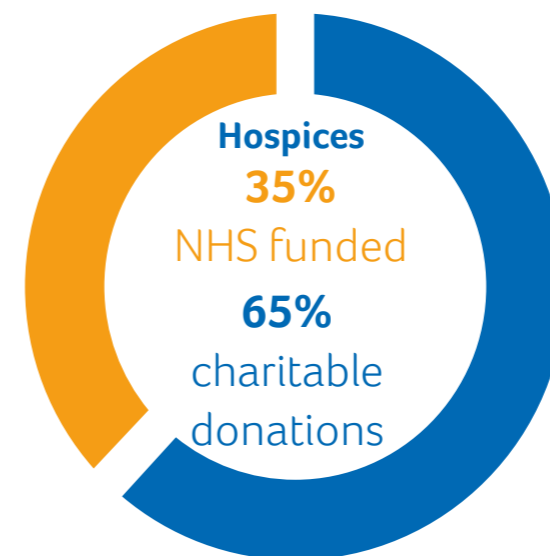
crucial that it maintains investment in fundraising activities to ensure funding is at a level that can support our charitable work. This expenditure increased by 4% as we made planned investments into key areas to ensure the sustainability of our fundraising.

Expenditure on retail

Our shops raise vital funds to support our charitable work. Expenditure was higher than last year, but as mentioned above, some shops had lower sales due to the significant reduction in consumer confidence prior to the coronavirus lockdown. We have therefore made the decision not to reopen approximately a quarter of our underperforming shops following lockdown. A charge of £2.1 million to account for onerous lease costs, potential redundancy costs and dilapidations has been recognised in the accounts.

Areas of investment:

Hospices and nursing services:



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

On average, the NHS pays for 35% of the cost of Marie Curie's hospices (2018/19: 35%) and 55% of the cost of Marie Curie's nursing service (2018/19: 50%), with the remainder funded by donations.

The cost of running our hospices increased by 4%, reflecting higher numbers of patients. The cost of running the nursing service also increased by 4% as a result of higher patient numbers.

Change in legacy income estimation

In previous years, if the cash had not been received, legacies were accrued only when the draft estate accounts had been received less than three months before the year end. This approach has been reviewed and is now considered to be too cautious based on our recent experience. Marie Curie is now instead applying a discounting factor (20%) based on our experience of the likelihood of receipt of income. This factor will be reviewed each year based on updated experience. This change has resulted in a one-off increase to income of £10 million.

Change in VAT treatment

In April 2020, HMRC confirmed that VAT on certain costs incurred by Marie Curie's nursing service may now be reclaimed. As a result, we have recognised £1.8 million of repayments which had been previously received from HMRC but which hadn't yet been recognised pending this approval. We have also recognised a further £0.9 million that had previously been claimed by Marie Curie but not received.

Our funds

Reserves

The Charity held a number of funds as at 31 March 2020. Together these comprise our reserves. Total reserves as at 31 March 2020 were £117.4 million (2018/19: £110.1 million). These comprised:

All figures in £m	2019/20	2018/19
Restricted reserves	22.7	22.1
Designated reserves	40.2	39.2
Tangible Fixed Asset Fund	32.2	28.8
Capital Investment Fund	1.6	5.5
Pension scheme surplus	6.4	3.8
Other	-	1.1
General reserves	54.5	48.8
Total reserves	117.4	110.1

Restricted Reserves

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. Funds raised in previous years for the construction and running of hospices and held in this fund were £20.1 million.

Designated Reserves

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. Designated funds include the Tangible Fixed Asset Fund of £32.2 million which is the value of tangible fixed assets at cost less depreciation. The average remaining depreciable life of these assets is six years. Capital expenditure in the year was £8.6 million. The main items of expenditure were the refurbishment of the Marie Curie Hospice, Hampstead, improvements to the our hospices in Bradford and Newcastle, and IT improvements for our frontline and back office staff.

Other designated funds are as follows:

- The Capital Investment Fund is designated for uncommitted future expenditure to modernise hospices and other capital projects. This fund is expected to be spent by the end of 2020/21 on specific projects largely related to improving the technology infrastructure of the charity.
- The surplus on the Marie Curie Cancer Care Defined Benefit Pension Scheme for the purposes of FRS 102. The scheme had a surplus of £6.4 million at 31 March 2020, compared with a surplus of £3.8 million at 31 March 2019. This was a result of the special contributions of £0.7 million per annum that were agreed in 2018 to reduce the actuarial deficit, as well as investment gains.

An actuarial valuation of the pension scheme is currently being undertaken as at 31 March 2020. The projected technical funding status as modelled by the scheme advisers anticipates a surplus at this point and it is therefore anticipated that the special contributions will cease in June 2020.

General Reserves

These are the reserves remaining when restricted and designated reserves are excluded from the total amount. General Reserves are held so that the charity can continue its operations in the event of an unforeseen shortfall in voluntary income or increase in costs.

All charities are required to consider how much money they need to hold in reserves. The extent varies depending on the scale and nature of the charity's activities.

Marie Curie provides a range of critical health services upon which communities across the UK depend. To fund these services, we rely on a number of fluctuating income streams from donations, legacies, shop profits and investment income. To enable us to make commitments to each community to provide its key hospice and nursing services, we need to maintain a level of free reserves so that we can continue our operations in the event of an unforeseen shortfall in voluntary income or increase in costs. This is known as our target reserves.

The Trustees calculate the amount that is required to be held in target reserves based on the assessment of the risks affecting the income and expenditure of the charity on an annual basis. In assessing the amount of target reserves required, the Trustees estimate the risk of a shortfall in

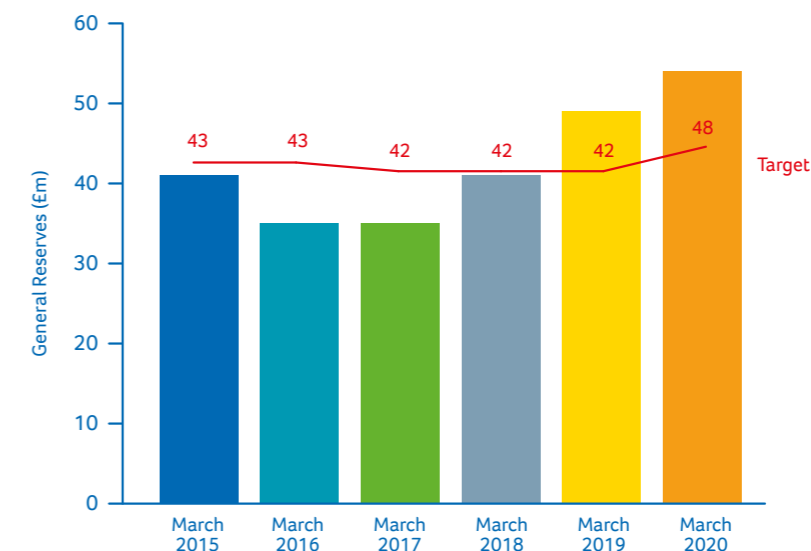
income or an increase in expenditure, and a sum is held to cover the potential shortfall for each element of the charity's income and expenditure. The risk weightings range from 2% to 40% depending on the nature of the activities. Based on these calculations, the Trustees estimate that a total of £48 million of target reserves is required. This represents approximately three months of the charity's operating expenditure for 2020/21. We will be revisiting whether this target level of reserves remains appropriate in the light of the risks posed by the coronavirus.

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 free reserves (comprising the general reserves) at 31 March 2020 was £54.5 million, which is above the recommended range under the

terms of our reserves policy. An action plan has been approved by the Trustees to bring reserves back to target in the medium term. Since then, the coronavirus pandemic has required some adjustment to this plan, but the overall approach, to bring reserves back to target in the medium term, remains the same.

The level of free reserves is significantly higher at 31 March 2020 than they were at 31 March 2019. As mentioned above, in 2019/20 Marie Curie changed its methodology for estimating how much legacy income should be recognised in situations where we have been notified of the legacy but not yet received the funds, which resulted in a one-off increase to income.

The target reserves have also increased as a result of this change. As we are applying a lower discounting factor to legacy income, we believe it is prudent to have higher target reserves to mitigate against any shortfall in this income.



How we invest our funds

The Restricted and Designated Reserves (excluding the Tangible Fixed Asset Fund and the pension surplus) are invested in cash investments, whereas the General Reserves are held in a variety of investments according to the policy set out below.

Investment policy

The objective for the General Reserves investment portfolio is to generate a return in excess of inflation over the long term while generating an income to support the ongoing activities of Marie Curie. The investments are managed according to the powers defined in the charity's constitution by independent investment managers appointed by the Trustees. The Trustees rely upon specialist advice for manager selection and allocation. The performance of our investment advisers and our investment portfolio is monitored by Marie Curie staff and the Investment Committee.

We have adopted an ethical investment policy to ensure that our investments do not conflict with our aims and support Marie Curie's values as much as possible. Our investment managers actively monitor and engage with the companies in which they invest from an environmental, social and governance (ESG) perspective, using proprietary research, engagement and voting rights to influence change. We also monitor the environmental impact of our portfolio: the weighted average carbon intensity of the portfolio is markedly lower than that of our peers*.

Investment managers have also been instructed not to invest directly in any organisation where more than 10% of turnover is derived from the production of tobacco products.

The majority of our investment fund is managed on a discretionary basis by Newton Investment Management Limited. These investments comprise UK and international equities and fixed interest securities. Marie Curie's property investments are invested in the Charities Property Fund. We hold hedge fund investments in the Forester Diversified Fund of Funds as a diversifier. This holding has been significantly reduced over the course of 2019/20 and will be reduced further in the next year.

Marie Curie's investment portfolio decreased in value by £3.1 million in 2019/20, compared with an increase of £2 million in the previous year, reflecting the sharp falls in equity markets in early 2020 caused by the potential economic consequences of the measures taken by governments to contain the coronavirus pandemic. The return on the charity's investment portfolio was -4.9%, which was lower than the return of the long term benchmark index set by the Investment Committee of -1.7%, but above the average of other charity portfolios**.

*Source: MSCI ESG Manager.

**Source: Teknometry CIG Charity Fund Universe.

Asset allocation

The target asset allocation of the investment fund is determined by the Investment Committee, supported by our investment advisers.

The actual and target asset allocation as at 31 March 2020 is set out below:

Asset allocation as 31 March 2020				
	Actual £m	Actual %	Target range %	2018/19 Actual £m
UK equities	8.6	19.5	18-40	9.6
International equities	17.0	38.8	25-55	14.7
UK Government bonds	3.6	8.1	5-15	2.9
Global bonds	7.6	17.2	14-18	6.2
Property	4.1	9.4	6-9	3.7
Absolute return	2.3	5.2	4-6	5.9
Cash	0.7	1.7	2-9	1.3
Total	43.9	100	100	44.3

The financial impact of coronavirus

Coronavirus and the associated government measures to control it have had a significant impact on Marie Curie's operations, as described at the beginning of this report. The impact on Marie Curie's financial position has been as follows:

- Our fundraising income has reduced significantly, as we have been unable to engage with our supporters in the usual way. Marie Curie requires £2.5 million in voluntary income each week to run its services. Since lockdown the amount of fundraising income received has fallen significantly, despite the success of our emergency appeal.
- More people than ever need Marie Curie's support, either by receiving direct care or in other ways, such as using our Support Line service, which has provided key resources for the NHS and the public throughout the crisis. This has been partially covered by some limited short-term funding received from the governments of the four nations of the UK.
- We closed all of our shops in the week beginning 23 March 2020 and put more than 400 staff on furlough leave. Morrisons kindly agreed to take some of our staff on short term secondments.
- Some 450 further staff, mainly from our fundraising and support teams, were put on furlough as the government's social distancing guidelines and other coronavirus-related factors meant they were unable to carry out their roles.
- A number of our frontline staff fell ill from coronavirus, some seriously, and, very sadly, one of our colleagues died (read our tribute to Barbara Sage on page 98). This had a short-term impact on our capacity to provide services.

The combined result has been a significant reduction in Marie Curie's income and a small reduction in costs. Marie Curie's senior management team have been monitoring the organisation's cash position on a weekly basis by looking at the cash flow forecast for the next 12 months, broken down by week. This forecast, combined with an assessment of the future reserves position, forms the basis of our assessment of going concern. It has been stress tested to reflect a number of possible scenarios regarding the coronavirus pandemic and its impact on the wider economy, including using reverse stress-testing. In doing so, we have particularly considered the impact of a continuation in social distancing or a 'second wave' over and above our key assumptions (set out below). The assumptions used for our reverse stress-testing have been set out in Note 1a to the accounts.

Based on the forecasts above, 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 and we do not believe that this is the case. While the factors listed above will have a significant negative financial impact on Marie Curie, we have taken the following actions to mitigate them:

- Our emergency appeal was extremely well received and raised more than £5 million by the end of May 2020.
- Our Business Development team have worked to ensure we have received funding for the additional work which we have been carrying out and the increased cost of working (for example, the need for personal protective equipment).
- The Executive Leadership Team have donated 20% of their salary for the first three months of the year and other directors have donated 10%. Many other staff members have offered to sacrifice part of their salary or made a donation to Marie Curie. Pay for non-frontline staff has been frozen.
- Recruitment has been frozen for roles that are not business critical.

Over and above these actions, any shortfall in income over the next 12 months can be covered from Marie Curie's cash holdings and investment portfolio. As at 31 March 2020, Marie Curie held £22.2 million in cash and short term investments and £43.9 million in longer-term investments, most of which (that managed on a discretionary basis by Newton Investment Management Limited) is readily accessible.

When considering whether there is any material uncertainty, we have made the following key assumptions regarding the coronavirus pandemic:

- Marie Curie's nursing and hospice activities, and consequently income received from the NHS, remain at the same level as before the coronavirus.
- Payments of emergency government grants have been factored in only when they are confirmed or reasonably likely.
- Our retail operations were closed until mid-June 2020. Approximately a quarter of shops will not reopen and the rest will gradually reopen between June and September 2020.
- Some degree of social distancing looks set to continue until the end of March 2021, with a resulting impact on fundraising. Fundraising income is assumed to gradually increase from the current reduced levels and will return to the level seen before the coronavirus only in April 2021.
- No significant changes to our cost base are assumed.

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:

- the likely consequences of any decision in the long term
- the interests of the company's employees
- the need to foster the company's business relationships with suppliers, customers and others
- the impact of the company's operations on the community and the environment

- the desirability of the company maintaining a reputation for high standards of business conduct
- the need to act fairly as between members of the company.

We listen to and engage effectively with our wide variety of stakeholders on whom the future success of Marie Curie depends, including service users, supporters, employees, volunteers and suppliers, to ensure responsible decisions are made. This helps us ensure that any 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 2020:

Significant event / decision	s172 matter affected	Action and impact
The Board agreed a new strategic framework for Marie Curie	Users and their families, staff and volunteers, supporters, society	<ul style="list-style-type: none"> When developing the new strategic framework, the Executive Leadership Team carried out an extensive programme of engagement with staff and volunteers, supporters and those who use our services and their families including through our Marie Curie Expert Voices group. The Board engaged in workshops to support development of the proposals and, when considering the recommendation made, the Board considered the long-term impact upon those who use our services and wider society.
The Board approved the appointment of a preferred supplier to implement the Back-Office Transformation Project	Staff and volunteers	<ul style="list-style-type: none"> Recommendations were made by the Executive Leadership Team following consultation with the BOT Programme Board after carefully considering employee impact and supplier due diligence. When considering the recommendation made, the Board considered the cost of the project and the long-term efficiencies and system improvements the project would bring to the charity.
The Board agreed to commission a review of safer recruitment.	Staff and volunteers	Staff and volunteers in affected departments were consulted and engaged in the review process

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

In the table, on the next page, we set out in more detail how we have engaged with our key stakeholders, the impact of that engagement, and our commitment to the environment.

Engaging with our stakeholders

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2019/20 showing impact of the engagement	Where to find further information in this report
Users of our services and their families	<ul style="list-style-type: none"> End of life care and support that reflects what's most important to them High-quality and safe services 	<ul style="list-style-type: none"> Expert voices Friends and family feedback We regularly update our information and support services in line with feedback from users and their families 	<ul style="list-style-type: none"> 98% of nursing service patients and families likely to recommend us to friends and families 99% of hospice patients and families likely to recommend us to friends and families 87% of Support Line callers rated the service excellent 	See sections on Nursing (from page 18), Hospices (from page 22) and Information and support (from page 26)
Our employees Our services are delivered through our experienced, diverse and dedicated workforce	<ul style="list-style-type: none"> Opportunities for development and progression Fair and transparent pay and reward structures Opportunities to share ideas and make a difference Respect for their diversity and an inclusive workplace where all are treated fairly 	<ul style="list-style-type: none"> We engage regularly virtually, via email, our intranet and live video updates from senior management (on a weekly basis during the recent coronavirus crisis) and in-person, in team meetings Workforce engagement is measured through employee surveys Four regional employee forums with representatives from across the organisation raise issues of concern with senior management 	<ul style="list-style-type: none"> 83% staff satisfaction* We have just started working with Stonewall and have already been recognised for the quality and standard of our approach At 14%, our median gender pay gap is significantly below the UK average and the average for organisations of a similar size 	See section on People (from page 44)
Our supporters and volunteers We can only achieve our strategic vision with the generous contributions of our supporters and volunteers	<ul style="list-style-type: none"> They require us to make the best use of the resources (time and money) they generously give They trust us to follow the rules and treat them with respect 	<ul style="list-style-type: none"> We communicate with our supporters in a number of ways according to their preferences: by mail, on our website and through the media and other campaigns We have 160 shops where we engage with supporters who both donate and buy goods Each volunteer has an assigned manager to supervise them 	<ul style="list-style-type: none"> We raised £93 million of income in donations and legacies We generated retail income of £15.9 million 9,373 volunteers generously gave their time to Marie Curie during the year and contributed the equivalent of £15 million in time and skills 82% volunteer satisfaction* 	See sections on Fundraising (from page 38) and People (from page 44)
The NHS Our essential work is provided in contract to the NHS, who are also our main partner	<ul style="list-style-type: none"> It fulfils its statutory requirement to provide end of life care We deliver to our contractual promises We provide safe and high-quality care 	<ul style="list-style-type: none"> Each contracting NHS organisation has a dedicated member of our business development team assigned to them At a central level, we engage with NHS England and NHS Digital to drive continuous improvement During the coronavirus crisis we have been working closely with the NHS and adapting our services to make sure that we are best serving their needs 	<ul style="list-style-type: none"> We received £45 million in income from the NHS to provide services to support them Of our 11 nursing services inspected during 2019/20, one was rated outstanding overall, two were rated excellent for management and leadership, two were rated very good for care and support and one was rated good overall 	See sections on Nursing (from page 18), and Hospices (from page 22)

*As measured in the December 2019 staff survey.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2019/20 showing impact of the engagement	Where to find further information in this report
Suppliers We rely on third-party suppliers and providers to partner with us to deliver our services	<ul style="list-style-type: none"> Working in partnership Agreed contracts with clear SLA requirements Fair payment terms 	<ul style="list-style-type: none"> We collaborate with our suppliers to ensure that we have a mutually successful relationship, including account reviews where appropriate We work with our suppliers to ensure that they uphold the same high standards of security and operation (eg modern slavery) that we uphold During the coronavirus crisis we have been working closely with suppliers to make sure we can keep our cash at adequate levels while still paying them fairly 	<ul style="list-style-type: none"> We pay our suppliers on average within 36 days We pay 73% of suppliers within 30 days 	N/A
Society To fulfil our strategic vision in a responsible and sustainable manner	<ul style="list-style-type: none"> Everyone has the best end of life experience they possibly can Environmental sustainability 	<ul style="list-style-type: none"> Working with governments and other decision-making bodies to ensure the best end of life experience for everyone Using feedback from society at large to inform policy work Public awareness campaign to change the conversation on death and dying Funding world-class research to help inform best practice in palliative and end of life care 	<ul style="list-style-type: none"> Launched Daffodil Standards across the UK to help GP practices consistently offer the best end of life care for their patients Continued our work to scrap the six-month rule for people living with terminal illnesses so that they can claim benefits 	See sections on Policy (from page 30) and Research (from page 34) See opposite page for Marie Curie's work on reducing its environmental impact

Our commitment to the environment

Streamlined Energy and Carbon Reporting (SECR) statement

	2019/20	
Energy consumption (kWh)	Gas	6,174,525
	Electricity	6,218,681
	Transport fuel	6,695,833
	Total	19,089,039
Emissions (tCO₂e)	Gas	1,135
	Electricity	1,589
	Transport fuel	1,615
	Total	4,339

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of members of staff, the intensity metric of kWh / FTE (full time equivalent employee) was chosen. Our calculated intensity ratio is 1.498 tCO₂e / FTE, based on 2,896 FTEs

Methodology

Methodology follows best practice and is based on HM Government Environmental Reporting Guidelines, March 2019.

All emissions factors are taken from UK Government GHG Conversion Factors for Company Reporting, version 1.2, 2019 factors.

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

Scope 1 and Scope 3 (transport) data taken from Marie Curie internal tracking systems incorporating company fleet data and grey fleet data; Company fleet classed as scope 1 emissions, grey fleet (ie fuel used in employees private cars for business trips) classed as scope 3 emissions (as defined in HM Government Environmental Reporting Guidelines, March 2019).

Energy efficiency action plan

- Marie Curie Hospice, Liverpool: commenced internal and external window replacement throughout hospice. Ward areas complete.
- Marie Curie Hospice, Cardiff and the Vale: window replacement to first and ground floor rooms one to three.
- Marie Curie Hospice, Hampstead: installed new modular gas-fired boiler plant with automatic controls linked to burner management system (BMS). Installed new quick-recovery calorifier. Refurbished patient unit (installed LED lighting throughout).
- Marie Curie Hospice, Bradford: refurbishment of day therapy unit (LED lighting installed throughout as part of project).
- Marie Curie Hospice, Glasgow: upgrade of emergency lighting to LED.
- Refurbished a number of Marie Curie Shops, including installation of LED lighting.
- All refurbishment works in the coming year (2020/21) will include high-efficiency equipment where possible, including LED lighting and best available technologies.

How we're governed

Our structure

Marie Curie is a company limited by guarantee (incorporated on 3 May 1952, registered number 00507597) and a registered charity in England and Wales (charity number 207994) and Scotland (charity number SC038731). The charity's constitution is its Articles of Association, which is available on our website.

Subsidiaries

The charity's principal subsidiary undertakings as at 31 March 2020 are all wholly owned and registered in England and Wales. Details are included in Note 19 to the financial statements. We raise some of the funds needed to run our services through the trading activities of a wholly owned subsidiary, Marie Curie Trading Limited.

Our Trustees

The Board of Trustees is legally responsible for directing our affairs. The Board delegates the

day-to-day management of the charity to the Chief Executive and Executive Leadership Team, which includes making recommendations to the Board of Trustees about strategy, budget and planning. Specific responsibilities are delegated to a number of committees which report back to the Board on a regular basis.

Marie Curie's Trustees are the directors of the company and serve for up to three terms of three years. The Board is made up of 13 Trustees as at 31 March 2020, with a wide range of skills, knowledge and experience, including clinical and commercial expertise.

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

Board composition and meeting attendance during 2019/20		
	Meetings attended	Maximum possible
Vindi Banga	6	6
Rachel Burman	5	6
Tim Breedon	5	6
Steve Carson	3	6
John Compton	6	6
Richard Flint	4	6
Richard Harding (from 24 September 2019)	3	4
Ruth Holt	4	6
Patricia Lee	6	6
Chris Martin	5	6
Barbara Munroe	6	6
Linda Urquhart	6	6
Helen Weir	5	6

The Board of Trustees appoints all new Trustees and committee members on the advice and recommendation of the Nominations Committee. We recruit Trustees through a process of advertisement, application and interviews, and based on selection criteria to ensure a broad range of relevant skills and experience. We offer a tailored induction programme to all new Trustees, including a visit to a Marie Curie Hospice and

meetings with the Chief Executive, members of the Executive Leadership Team and other senior management, and provide further updates and training as needed.

Governance

This year, the Trustees commissioned an independent review of governance by Compass Partnerships, the first stage of which concluded

in February 2020. This found that Marie Curie's governance is sound and that fiduciary oversight and scrutiny is robust. A programme of governance changes was already underway and these will continue to be implemented next year and will be scrutinised as part of a second stage of the independent review. As previously reported, the Board has adopted the principles of good governance in the Charity Governance Code. These principles underpin the Board's governance and form an integral part of the programme of change underway.

Charity Commission guidance on public benefit

The Trustees have taken account of the Charity Commission's general guidance on public benefit when reviewing the charity's aims, objectives and planning.

Board committees

Over the year, the Board committee cycle has started to move to a quarterly model:

Audit and Risk Committee met three times in 2019/20 to review the charity's annual financial statements, internal financial controls, risk management systems, and external and internal audit matters. The Committee discusses in detail a range of strategic and operational risk areas, for example safeguarding, data and information security, and compliance. From 2020/21 the number of meetings has been increased to four.

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

Finance and Nominations Committee was divided during the year to form:

Finance and Resources Committee which will meet four times a year to review the charity's use of resources and financial performance against annual budget and to assist the Board with oversight of strategy and key strategic projects.

Nominations Committee which will meet as required to approve the Chief Executive and Executive Leadership Team members' salaries prior to approval by the Board, review the composition of the Board and its committees, as well as diversity and succession planning, and nominations for new appointments.

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

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

Please see pages 92-93 for a full list of Trustees and independent members of committees.

Our auditors

In accordance with Section 485 of the *Companies Act 2006*, an ordinary resolution proposing that BDO LLP be re-appointed as auditor of the charity will be put to the Annual General Meeting.

Principal risks and uncertainties

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

During the year, a number of changes were initiated to refresh our risk management processes which will continue to be developed into the next financial year:

- Charity-wide assurance groups meet quarterly to oversee key risk areas, including information governance and data privacy, counter fraud and bribery, safeguarding, and business continuity. Risks are escalated as appropriate.
- Quality Assurance Committees for each directorate meet quarterly to carry out reviews of risk management arrangements across the directorate and inform the escalation of risk to the Executive Leadership Team.
- The Executive Leadership Team, chaired by the Chief Executive, regularly reviews and monitors key charity-wide strategic and operational risks at their Quarterly Business Review.
- The Clinical Governance Trustees Committee scrutinises the management of clinical risks, and the monitoring of clinical incidents and trends.
- The Audit and Risk Committee reviews the results of the executive risk management reviews and oversees clinical risk management and the operation of our risk

management processes. This Committee also reviews deep dives into selected key risks at each meeting.

In addition, we have policies and procedures to identify and manage risks arising from our existing operations and strategic development, and to provide reasonable assurance against material errors or loss.

Planning and performance

We operate a comprehensive annual planning and budgeting process. We monitor performance through the use of key financial and performance indicators which compare actual results and activity against our plans and are routinely reported to the Board of Trustees. A phased budget and regular forecasting enable the Trustees and the Executive Leadership Team to link financial performance with resource and activity levels.

Internal audit

Internal controls are subject to scrutiny by our Internal Audit department, which carries out a programme of cyclical reviews throughout the charity. The Audit and Risk Committee approves the internal audit plan and scrutinises regular reports from Internal Audit on progress against the audit plan, the effectiveness of controls in audited functions, and recommendations from audits.

Key strategic risks

An overview of our key strategic risks and the actions we take to mitigate them is summarised in the table below.

Risk	How we manage it
Each risk area is supported by relevant policies and procedures that are regularly reviewed and updated, and subject to compliance testing.	
Coronavirus: risk that coronavirus continues to significantly impact upon our ability to deliver services	Coronavirus has had a serious adverse impact on our ability to deliver our services and our operations and has caused significant financial losses. We have established a number of mitigating actions including an emergency appeal and cross charity working groups to manage the ongoing issues as they arise and to seek mitigate the risks coronavirus presents to our future.
Financial sustainability: risk that the charity has insufficient funds to deliver plans or sustain services	<ul style="list-style-type: none"> • Regular monitoring of income and expenditure and regular financial planning and review • Internal financial controls and policies • Diversification of income streams and maintenance of prudent financial reserves • Expert management of investments • Specialist fraud function and charity-wide assurance group for counter fraud and bribery

Risk	How we manage it
Service quality: risk of quality failure that may result in patient or user harm	<ul style="list-style-type: none"> • Robust clinical governance processes and oversight • High-quality specialist training for staff • Quality peer-review and compliance visits • Reviewing and acting upon patient and carer feedback, incidents and complaints, and trends • Proactive engagement with the NHS
Brexit: risk that Brexit may have an adverse impact on operational or service delivery	<ul style="list-style-type: none"> • Project group monitoring the possible impact of Brexit on the charity
Strategy and change: risk that the charity is unable to adapt to changing environment and need with the best possible strategic and operating plan, which may lead to reduced ability to deliver the highest impact for our beneficiaries	<ul style="list-style-type: none"> • Executive Leadership Team leading on development of the new strategy and corresponding strategic objectives and operating plans • Board of Trustees oversight of strategy and delivery of operational plans • ELT and Board oversight of significant change programmes
People, culture, wellness: risk that the charity is unable to recruit, retain and support suitable staff or sustain a culture that supports the delivery of its strategy	<ul style="list-style-type: none"> • Learning and development programmes. • Benchmarking of compensation and benefits • Staff and volunteer engagement surveys and fora and feedback mechanisms • Freedom to Speak Up Champions and Whistleblowing Lead; access to Protect helpline for all staff • Occupational health and employee assistance programmes
Safeguarding: risk that inability to safeguard vulnerable adults or children may lead to serious harm and/or abuse	<ul style="list-style-type: none"> • Safeguarding specialist roles, with national leadership and local champion network • Safer recruitment practices, including role appropriate pre-appointment checks and screening • Regular role-specific mandatory safeguarding training • Safeguarding charity-wide assurance group, overseen by Clinical Governance Trustee Committee • Freedom to Speak Up Champions and Whistleblowing Lead; access to protect helpline for all staff
Governance and compliance: risk that failures in governance or compliance may lead to poor decision making, or legal or regulatory action	<ul style="list-style-type: none"> • Directorate quality assurance committees and charity wide assurance groups to monitor standards, performance, external developments, incidents and complaints • Policies, procedures and guidance supported by training and specialist roles
Health and safety and the environment: risk that failures to act in accordance with guidance could cause harm negatively impact service delivery and lead to legal or regulatory action	<ul style="list-style-type: none"> • Specialist health and safety function and charity-wide assurance group for health and safety • Charity project group examining environmental impact of charity activity
Data governance, security, privacy and quality: risk that inadequate systems for the governance, privacy and security of data may lead to harm, negatively impact service delivery and lead to legal or regulatory action	<ul style="list-style-type: none"> • Privacy and security impact assessments for all new business initiatives • Security audits and reviews • Mandatory training and guidance for all staff • Specialist roles: Senior Information Risk Officer, Data Protection Officer, Caldicott Guardian • Information governance and data privacy charity-wide assurance group
Infrastructure: risk that core systems and technology are inadequate to serve strategy and service needs	<ul style="list-style-type: none"> • Internal audit and self-assessment • External testing and benchmarking • Continuous improvement programmes in place (Back Office Transformation; Nursing Systems Transformation)

Statement of responsibilities

of the Trustees of Marie Curie in respect of the Trustees' Annual Report and the financial statements

The Trustees are responsible for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and regulations.

Company law requires the Trustees to prepare financial statements for each financial year in accordance with United Kingdom Generally Accepted Accounting Practice (United Kingdom Accounting Standards and applicable law). Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the group and charity and of the incoming resources and application of resources, including the income and expenditure of the group for that period.

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

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

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

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

Financial statements are published on the charity's website in accordance with legislation in the United Kingdom governing the preparation and dissemination of financial statements, which may vary from legislation in other jurisdictions. The maintenance and integrity of the charity's website is the responsibility of the Trustees. The Trustees' responsibility also extends to the ongoing integrity of the financial statements contained therein.

So far as each of the Trustees at the time this report is approved are aware:

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

Signed on behalf of the Board of Trustees of Marie Curie



Vindi Banga, Chair of Trustees

28 July 2020

Independent auditor's report

We have audited the financial statements of Marie Curie ("the Parent Charitable Company") and its subsidiaries ("the Group") for the year ended 31 March 2020 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).

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 2020 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 in 2010.

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 are independent of the Group and the Parent Charitable Company in accordance with the ethical requirements relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions related to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Trustees' use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Trustees have not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Group or the Parent Charitable Company's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Other information

The other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. The other information comprises: Year at a Glance, Welcome from our Chair and Chief Executive and the Trustees' Report. The Trustees are responsible for the other information.

Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, 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.

Opinions on other matters prescribed by the Companies Act 2006

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.

Matters on which we are required to report by exception

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 and Trustee Investment (Scotland) Act 2005* requires us to report to you if, in our opinion;

- proper and adequate accounting records have not been kept by the Parent Charitable Company, or returns adequate for our audit have not been received from branches not visited by us; or
- the Parent Charitable Company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Directors' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit.

Responsibilities of Trustees

As explained more fully in the Statement of Responsibilities of the Trustees, 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

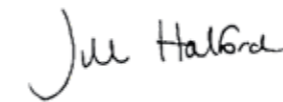
We have been appointed as auditor under section 44(1)(c) of the *Charities and Trustee Investment (Scotland) Act 2005* and under the *Companies Act 2006* and report in accordance with the Acts and relevant regulations made or having effect thereunder.

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.

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

This report is made solely to the Charitable Company's members, as a body, in accordance with Chapter 3 of Part 16 of the *Companies Act 2006*, and to the Charitable Company's trustees, as a body, in accordance with the *Charities and Trustee Investment (Scotland) Act 2005*. Our audit work has been undertaken so that we might state to the Charitable Company's members and trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charitable Company, the Charitable Company's members as a body and the Charitable Company's trustees as a body, for our audit work, for this report, or for the opinions we have formed.



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

5 August 2020

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 2020

Note	2019/20			2018/19			
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019/20 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018/19 £'000	
Income from:							
Generated funds							
Donations and legacies	2	81,412	20,951	102,363	76,474	19,436	95,910
Retail sales of donated and purchased goods		10,270	6,092	16,362	11,111	6,366	17,477
Investments	3	1,403	-	1,403	1,164	-	1,164
		93,085	27,043	120,128	88,749	25,802	114,551
Charitable activities	4	45,007	125	45,132	41,659	194	41,853
Other income		344	-	344	326	-	326
Total income		138,436	27,168	165,604	130,734	25,996	156,730
Expenditure on raising funds							
Cost of generating voluntary income		29,516	1,804	31,320	28,540	1,737	30,277
Publicity		3,526	-	3,526	3,286	-	3,286
Fundraising trading: cost of goods sold		13,895	4,245	18,140	11,537	3,887	15,424
Investment management costs		363	-	363	331	-	331
Total		47,300	6,049	53,349	43,694	5,624	49,318
Net income available for our services		91,136	21,119	112,255	87,040	20,372	107,412
Expenditure on charitable activities							
Hospices		38,804	12,189	50,993	36,183	12,863	49,046
Nurses		38,565	6,687	45,252	38,850	7,248	46,098
Helper		279	374	653	515	26	541
Information and support		1,502	-	1,502	1,335	-	1,335
Research and development	5D	358	1,324	1,682	2,599	164	2,763
Policy, information and awareness		3,575	-	3,575	3,639	-	3,639
Total		83,083	20,574	103,657	83,121	20,301	103,422
Total expenditure	5	130,383	26,623	157,006	126,815	25,925	152,740
Net income for the year before investment gains		8,053	545	8,598	3,919	71	3,990

Note	2019/20			2018/19			
	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019/20 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018/19 £'000	
Net income for the year before investment gains		8,053	545	8,598	3,919	71	3,990
(Losses)/gains on investments	7	(3,129)	-	(3,129)	2,010	-	2,010
Net income for the year		4,924	545	5,469	5,929	71	6,000
Other recognised gains							
Actuarial gains on defined benefit pension scheme	15	1,790	-	1,790	935	-	935
Net movement in funds		6,714	545	7,259	6,864	71	6,935
Reconciliation of funds							
Total funds at 1 April	16	88,019	22,120	110,139	81,155	22,049	103,204
Total funds at 31 March		94,733	22,665	117,398	88,019	22,120	110,139

All of the charity's activities are continuing. There were no gains or losses other than those shown above. The notes on pages 72 to 91 form part of these financial statements.

Balance sheets

for the year ended 31 March 2020
Company number: 00507597

	Note	Group		Charity	
		2019/20 £'000	2018/19 £'000	2019/20 £'000	2018/19 £'000
Fixed assets					
Tangible assets	8	52,344	49,552	52,344	49,552
Investments	7	43,887	44,516	44,273	44,902
		96,231	94,068	96,617	94,454
Current assets					
Stocks	9	266	141	-	-
Debtors	10	25,008	13,468	25,651	14,146
Investments	11	18,906	28,777	18,906	28,777
Cash at bank and in hand		3,313	3,722	3,232	3,572
		47,493	46,108	47,789	46,495
Creditors:					
Amounts falling due within one year	12a	(27,754)	(28,202)	(28,375)	(28,916)
Net current assets		19,739	17,906	19,414	17,579
Total assets less current liabilities		115,970	111,974	116,031	112,033
Creditors:					
Amounts falling due after more than one year	12b	(2,034)	(4,562)	(2,034)	(4,562)
Provision for liabilities and charges	14	(2,913)	(1,047)	(2,913)	(1,047)
Net assets (excluding pension asset)		111,023	106,365	111,084	106,424
Defined benefit pension asset	15	6,375	3,774	6,375	3,774
Net assets (including pension asset)	16	117,398	110,139	117,459	110,198
Funds					
Restricted funds	16	22,665	22,120	22,665	22,120
Designated funds	16	40,213	39,187	40,213	39,187
		62,878	61,307	62,878	61,307
Free reserves					
General funds	16	54,520	48,832	54,581	48,891
		117,398	110,139	117,459	110,198

Approved by the Board of Trustees on 28 July 2020



T Breedon, Honorary Treasurer

The notes on pages 72 to 91 form part of these financial statements

Consolidated cash flow statement

for the year ended 31 March 2020

	Note	2019/20 £'000	2018/19 restated £'000
Cash flows from operating activities:			
Net cash (outflow) inflow from operating activities	A	(397)	8,622
Cash flows from investing activities:			
Dividends received		980	712
Interest received		214	202
Capital expenditure		(8,577)	(7,254)
Investment purchases		(13,149)	(10,683)
Change in deposits		5,475	(5,000)
Investment sale proceeds		10,315	8,119
Increase in invested cash		334	11,143
Net cash (outflow) from investing activities		(4,408)	(2,761)
Change in cash and cash equivalents in the reporting period		(4,805)	5,861
Cash and cash equivalents at 1 April		22,999	17,138
Cash and cash equivalents at 31 March		18,194	22,999
Analysis of cash and cash equivalents			
Cash at bank and in hand		3,313	3,722
Money market and other deposits		14,881	19,277
		18,194	22,999

The movement in net debt for the current year and prior year is identical to the movements in cash flow set out above.

Note A: Reconciliation of net income to net cash flow from operating activities

Net income for the year	5,469	6,000
Adjustments for:		
Depreciation	5,785	5,160
Losses/(gains) on investments	3,129	(2,010)
Pension funding adjustment	(811)	(780)
Dividends receivable	(980)	(712)
Interest receivable	(214)	(202)
(Increase) in stocks	(125)	(8)
(Increase) in debtors	(11,540)	(1,337)
(Decrease) increase in creditors and provisions	(1,110)	2,511
Net cash (outflow) inflow from operating activities	(397)	8,622

Notes to the financial statements

for the year ended 31 March 2020

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 market value.

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

Going concern

No material uncertainties that may cast significant doubt about the ability of the charity to continue as a going concern have been identified by the Trustees and therefore these accounts have been prepared on a going concern basis.

The coronavirus pandemic has, however, had a significant impact on Marie Curie. The combined result has been a significant reduction in Marie Curie's income and a small reduction in costs.

Marie Curie's senior management team monitor the organisation's cash position on a weekly basis by looking at the cash flow forecast for the next twelve months, broken down by week. This forecast, combined with an assessment of the future reserves position, forms the basis of our assessment of going concern. It has been stress tested to reflect a number of possible scenarios regarding the coronavirus pandemic and its impact on the wider economy, including using reverse stress testing. In doing so, we have particularly considered the impact of a continuation in social distancing or a 'second wave' over and above our key assumptions (set out below).

When considering whether there is any material

uncertainty, we have made the following key assumptions regarding the coronavirus pandemic:

- Marie Curie's nursing and hospice activities, and consequently income received from the NHS, remain at the same level as before the coronavirus.
- Payments of government grants have been factored in only when they are confirmed or reasonably likely.
- Our retail operations were closed until mid-June 2020. Approximately a quarter of shops will not reopen and the rest will gradually reopen between June and September 2020.
- Social distancing will continue until the end of March 2021, with a resulting impact on Fundraising. Fundraising income is assumed to gradually increase from the current reduced levels and will return to the level seen before the coronavirus only in April 2021.
- No significant changes to our cost base are assumed.

In carrying out our reverse stress testing, we have ascertained that Marie Curie would be able to continue its work even if the following were to occur:

- Fundraising income was to reduce to 50% of pre-coronavirus levels and remain at those levels
- Only a quarter of our shops reopened
- We weren't able to make savings in line with the reductions in income

This provides reassurance that Marie Curie is very likely to be able to continue as a going concern.

Based on these 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 and we do not believe that this is the case.

The preparation of the financial statements in accordance with Charities SORP (FRS102) requires the trustees to make judgements, estimates and assumptions that affect the application of policies and reported amounts in the financial statements. Judgements made that could have a significant effect on the financial statements and estimates are disclosed in note 1 (l).

(b) Group accounts

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

No Statement of Financial Activities (SOFA) or Income and Expenditure Account of the charity has been presented as permitted by Section 408 of the *Companies Act 2006*.

Total income of the charity during the year, including investments was £162.9 million (2019: £154.3 million) less resources expended of £155.6 million (2019: £148.4 million) leading to a surplus of £7.3 million (2019: surplus of £5.9 million).

(c) Cash deposits and investments

Cash deposits

Cash placed on deposit with a maturity in excess of 30 days was previously incorrectly included as cash in the cash flow statement. This has now been corrected, with a corresponding restatement of comparative figures in the cash flow statement. The restatement has resulted in the following changes:

Change in cash and cash equivalents in the prior reporting period as previously stated	10,861
Increase in the period of amounts on deposit over 30 days	(5,000)
Change in cash and cash equivalents in the prior reporting period as restated	5,861

Investments

Investments listed on a recognised stock exchange are included in the balance sheet at market value (last traded or closing mid-market 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. Investment income is the amount received by the charity in the year.

(d) Stocks

Stocks of bought in goods are stated at the lower of cost and net realisable value. As it is not practical to value items donated for resale on receipt because of the volume of low value items, they are not recognised in the financial statements until they are sold.

(e) Depreciation

Tangible fixed assets costing more than £2,500 are capitalised and included at cost. Freehold land is not depreciated. Depreciation is not provided on assets in the course of construction or on investment properties. Depreciation is provided on all other tangible fixed assets using a straight line basis as follows:

Building and structure	50 years
Windows and doors	25 years
Other fixtures, fittings and equipment	Generally 3-15 years
Leasehold shops improvements	Over the period of the lease or 10 years, whichever is the shorter

(f) Income

All income is included when the charity is entitled to the income, the amount can be quantified and receipt of the funds is probable.

Legacy income

Legacy income is recognised when it is probable that it will be received. Pecuniary legacies are recognised when probate is granted. Residuary legacies are recognised when either probate has been granted, the estate accounts have been approved and any conditions have been fulfilled, or if the charity has received notification from executors of their intention to make a distribution. As discussed in more detail in Note 1(l), in 2019/20 Marie Curie changed the way it estimated how much legacy income should be recognised in situations where we have been notified of the legacy but not yet received the funds.

Events

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

Investment income

Investment Income is accounted for on an accruals basis. See above (c).

Gifts in kind

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

(g) Resources expended

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

Grants payable

The total sum awarded during the year is expensed in the SOFA where a constructive obligation exists, notwithstanding that a proportion will be disbursed in subsequent accounting periods.

Fundraising costs

Fundraising and publicity expenditure have been shown separately. Fundraising expenditure represents the total costs of fundraising.

Support costs

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

Governance costs

Governance costs are the costs associated with the governance arrangements of the charity. These costs include external and internal audit, legal advice for trustees and costs associated with constitutional and statutory requirements.

Investment management costs

Investment managers' fees costs include a management charge linked to the value of funds managed and also a performance related fee based on their performance against the target return.

(h) Pensions

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. The interest losses are recognised in '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 2020 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.

The following multi-employer schemes 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: NHS Pension Scheme and Universities Superannuation Scheme.

For defined contribution schemes the amount charged to the Consolidated SOFA in respect of pension costs and other post-retirement benefits is the contributions payable in the year. Differences between contributions payable in the year and contributions actually paid are shown as either accruals or prepayments in the balance sheet.

(i) Leased assets

Rentals payable under operating lease contracts are charged on a straight line basis over the lease life to the SOFA. We have made the decision not to reopen a number of our lossmaking shops following the UK Government's lockdown. There is an impact on our costs of £2.1m to account for redundancies and dilapidations which has been recognised in the accounts.

(j) Funds

Restricted funds comprise funds subject to specific restrictions imposed by donors and funders. The purposes and uses of the restricted funds are set out in Note 16 to the financial statements. Income received from capital appeals is included under restricted voluntary income and the related costs, including depreciation, are charged against that income.

Designated funds comprise 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) Capital Investment Fund which represents funds held to contribute towards the renewal of the charity's assets.
- 3) A designated fund for the Hampstead hospice that has been funded from a specific legacy and has been used towards the renewal of that hospice.
- 4) 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 requires judgement about the probability of receipt which affects the timing of income recognition. In 2019/20 Marie Curie changed the way in which it estimated how much legacy income should be recognised in situations where we have been notified of the legacy but not yet received the funds. In previous years, if the cash had not been received, legacies were accrued only when the draft estate accounts had been received less than three months before the year end. This approach has been reviewed and is now

considered to be too cautious based on our recent experience. Marie Curie is instead now applying a revised discounting factor (20%) based on our experience of the likelihood of receipt of income. This factor will be reviewed each year based on updated experience. The impact of the change in legacy income estimation in 2019/20 was £9.721 million. As at 31 March 2020, the amount accrued for legacy income was £11.471 million.

The realisation of a number of our legacies is dependent on the sale of properties. The amount and timing of these sales is still uncertain pending a return to normal of the UK housing market.

Cost allocation

Support costs are spread across all charitable activities. Dependant upon each type of support activity, costs are applied directly against a function or appropriate cost drivers such as time allocations are utilised.

Actuarial assumptions

The defined benefit pension scheme has been valued by a qualified independent actuary in accordance with FRS 102. Significant judgement is required in a number of areas, including future changes in salaries and inflation, mortality rates and the selection of appropriate discount rates. Further details are provided in Note 15.

2 Donations and legacies

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019/20 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018/19 £'000
Legacies (before change in estimate)	23,743	9,108	32,851	25,584	8,236	33,820
Change in legacy income estimation	7,728	1,993	9,721	-	-	-
Total legacies	31,471	11,101	42,572	25,584	8,236	33,820
Donations, events and other voluntary income	49,941	9,850	59,791	50,890	11,200	62,090
	81,412	20,951	102,363	76,474	19,436	95,910

3 Investment income

	Unrestricted funds £'000	Restricted funds £'000	Total funds 2019/20 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018/19 £'000
Listed investments	980	-	980	712	-	712
Cash investments	214	-	214	202	-	202
Property fund	152	-	152	136	-	136
Other investments	57	-	57	114	-	114
	1,403	-	1,403	1,164	-	1,164

4 Income from charitable activities

	Unrestricted Funds £'000	Restricted Funds £'000	Total funds 2019/20 £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds 2018/19 £'000
NHS funding for Nurses	25,781	-	25,781	23,561	-	23,561
NHS funding for Hospices	18,713	-	18,713	17,785	-	17,785
Other NHS funding	369	-	369	207	-	207
National Lottery Community Fund	-	100	100	-	194	194
Other income	144	25	169	106	-	106
	45,007	125	45,132	41,659	194	41,853

Funding from the National Lottery Community Fund includes £100,442 for Marie Curie Helper Service in Glasgow. £25,000 was received from NESTA for the Tech to Connect Challenge.

5 Expenditure

	Direct costs £'000	Support costs £'000	Total 2019/20 £'000	Direct costs £'000	Support costs £'000	Total 2018/19 £'000
Cost of raising funds						
Fundraising	27,631	3,689	31,320	26,518	3,759	30,277
Publicity	3,142	384	3,526	2,884	402	3,286
Retail activities	16,781	1,359	18,140	13,996	1,428	15,424
Investment management costs	334	29	363	300	31	331
	47,888	5,461	53,349	43,698	5,620	49,318
Expenditure on charitable activities						
Hospices	47,359	3,634	50,993	45,266	3,780	49,046
Nurses (see note 6)	40,787	4,465	45,252	41,338	4,760	46,098
Helper	532	121	653	408	133	541
Information and support	1,070	432	1,502	871	464	1,335
Research and development (Note C)	1,114	568	1,682	2,195	568	2,763
Policy, information and awareness	3,216	359	3,575	3,330	309	3,639
	94,078	9,579	103,657	93,408	10,014	103,422
Total	141,966	15,040	157,006	137,106	15,634	152,740

Allocation of support costs

	Executive, legal and strategy £'000	Governance (Note A) £'000	Finance £'000	HR and training £'000	IT	Facilities and property £'000	Total 2019/20 £'000	Total 2018/19 £'000
Hospices	661	171	326	996	1,299	181	3,634	3,780
Nursing	1,015	178	311	1,065	1,819	77	4,465	4,760
Helper	15	-	15	33	52	6	121	133
Information and support	110	7	30	20	258	7	432	464
Research and development	119	85	74	26	260	4	568	568
Policy, information and awareness	176	91	15	20	52	5	359	309
Total charitable activities	2,096	532	771	2,160	3,740	280	9,579	10,014
Fundraising	1,053	142	474	813	1,092	115	3,689	3,759
Publicity	52	28	30	62	208	4	384	402
Retail activities	152	7	178	387	155	480	1,359	1,428
Investment management costs	-	-	29	-	-	-	29	31
Total support costs allocated	3,353	709	1,482	3,422	5,195	879	15,040	15,634
Total support costs allocated 2019	3,217	500	1,537	3,468	5,980	932	15,634	

Note A

Governance costs

	2019/20 £'000	2018/19 £'000
Internal audit	234	183
External audit fees (Note B)	86	82
Trustees' travel and meeting expenses (Note 17)	3	8
Trustees' indemnity insurance	8	8
Information governance & security	378	219
	709	500

Note B

Net incoming resources for the year is stated after charging;

Fees payable to the charity's auditor for:

	2019/20 £'000	2018/19 £'000
the audit of these financial statements - charity	69	63
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	7	9
	86	82

Amounts paid under operating leases:

- land and buildings	5,585	4,791
- plant and machinery	927	881
	6,512	5,672

Depreciation of owned assets

5,785 **5,160**

Note C**Research and development costs**

Grant funding of activities:

Marie Curie Palliative Care Research Department at UCL	401	804
National grant programme	185	746
Other recipients	42	101
Activities undertaken directly	486	544
Support costs	568	567
	1,682	2,763

The expenditure shown includes underspends against previously committed amounts which have now been released. Both years also include expenditure on the charity's own research facilitators who are based in the charity's hospices.

6 Taxation**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.

VAT

Nursing costs (see Note 5) have been reduced by the impact of a change in treatment of VAT.

In April 2020, HMRC confirmed that VAT on certain costs incurred by Marie Curie's nursing service may now be reclaimed. As a result, we have recognised £1.8m of repayments which had been previously received from HMRC but which hadn't yet been recognised pending this approval. We have also recognised an additional £0.9 million which had been previously claimed by Marie Curie but not received.

7 Investments

	Listed investments £'000	Property and unlisted investments £'000	Money market deposits £'000	Consolidated total £'000	Investment in subsidiaries (Note 19) £'000	Charity total £'000
Group and charity						
Market value at 1 April 2019	43,783	76	657	44,516	386	44,902
Movements in deposits	-	-	(334)	(334)	-	(334)
Additions at cost	13,149	-	-	13,149	-	13,149
Disposals at book value	(9,281)	-	-	(9,281)	-	(9,281)
Unrealised losses	(4,148)	-	(15)	(4,163)	-	(4,163)
Market value at 31 March 2020	43,503	76	308	43,887	386	44,273
				-		-
Historic cost at 31 March 2020	38,691	76	309	39,076	386	39,462
Historic cost at 31 March 2019	31,791	76	657	32,524	386	32,910
Gains/(losses) on investments					2019/20 £'000	2018/19 £'000
Realised gains					1,034	1,311
Unrealised (losses)/gains included in market value					(4,163)	699
					(3,129)	2,010
Listed investments					2019/20 £'000	2018/19 £'000
UK					17,608	17,787
Non UK					25,895	25,996
					43,503	43,783

No investment represented more than 5% of the portfolio of the group or the charity by market value. Investment properties include a £75,400 holding in an unlisted property company, together with the charity's share of a leasehold property, gifted as part of a legacy donation.

8 Group tangible fixed assets

	Freehold land and buildings £'000	Leasehold land and buildings long £'000	Leasehold land and buildings short £'000	Furniture equipment and motor vehicles £'000	Total £'000
Cost					
At 1 April 2019	78,790	3,527	8,511	29,317	120,145
Additions at cost	2,789	-	1,278	4,510	8,577
At 31 March 2020	81,579	3,527	9,789	33,827	128,722
Depreciation					
At 1 April 2019	35,964	2,253	6,963	25,413	70,593
Provided in the year	2,595	136	1,292	1,762	5,785
At 31 March 2020	38,559	2,389	8,255	27,175	76,378
Net book value					
At 31 March 2020	43,020	1,138	1,534	6,652	52,344
At 31 March 2019	42,826	1,274	1,548	3,904	49,552

The freehold and leasehold properties consist of nine Marie Curie Hospices, administrative offices and shops. The cost of freehold land included above is £1.588 million (2019: £1.588 million).

Capital commitments

	2019/20 £'000	2018/19 £'000
Capital expenditure authorised and contracted for	2,550	-
Capital expenditure authorised but not contracted for	5,082	11,126

9 Stocks

	Group		Charity	
	2019/20 £'000	2018/19 £'000	2019/20 £'000	2018/19 £'000
Inventory for resale	266	141	-	-

10 Debtors

	Group		Charity	
	2019/20 £'000	2018/19 £'000	2019/20 £'000	2018/19 £'000
Trade debtors	4,632	4,505	4,632	4,505
Taxation recoverable	4,175	2,636	4,175	2,636
Prepayments	3,656	3,466	3,667	3,476
Legacy debtors	11,471	1,684	11,471	1,684
Amounts due from subsidiary undertakings	-	-	632	668
Other debtors	1,074	1,177	1,074	1,177
	25,008	13,468	25,651	14,146

The charity has been notified of legacies with an estimated value of £12.6 million (2019: £29.7 million) which have not been recognised as income at 31 March 2020 because probate has not been granted and draft estate accounts or other suitable information is not available which allows the legacy to be measured with reasonable accuracy. This amount has been treated as a contingent asset. See Note 1(l) for further information on the change in legacy income estimation in the year.

11 Current asset investments

	Group		Charity	
	2019/20 £'000	2018/19 £'000	2019/20 £'000	2018/19 £'000
Current asset investments	18,906	28,777	18,906	28,777

12 Creditors

	Group		Charity	
	2019/20 £'000	2018/19 £'000	2019/20 £'000	2018/19 £'000
(a) Amounts falling due within one year				
Interest free loans	-	130	-	130
Trade creditors	6,056	3,898	6,036	3,884
NHS contract obligations	1,516	1,621	1,516	1,621
VAT claim not yet agreed by HMRC	-	2,344	-	2,344
Palliative care research grants	5,094	4,815	5,094	4,815
Tax and social security creditors	1,820	1,730	1,820	1,730
Accruals	10,178	11,440	10,179	11,440
Deferred income (Note 13)	1,973	1,565	1,973	1,565
Pensions and other payroll	1,117	659	1,117	659
Amounts due to subsidiary undertakings	-	-	640	728
	27,754	28,202	28,375	28,916

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

	Group		Charity	
	2019/20 £'000	2018/19 £'000	2019/20 £'000	2018/19 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	1,863	4,479	1,863	4,479
Investment Managers' performance fee	171	83	171	83
	2,034	4,562	2,034	4,562

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 2019 £'000	Amounts released in the year £'000	Additional provisions made £'000	At 31 March 2020 £'000
Caring services	125	(42)	274	357
Fundraising events	975	(947)	1,022	1,050
Other	465	(99)	200	566
	1,565	(1,088)	1,496	1,973

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 2019 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2020 £'000
Dilapidations	533	1,541	(355)	-	1,719
Rent	406	783	(330)	(24)	835
Staff costs and other liabilities	108	358	(35)	(72)	359
	1,047	2,682	(720)	(96)	2,913

Dilapidations relate to properties where there is a legal responsibility to pay for these costs before the end of the lease period. 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.

15 Pensions

Schemes available to employees

The current scheme available to the employees is a Group Personal Pension Plan with Scottish Widows which was started in April 2013. The charity has paid contributions during the year totalling £3.67 million (2019: £2.79 million) into this 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.

At 31 March 2020 four employees (2019: four) participated in the Universities Superannuation Scheme. Marie Curie meets the employer costs required by the scheme which amounted to £35,000 (2019: £28,000).

At 31 March 2020, 508 employees (2019: 491) participated in the NHS Pension Schemes which are statutory unfunded defined benefit schemes. The pension cost charge for these schemes amounted to £2.3 million (2019: £2.0 million).

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:

	2019/20 No. members	2019/20 % rate	Total contributions 2019/20 £'000	2018/19 No. members	2018/19 % rate	Total contributions 2018/19 £'000
Marie Curie Group Personal Pension Plan	2,910	4-15%	3,670	2,812	2-15%	2,790
NHS Pension Schemes	508	14.4-22.5%	2,300	491	14.4-16.3%	2,000
Universities Superannuation Scheme	4	19.5-21.1%	4	4	19.5%	2
			5,974			4,792

Closed Schemes

Between 1 September 1994 and 31 December 2003 the charity operated a defined contribution scheme. This scheme is now closed. Prior to 1 September 1994 the charity operated a defined benefit pension scheme (closed to new members) which is funded in advance by contributions from members at the rate set in the rules and from the charity. The assets are held in a trust separate from the charity.

FRS 102 disclosures

A full actuarial valuation of the defined benefit pension scheme was carried out at 31 March 2017 and resulted in an actuarial deficit of £2.2 million. On the basis of this valuation the trustees of the scheme and the charity agreed past service deficit recovery payments of £720,000 per annum until June 2020.

The latest valuation as at 31 March 2020 by a qualified independent actuary takes account of the requirements of FRS 102 in order to assess the liabilities of the scheme at that date. Scheme assets are stated at their market values at the respective balance sheet dates. At 31 March 2020 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.

An actuarial valuation of the pension scheme is currently being undertaken as at 31 March 2020. The projected technical funding status as modelled by the scheme advisers anticipates a surplus at this point and it is therefore anticipated that the special contributions will cease in June 2020.

	2019/20 £'000	2018/19 £'000
Present value of funded defined benefit obligation	(24,397)	(24,875)
Fair value of scheme assets	30,772	28,649
Net asset	6,375	3,774

The movement in the defined benefit pension scheme surplus is as follows:	2019/20 £'000	2018/19 £'000
Asset at 1 April	3,774	2,059
Net finance charge	95	61
Current service cost	(8)	(10)
Employer's contributions	724	729
	4,585	2,839
Remeasurement gains	1,790	935
Asset at 31 March	6,375	3,774
Movements in present value of defined benefit obligation		
	2019/20 £'000	2018/19 £'000
At 1 April	24,875	25,658
Current service cost	8	10
Interest cost	559	627
Remeasurement losses and (gains)	118	(130)
Contributions by members	1	1
Benefits paid	(1,164)	(1,291)
At 31 March	24,397	24,875
Movements in fair value of scheme assets		
	2019/20 £'000	2018/19 £'000
At 1 April	28,649	27,717
Interest credit on scheme assets	654	688
Remeasurement gain	1,908	805
Contributions by employer	724	729
Contributions by members	1	1
Benefits paid	(1,164)	(1,291)
At 31 March	30,772	28,649
Expense recognised in the Consolidated Statement of Financial Activities		
	2019/20 £'000	2018/19 £'000
Interest on defined benefit pension plan obligation	(559)	(627)
Interest credit on scheme assets	654	688
Net finance credit	95	61
Current service cost	(8)	(10)
Total	87	51
Remeasurement gains/(losses) charged to the Consolidated Statement of Financial Activities		
	2019/20 £'000	2018/19 £'000
Remeasurement gain - return on scheme assets	1,908	805
Remeasurement (loss)/gain - actuarial (loss)/gain	(118)	130
Total	1,790	935

The fair value of the scheme assets was as follows:

	2019/20 Emillion	%	2018/19 Emillion	%
Equities and managed funds	2.7	8.7%	7.4	25.9%
Corporate bonds	5.6	18.1%	5.0	17.3%
Gilts	22.2	72.3%	16.4	57.5%
Cash	0.3	0.9%	(0.2)	-0.7%
Total net assets	30.8	100.0%	28.6	100.0%

There is no investment in the charity's own financial instruments nor does the charity occupy any property owned by the scheme.

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:

	2019/20	2018/19
Discount rate	2.3%	2.3%
Retail Prices Index (RPI) Inflation	3.3%	3.5%
Consumer Prices Index (CPI) Inflation	2.4%	2.5%
Future increases in deferred pensions	2.4%	2.5%
Future salary increases	3.8%	4.0%
Rate of increases in pensions in payment:		
Fixed 4%	4.0%	4.0%
Pension accrued from 6 April 1997 to 1 April 2002	4.1%	4.1%
Pension accrued from 1 April 2002 to 5 April 2005	2.4%	2.5%
Pension accrued from 5 April 2005	1.8%	1.9%
Cash commutation	100% of members commute 25% of their pension	
Life expectancies used to determine benefit obligations are as follows:		
	2019/20	2018/19
Future life expectancy of male aged 65 at balance sheet date	21.6	21.5
Future life expectancy of male aged 65 20 years after the balance sheet date	22.9	22.8
Future life expectancy of female aged 65 at balance sheet date	23.5	23.4
Future life expectancy of female aged 65 20 years after the balance sheet date	25.1	24.9

The charity expects to contribute approximately £120,000 of deficit funding to the scheme for the 2020/21 financial year (2019/20 - £720,000).

The main assumptions are derived as follows:

- Discount rate on corporate bonds: for the purpose of deriving the discount rate, we have used zero coupon yield curve data.
- Inflation: We have derived the market's expectation for RPI inflation by reference to the RPI swaps market. Specifically, the rate of inflation is derived as the rate that equates to the yield of the swap rate curve at the duration of the Scheme's liabilities.
- Salary increases: RPI inflation plus a margin of 0.5%.
- Life expectancy: S2PxA base table and the CMI model for 2019 with a long-term rate of mortality improvement of 1.25% pa.

16 Funds

Group and charity	Note	At 1 April 2019 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2020 £'000
Restricted funds (Group and charity)							
Hospices and other Capital Fund	i	20,795	-	(1,701)	-	1,030	20,124
Major capital appeals	ii	21	-	-	-	-	21
Hospices – revenue	iii	511	17,407	(16,082)	-	(1,030)	806
Nurses	iii	317	8,278	(7,085)	-	-	1,510
Helper	iii	321	203	(374)	-	-	150
Information and Support	iii	30	-	-	-	-	30
Palliative care research		125	1,280	(1,381)	-	-	24
Total restricted funds		22,120	27,168	(26,623)	-	-	22,665
Designated funds (Group and charity)							
Tangible Fixed Asset Fund	iv	28,757	-	(2,792)	-	6,255	32,220
Capital Investment Fund	v	5,482	-	-	-	(3,864)	1,618
Hampstead Capital Fund	v	1,174	-	-	-	(1,174)	0
Pension scheme surplus	vi	3,774	-	-	1,790	811	6,375
Total designated funds		39,187	-	(2,792)	1,790	2,028	40,213
General funds (Group)							
General fund	vii	48,832	138,436	(127,591)	(3,129)	(2,028)	54,520
Total general funds		48,832	138,436	(127,591)	(3,129)	(2,028)	54,520
Consolidated funds		110,139	165,604	157,006	(1,339)	-	117,398
General funds (Charity)		48,891	135,692	(124,845)	(3,129)	(2,028)	54,581

The above funds carried forward at 31 March 2020 represent:

- | | |
|--|--|
| <p>i) Grants and donations received from hospice and other capital appeals that have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.</p> <p>ii) The net proceeds from the capital appeals. The balance at the end of the year represents the capital appeal funds that have been received for which expenditure has not yet been incurred.</p> <p>iii) Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper and Information and Support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.</p> | <p>iv) The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).</p> <p>v) The Capital Investment Fund represents funds held to contribute towards the renewal of the charity's assets. The Hampstead Capital Fund is a designated fund for the Hampstead hospice that has been funded from a specific legacy and has been used towards the renewal of that hospice.</p> <p>vi) The valuation under FRS 102 of the defined benefit pension scheme</p> <p>vii) The General Fund is the working capital of the charity and represents the net amount that the Trustees have available to meet possible shortfalls in funding and increases in costs.</p> |
|--|--|

The consolidated surplus of total income less revenue expenditure is attributable to the surplus for the year dealt with in the separate accounts of:

	2020 £'000	2019 £'000
The charity	6,627	6,267
Intra-group profit	632	668
	7,259	6,935

Analysis of net assets between funds

	Unrestricted Funds £'000	Restricted Funds £'000	Total 2020 £'000	Total 2019 £'000
Tangible fixed assets	32,220	20,124	52,344	49,552
Investments	62,793	-	62,793	73,293
Stocks	266	-	266	141
Debtors	25,008	-	25,008	13,468
Creditors and cash	(31,929)	2,541	(29,388)	(30,089)
Defined benefit pension scheme surplus	6,375	-	6,375	3,774
Total net assets	94,733	22,665	117,398	110,139

Going concern:

Following the coronavirus pandemic, the senior management of Marie Curie are monitoring the future outlook for the reserves on a regular basis and are stress testing the key assumptions that are being used. This process and those assumptions are described in more detail in the Financial Review.

17 Staff

	2019/20 £'000	2018/19 £'000
i) Remuneration		
Wages and salaries	87,027	82,785
Social security costs	6,988	6,713
Other pension costs	6,005	4,819
Total Marie Curie staff	100,020	94,317
Contracted staff	8,207	8,672
Total remuneration	108,227	102,989

Contracted 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 £479,000 (2019: £531,000).

ii) Average number of employees

	2019/20 Number	2018/19 Number
Hospices	1,065	1,063
Nurses	2,057	2,074
Research	14	12
Information and Support	10	12
Fundraising	312	304
Publicity, Policy & Public Awareness	68	61
Shops	495	506
Support	213	197
	4,234	4,228
Comprising		
Full time	1,423	1,393
Part time	2,811	2,835
	4,234	4,228

iii) Remuneration of higher paid staff

	2019/20 Number	2018/19 Number
£60,000 - £70,000	30	23
£70,000 - £80,000	9	10
£80,000 - £90,000	8	4
£90,000 - £100,000	2	3
£100,000 - £110,000	1	4
£110,000 - £120,000	2	-
£120,000 - £130,000	3	-
£130,000 - £140,000	-	1
£140,000 - £150,000	-	1
£150,000 - £160,000	2	1
Included in the above are the following number of medical practitioners	9	6

Contributions of £187,802 (2019: £130,498) were made to the NHS Defined Benefit Pension Schemes for 15 (2019: 12) higher paid employees. Contributions amounting to £180,825 (2019: £176,307) were made to defined contribution schemes for 34 (2019: 34) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any employer pension contributions was £599,562 (2019: £656,256).

The salary of the Chief Executive in 2019/20 was £150,000 (2018/19: £150,000).

iv) Trustees' expenses

No trustees received any remuneration in the year. Four trustees were reimbursed £3,192 in

total for travel expenses (2019: Five trustees were reimbursed £7,696).

The charity maintains liability insurance covering trustees in their capacity as directors and other officers of the charity at a cost of £8,467 per annum (2019: £8,064)

18 Lease commitments

The charity had annual operating lease commitments as follows:

	2019/20 £'000	2018/19 £'000
Land and buildings		
Within one year	532	407
Between two and five years	2,171	2,162
Over five years	1,481	1,510
	4,184	4,079
Other		
Within one year	143	99
Between two and five years	338	432
	481	531

19 Subsidiary undertakings

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

Marie Curie Trading Limited – The company undertakes trading activities for the benefit of the charity that it cannot carry out itself as an exempt charity, including the sale of new goods such as Christmas cards and certain events. The company made a profit of £0.632 million for the year ended 31 March 2020 (2019: £0.668 million) which will be paid to the charity by means of a payment under Gift Aid.

Marie Curie Developments Limited – The company was dormant throughout the period ended 31 March 2020. The net assets at 31 March 2020 were £10,000.

Marie Curie Ventures Limited – The company was dormant throughout the period ended 31 March 2020.

Cancer Care (UK) Limited – The company is limited by guarantee and was dormant throughout the period ended 31 March 2020. The net assets at 31 March 2020 were £20,000.

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

	2019/20 £'000	2018/19 £'000
Turnover	3,377	3,128
Cost of sales	(1,644)	(1,407)
Gross profit	1,733	1,721
Other expenses	(1,089)	(1,041)
Interest payable	(12)	(12)
Payment to the charity under Gift Aid	(632)	(668)
Retained profit for the year	-	-
Net current assets	320	320
Liabilities - debenture held by the charity	(320)	(320)
Net assets	-	-

The debenture loan is secured by a first floating charge and is subject to interest calculated at 3% above the base rate.

20 Related party transactions

The Charity owes Marie Curie Trading (MCT) a net balance of £0.6 million (2019: £0.7 million). This represents the balance of operational transactions between the Charity and MCT, including management and support charges. Marie Curie Trading owes the Charity an amount representing the Gift Aid of MCT's profits to the Charity of £0.6 million (2019: £0.7 million). Related party transactions with the trustees are detailed in note 17. There were no transactions with other related parties in the year.

21 Post-balance sheet events

The outbreak of the coronavirus and the associated government measures to control the virus have had a significant impact on Marie Curie's operations since 31 March 2020, as described in detail at the beginning of this report and in the financial review.

The main non-adjusting post-balance sheet events to note are:

- Since March 2020, there have been significant movements in the value of Marie Curie's investment portfolio. At the end of March, the Charities Property Fund temporarily suspended the Fund in line with FCA guidance and in the interest of unit holders. Whilst their Independent Valuer, Cushman & Wakefield (along with other valuation firms) was still able to produce valuations and make professional judgements they were able to do so with less certainty than under normal market conditions.

Who's who

Royal Patron

His Royal Highness The Prince of Wales

Life Vice Presidents

Sir Peter Davis LLD, FRSA

Sir Thomas Hughes-Hallett

Vice Presidents

Field Marshal the Lord Bramall KG GCB OBE MC JP
(until his death in November 2019)

Major General Sir Michael Carleton-Smith CBE DL

John Carson CBE

Pauline Clarke

Dr Jane Collins MSc MD FRCP FRCPC

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

from 1 April 2019 to 31 March 2020

Vindi Banga (Chair)

Tim Breedon CBE (Honorary Treasurer)

Dr Rachel Burman FRCP MA

Steve Carson

John Compton CBE

Richard Flint

Richard Harding (joined September 2019)

Ruth Holt RGN BSc DNCert MBA MSc

Patricia Lee

Chris Martin BPharm (Hons) FRPharmS

Dame Barbara Monroe DBE

Linda Urquhart OBE

Helen Weir CBE FCMA

Bankers

The Royal Bank of Scotland

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And thank you to all our fundraising groups, committees, development boards and our many anonymous donors.

Special thanks to Lin

We remember Lin Dalton, a Marie Curie patient and supporter who shared snippets of her daily life on our social media channels to show others the reality of terminal illness.

Lin volunteered to share her video diaries about life with terminal cancer throughout February and March 2020 on our Instagram account. From happy little moments to reactions to lockdown and ongoing treatment, Lin's honesty, humour and humanity touched many of our followers deeply.

Helping others was Lin's priority. By sharing her story, she taught us all so much. Lin never shied away from the difficult topics. "I've talked to my children about what I'd like to happen when I reach my final days," she said. "Try and talk, too, about

the practical side of things. You may find that your family don't want to discuss that with you – that they're too embarrassed or find it too painful. But tell them it's what you'd like to do."

On 23 March 2020, the government announced a national lockdown to protect against the spread of coronavirus. Undeterred, Lin offered to keep recording her videos.

Lin spoke about the importance of taking each day as it came, and how her love of arts and crafts was keeping her busy. She brought decoupage back! And she inspired others to have a go. She became the face of the television advert for our emergency appeal. When Lin found out the advert had been played on the big screens at Piccadilly Circus, she was amazed.

We hope it was a comfort to Lin and her family that she was able to spend her final days as she'd wanted, in the care of our colleagues at the Marie Curie hospice. Although we know a lot of people were hit hard by the news of Lin's death, her legacy of wisdom and optimism continues. Lin will be spoken about and remembered fondly by everyone at Marie Curie.

Thank you so much for everything, Lin.



Remembering Barbara

We remember Barbara Sage, a Marie Curie Nurse who spent more than 40 years working in the field of palliative care. We were very fortunate to have her on our front line for 14 of those years.

Kind, caring and fun, Barbara started out as an ambulance driver in London at the age of 18. It was this experience of challenging front line care that inspired her to become a nurse. For 40 years, she dedicated her life to caring for people at the end of their lives. She loved life and her family – but she also loved her job. Very sadly, Barbara died of coronavirus in intensive care on 12 April 2020, at the age of 68.



She was an incredibly warm person and her commitment to the people in her care extended far beyond what was expected of her. If a shift was over but a situation was ongoing, she wouldn't just get up and leave. She'd stay on to make sure her patient was as comfortable as possible in their

final moments, or to give emotional and practical support to their grieving family and friends.

Our Chief Executive, Matthew Reed, said: "Barbara's death is a devastating loss for the whole of Marie Curie, and I know everyone who worked with Barbara over the last 14 years can attest to her professionalism and commitment. I know she will be very greatly missed.

"It's a very special kind of person who becomes a Marie Curie Nurse. These people, every day and every night, are with families who are experiencing the loss of a loved one.

"Sitting with people who are dying, caring for them, loving them, holding their hand physically – but also holding their hand emotionally. And, after people have breathed their last, being there to hold the family and to care for them as well.

"Barbara's daughter Donna told me how she and the rest of the family couldn't hold Barbara's hand as she was dying. They couldn't hug her goodbye. This pain is something that so many families are having to go through right now.

"My thoughts are with Barbara's family and friends, as well as everyone who is grieving a loved one in these incredibly difficult times."

Thank you, Barbara.

For more information

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

Call us for free on 0800 716 146

Or email us at info@mariecurie.org.uk

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