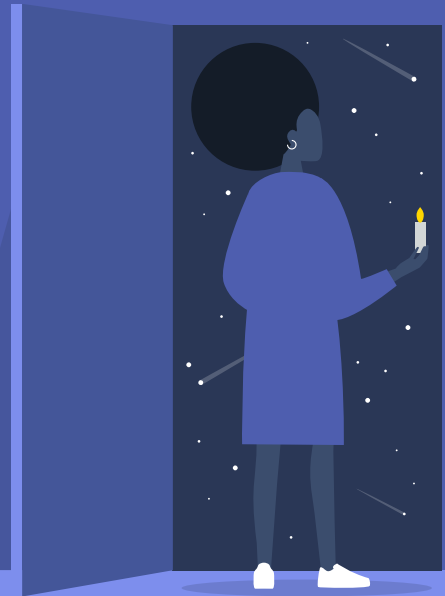


Annual Report and Accounts
2020/21



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Welcome

Thank you for taking the time to find out more about Marie Curie and the vital work we do.



Vindi Banga, Chair of the Board of Trustees

This has been an extraordinary year for everyone living in the UK, especially those living with a terminal illness and those who have lost loved ones. Throughout the year Marie Curie has been, and continues to be, at the front line of this crisis.

Marie Curie's staff and volunteers have worked tirelessly to ensure that we could continue to operate, despite all the challenges. Our caring staff have been able to deliver much-needed support to patients and their families. Training took place to make sure we could take care of patients safely and, particularly in the initial stages of the pandemic, ensuring that our staff had access to adequate PPE was crucial.

It's gratifying to note that we were able to take care of more patients this past year than ever before. This was despite a higher level of absence in our caring staff necessitated by isolation rules. This higher level of care was facilitated by more rapid response and multi-visit work.

Our fundraising teams worked very hard to fill the gap caused by a stalling of our face-to-face fundraising efforts. They pivoted their efforts towards digitising the fundraising programmes and also launched a very effective emergency appeal. We're also grateful to the UK government and devolved administrations for giving us funding, along with other charities in our field. All of this was crucial to enable us to continue delivering expert care.

Our retail colleagues had to contend with the shutdown of operations, as well as their reopening. Our head office and functional teams were hard at work making sure we were able to work seamlessly from home, as well as providing support for frontline staff. The organisation pivoted to managing its finances on a more urgent basis, with the Trustees and management reviewing this every fortnight.

At the same time as facing the immediate crisis, we remain very focused on the growing gap between the need for palliative care and the supply of such services. Last year we developed a strategy to address this gap and increase our impact as an organisation. I'm pleased to be able to share that, despite the pandemic, we continued to implement the new strategy and have become a place-based organisation, delivering quality care more widely to communities. We've also established a designated fund for impact and innovation to support new developments in end of life care and improve the efficiency of existing services.

An important aspect of our strategy is to work in partnership with other organisations with a similar goal. One such initiative was the new National Day of Reflection that we led in March 2021. We were delighted to be able to bring people together at this time in an incredibly moving manner (read more on page 29).

We look ahead with cautious optimism given the advent of vaccines in the UK. And yet we are determined to continue our work in whatever external circumstance we find ourselves in. We'll continue to provide the excellent care that Marie Curie is known for and innovate with new models of care. We must continue to diversify our fundraising to fill the shortfall in our income. We must improve our back office processes to become 'best in class' and implement all the systemic change we're pushing for as an organisation.

This pandemic has also reminded us, yet again, that the world we live in is a deeply unequal place. The diverse communities that populate our country have been disproportionately affected during this time. It's a very timely reminder for Marie Curie to keep diversity and inclusion at the forefront of everything we do.

On behalf of Marie Curie's Trustees, I'd like to thank everyone associated with Marie Curie – our staff, volunteers, supporters and partners. It's your resilience, commitment and generosity that we count upon for the future.



Vindi Banga
Chair of the Board of Trustees



Matthew Reed, Chief Executive

At the start of the pandemic, we had no idea of the emotional and physical toll it would take, let alone how many would lose their lives.

Conservative estimates, it turned out, would barely scratch the surface of the scale of loss experienced both globally and closer to home, in our own communities.

Tentatively, we're starting to see what life might look like on the other side of this crisis. From grieving families to exhausted clinical and home workers, no one has fully escaped the far-reaching effects of covid-19. Our research shows that almost half (46%) of the UK knew someone personally who died during the pandemic*. Of that group, 56% said they hadn't had the chance to grieve fully. For many, it has been difficult to make time to reflect and reach out to those who need our support. The National Day of Reflection, led by Marie Curie on 23 March 2021, gave people an opportunity to start doing that (read more on page 29).

Of course, for those at Marie Curie who work on the front line of care, covid-19 is still the dominant operational reality. At the time of writing, the daily challenges of connecting with

*Based on a survey of 2,003 UK representatives.

patients as best we can through PPE continues to take its toll on our patients, their families and our clinical colleagues.

This challenging year for the UK has further amplified and underlined what we, as an organisation, already knew: the importance of dying well. Choice is something the pandemic took away. We heard devastating stories of families torn apart and saying desperately sad goodbyes from behind glass, or not able to say goodbye at all. We only get one chance to get death right.

Our mission, to strive for a society where the way we handle dying, death and bereavement in the UK offers everyone the opportunity for the best possible end of life experience, is more important and more needed than ever before.

And it's not just the pandemic that has thrown up complex challenges over the past year. In May 2020, the senseless killing of George Floyd in the US sent shockwaves around the world. Like many organisations, we felt compelled to examine our own approach to Equality, Diversity and Inclusion – and we know that that there's more work to be done at Marie Curie.

Research has already highlighted the profound issues around disparity in end of life care for people from ethnically diverse communities. As we know, there's no one-size-fits-all when it comes to death and grief, and it's our aim to say that we're able to support everyone in the UK, across all communities. It's a long road ahead. We're starting internally, aiming to ensure our staff and volunteers from different backgrounds feel heard and supported through initiatives such as our ED@MC (Ethnic Diversity at Marie Curie) network. Our aim, though, remains that everyone in the UK has equal access to the very best end of life experience that reflects what's important to them.

None of the work we do would be possible without our wonderful and dedicated supporters and partners. We are truly grateful to every single person and organisation who has supported our work at any time, but especially in the last year. You've made it possible for us to continue to strive for change that reflects the importance of great care and support through dying, death and bereavement and given us the moral support to continue doing so.

As we emerge from the immediate pandemic period, we're determined at Marie Curie that we'll play our part, with others, in creating a society where everyone can have the conversations they should to break down the taboo around death and dying and help make things easier in the end.

We're keeping that conversation going with our Better End of Life Report, the first in an annual series of studies exploring the growing need for integrated, person-first and properly funded end of life care. Together we can make that happen.

Finally, I'd like to extend my deepest thanks to all Marie Curie staff for the phenomenal work you've done over the last year and all that you've achieved for the British public through these most challenging of times. Through your skill, hard work, professionalism, compassion, humanity and tenacity we've been able to ensure that many families across the UK get the care and support they need at the end of their lives. Thank you very much indeed. ■



Matthew Reed
Chief Executive

Our year at a glance

Last year we helped more than 69,000 people directly and reached over 2 million more.

Community nursing

42,168
people cared for, a 17% increase on last year

2,154
registered nurses and healthcare assistants in the Marie Curie Nursing Service

99%
of nursing service patients and families described the overall service as very good or good*

46% charitable donations | 54% NHS funded

Hospice care

7,385
people cared for in our hospices, a 15.9% decrease on last year

9
hospices across all four nations

98%
of hospice patients and families described the overall service as very good or good*

59% charitable donations | 41% NHS funded

Information and support

19,974
enquiries via phone or web chat, a 32% increase on last year

898,274
users accessed our online covid-19 information hub

90%
of callers said we gave them the information and support they require

100% charitable donations

Volunteers

7,500
phone calls made by Helper volunteers, instead of home visits, to combat isolation during the pandemic

100+
volunteers recruited and trained to work across our new befriending and bereavement services

1,899
support sessions given to bereaved and isolated people by trained volunteers

100% charitable donations

*Patients and Families who completed the Friends and Family Test

Marie Curie is here for everyone

We're here to support everyone in the UK through all aspects of dying, death and bereavement – to fight for a society where everyone has the best possible experience at the end of life, which reflects what's most important to them. Where you're prepared for death and die comfortable, calm and cared-for. Where your family and friends are better able to work through their grief, so they can find ways to live on without you.

We'll help you to talk, plan and prepare, to get things sorted in advance. Our front-line Marie Curie Nurses and Hospices, and our trusted information and free support line, are here to help you through your final years, months, days and hours – whether you have covid-19, or any illness you're likely to die from – be that motor neurone disease, Parkinson's, dementia or terminal cancer. Our bereavement support will be there for the people you love after you're gone. Right now, we're needed more than ever.

We've been on the front line, day and night, seven days a week, throughout the pandemic. Our services help people to stay out of hospital, relieving pressure on the system and providing vital care. But this crisis has given us a glimpse of the future, too. A future where the number of people in the UK aged 85 or older will double in the next 25 years. Where our ageing population will mean that confronting dying, death and bereavement is a part of life for many more of us. We can't meet this huge challenge without your support.



How we help

Marie Curie Nurses

Marie Curie Nurses work on the front line, night and day, in people's homes across the UK, providing hands-on care and vital emotional support. If you're living with a terminal illness, our nurses will help you to feel safe, supported and cared-for in the place where you're most comfortable.

Marie Curie Hospices

Marie Curie Hospices offer the reassurance of specialist care and support, in a friendly, welcoming environment, for people living with a terminal illness and their loved ones – whether you're staying in the hospice or coming in for the day. In these difficult times, we've found innovative new ways to be there on the front line for our communities.

Marie Curie Helper volunteers

The little things can make a big difference when you're living with a terminal illness. Marie Curie's trained Helper volunteers can visit you regularly to have a chat to over a cup of tea, help you get to an appointment or just listen when you need a friendly ear.

Trusted information and helpline

Whatever your question, Marie Curie is here to help with practical information and support on all aspects of life with terminal illness, dying and bereavement. Whether you need trusted information or to talk to someone, you can call us, chat to us online, visit our website, order information in print, or join our community.

Policy and campaigns

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

Research

We're a leader in research into better ways of caring for people with a terminal illness, and at the end of life. We carry out research to help improve care and support across our services as well as those provided by others.

Public awareness

We know talking and planning can help make life better at the end. We create campaigns to help change public attitudes to dying, death and bereavement so that, as a nation, we can be better prepared. ■

Looking for support?
Call 0800 090 2309* or visit
mariecurie.org.uk/support

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

Our strategy, facing an unprecedented need

By 2040, we expect the need for palliative and end of life care to have increased by up to 42%. People are living longer with multiple, complex conditions. This future is fast approaching, and now is the time to act.

Our vision for change

Everyone will be affected by dying, death and bereavement – that can't be avoided. But what can be helped is whether they get the best possible experience, reflecting what's most important to them.

This means having the right care, support, and systems in place, so people can feel protected and cherished as they reach the final months, weeks, days, and hours of their lives. Without the worries of unexpected or unfair costs, legal problems, issues with work or housing, unfulfilled wishes, or loved ones left with complex grief.

It means empowering people to make the plans and preparations necessary to protect themselves and their loved ones from confusion, uncertainty and pain as they near their death. It means creating an environment in which individual needs and circumstances can be met. It means helping society to acknowledge and deal with death and dying. And it means providing bereaved people with the help to be able to live with grief after their loved ones die.

We believe radical change is needed to make this vision a reality.

Demand for the right care, support and guidance for people reaching the final chapter of life is growing as the UK population steadily gets older. Without urgent change, the gaps in end of life provision will only get larger and more people will die without adequate help or support.

We know we can't create this change alone. Currently, the Marie Curie nursing and hospice services are only able to reach around 10% of dying people. We need

to leverage our 75 years of experience and work with others to find new ways to support more people, beyond those we reach directly through our services.

We must influence individuals, communities and society as a whole, to get everyone – including friends, family and healthcare professionals – thinking and talking about end of life.

How we'll get there

Our four strategic drivers will help us to realise our ambition: that everyone should get the best possible end of life experience, reflecting what's most important to them.

1. Together, we'll design, build and run services to have maximum impact for dying people and those close to them.
2. We'll lead a national conversation on end of life experience, fight for the services people need and help them prepare better for death.
3. We'll operate flexibly, efficiently and with agility, so we can meet the nation's end of life needs as they change and grow over the coming years.
4. We'll support everybody to have the best possible end of life experience, no matter their culture, race, religion, sex, gender, sexuality or disability.

Underpinning everything we do are our values: we're always compassionate, we make things happen, we lead in our field and we keep people at our heart.

Learn more about our strategy at mariecurie.org.uk/strategy ■



Our plans for the coming year

Our ambitions for the coming year have been reshaped by the pandemic. We need to make the biggest difference we can for those we care for and support, as well as remaining focused on a future that'll see growing need.

As an organisation, we're working towards our new strategy, as outlined on page 10.

It's a bold ambition that comes with its own set of challenges. But by working together towards the same five goals, we're going to get closer to this vision than ever before.

With all this in mind, in 2021/22, we will:

Work together to build integrated services in communities

We'll develop better co-ordinated, more flexible ways of delivering our end of life services, so it's as easy as possible for people to access the support they need, in the way they need it. Exactly what this looks like will be different for each community we work in. In 2021/22:

- We'll redesign our services so they are easy for everyone within a community to access.
- We'll enable more care and support for communities who are currently under-represented in use of end of life services.
- We'll collaborate and work with others, who will help us design services that reflect the communities we serve.
- We'll share our knowledge with other organisations, so that everyone can deliver better end of life care for all.

Lead the national conversation about end of life

We'll take an active lead in shaping policy, practice and public attitudes around dying, death and bereavement in the UK, so we can ensure everyone has the best possible end of life experience, reflecting what's most important to them. In 2021/22:

- We'll advocate for change to ensure governments and administrations across the UK and the public understand the need for long-term and sustainable end of life care.
- We'll build our brand and profile, so people recognise us as leaders in end of life.
- We'll invest in research, so we can lead on evidence-based solutions and talk with authority about the true nature of death, dying and bereavement in the UK.
- We'll champion social inclusion to ensure everyone has equitable access to the end of life care and support they need.



Invest in our skills and systems

We'll make sure we have the skills and systems in place to allow us to adapt to changing needs and innovate in the face of future challenges. In 2021/22:

- We'll improve our use of technology to make sure we're equipped for a future in which digital will play a key role.
- We'll invest in ourselves, so everyone at Marie Curie is fairly rewarded for the work they do and is able to learn, develop and grow along with our organisation.
- We'll take a confident approach to change, where we have the skills and resources to ensure the transformations we need to make are successful.
- We'll embrace new ideas and establish a 'test and learn' philosophy that puts end users at the forefront of all the solutions we create.

Continuously improve our organisation

We need to be sure that the way we operate is as robust and efficient as we need it to be. This means looking at the policies and procedures that sit at the heart of our organisation to make sure they provide the correct guidance and that everyone knows how they're expected to use them. In 2021/22:

- We'll review our core policies and procedures to make sure they comply with the latest guidance, so that all staff and volunteers at Marie Curie are clear on what they need to do.
- We'll create a culture that encourages all kinds of learning, so we can continue to grow and not simply stick to the way things have been done before.

- We'll improve our ability to manage risk and establish a framework for quality and governance across Marie Curie to make sure we continue to retain the valuable trust of our service users and supporters.

- We'll continue implementing and embedding our new Oracle Finance and HR systems, offering training to all staff so that it can be used quickly and efficiently across the organisation.

Enhance our financial sustainability

As more and more people will need our services in the future, we need to make sure we can continue to deliver them over the long term. This means increasing our sources of income, especially those that are the most reliable, and make every penny work as hard as possible. In 2021/22:

- We'll reduce our operating costs in all areas to make sure we're using all our income in the most valuable way, without compromising on the quality of our care.
- We'll increase the income we get through commissioned services, so that our services aren't as dependent on voluntary income, which can fluctuate.
- We'll establish a business development function, which will help us grow our income through new streams of work and other business opportunities.
- We'll review the way we fundraise, including our retail portfolio, to raise as much money as we can and put our supporters' donations to the best possible use. ■



Work together to build integrated services in communities

If we're going to reach more people while continuing to deliver high-quality care, we need to bring our services together and take a more integrated approach to working with other organisations.

In 2020/21, we began to embed this collaborative approach in our hospices and community nursing (see page 16) and information and support services (see page 20).

Hospices and community nursing

Over 2,100 Marie Curie nurses and healthcare assistants worked in communities across the UK, caring for 42,168 patients in 2020/21. Our nine hospices provide in-patient and outpatient care for people living with a terminal illness, caring for 7,385 patients in 2020/21.

Making the most of the time we have left

Our frontline community nurses work in people's homes across the UK, providing hands-on care and emotional support. They help people living with a terminal illness to feel safe and supported, wherever they're being cared for.

Our nine hospices offer specialist palliative care and support in a friendly, welcoming environment – whether someone is staying in the hospice or coming in for the day. They're also a hub for the local communities they serve, for example, providing access to bereavement support.

In these difficult times, we've found innovative new ways to be there on the front line for communities, with our nurses and hospices working together to provide holistic care.

Working collaboratively for communities

As an organisation, we're moving towards a 'place-based' approach to planning and organising palliative and end of life care. This means that, across our 10 UK regions, our services will work collaboratively with other voluntary and third sector partners, and health and social care organisations, to improve the health and wellbeing of the local population and to enable better experiences for more people at the end of their lives.

This approach prioritises planning for the needs of the population, so that there is more proactive, co-ordinated planning and support for people who are reaching the last year of life.

It also acknowledges the complexity of people's lives by offering services as close as possible to where they live, reducing demand for acute services in hospital.

It's about collaborating with the people who live and work in a particular area. This'll enable us to understand and deliver a health and care system that works in line with the area's strengths, capacity and needs. As a result, we'll be able to provide the best possible care for all the people who live there.

Moving to a place-based approach has meant restructuring our organisation to create a leadership team for each region across the UK. This means they are able to lead and influence strategically, to ensure services are commissioned in a way that improves the experiences for people at end of life, and manage the operational business of delivering care safely, effectively and efficiently across the region.

Funding better end of life care for all

As an end of life charity, it's crucial that we're able to meet the needs of dying people and their families, and that the new care models we develop and implement are both financially and clinically sustainable.

We're shifting to a sustainable model that builds complementary new, national and virtual services for the public, in addition to the hands-on expert care we have been providing through the pandemic and will continue to provide.

2020/21 targets and achievements

Targets

- Build and co-design end of life services with others, to support people in the best possible way in their local communities.
- Develop and implement a plan to transform the end of life experience at a national level in all four nations.
- Develop community services that are integrated, local to people's homes, socially inclusive and meet their end of life needs.
- Scope a Virtual Learning Academy to share our end of life knowledge and skills with other organisations to ensure that more people have the best possible experience at the end of life.
- During the pandemic, we provided the training and PPE needed for our staff to continue doing their essential work as safely as possible.
- Also during the pandemic, we developed training for senior health care assistants to verify of death in the community and we increased our work with care homes, providing virtual advance decision conversations with care home residents.
- During 2020/21, we improved our training and approach to staff speaking up and whistleblowing to foster a culture in which all staff feel safe and supported.

Achievements

- In 2020/21, we supported the NHS and provided care to 17% more people in their homes than during the previous year.
- At the Marie Curie Hospice, Belfast, there was an unannounced inspection in March 2020 and the report was published in 2020/21. No concerns were identified in relation to patient safety, and the inspection team noted multiple areas of strength, particularly in relation to the delivery of front line care across all sites, governance, staff recruitment and retention, and the hospice environment.
- In 2020/21, we integrated our Nursing Service and hospice teams with the aim of establishing and delivering place-based end of life care, where we work together to improve care for dying people in the communities we serve.
- We signed up 20 early-career nurses to the Nursing Now Global Nightingale Challenge leadership development programme.
- We improved the ways we identify and meet the information needs of people who have a disability or sensory loss, in line with the Accessible Information Standard.
- Our plans for a Virtual Learning Academy were disrupted by the pandemic. We've recently been able to resume progress on this and have recruited an Associate Director for the Virtual Academy to drive this work forward.

During the pandemic, we supported the NHS and provided care to 17% more people in their homes than during the previous year. Our research identified that many more deaths occurred at home during the pandemic.

We also supported hospitals to transfer covid-19-positive patients to our hospices. This freed up vital hospital beds and allowed the patients to have more dignified deaths. A key challenge we faced during 2020/21 was

that many people were separated from their families. Sadly, visiting was restricted to the last day of life at the height of the first wave of the pandemic.

Supporting staff through the pandemic

A significant focus of our work in the last year has been to support our staff to deliver safe and effective care through the covid-19 pandemic. We've:

- trained staff in line with government guidance during the covid-19 pandemic, PPE and infection prevention control (IPC) standards
- strengthened assurance processes related to IPC, implementing learning from outbreaks and clusters through our incident management processes and serious incident learning panels
- equipped our staff with PPE, so that they can care for patients safely in their home or in a hospice environment.

As a result of the pandemic, we were able to achieve some of our key objectives around innovation and leadership. For example, we developed training for senior health care assistants to undertake verification of death in the community. Nurse-led verification of death isn't intended to replace GP verification, but makes it possible for nurses to provide continuity of care for an individual and family at a distressing time. We're completing a pilot on this which will be evaluated before we consider rolling the scheme out to other areas.

We also increased our work with care homes, providing virtual advance planning conversations with care home residents.

Reaching more bereaved people

During the pandemic, we extended our Companions service, which offers bereavement support to families, friends and carers across Wales and Southern England.

The service is run by volunteers, who make calls to the family after a patient's death. Our nurses can refer families to the Companion service if

they feel that someone needs extra support.

Our volunteers call the bereaved person, typically one month after the patient has died, or earlier if requested by the nurse. The volunteer checks how they're managing and offers support. This could be through subsequent support calls or signposting to other services, such as our Support Line and new telephone bereavement service (read more on this on page 20).

Our Companion service supported 3,215 bereaved people after their loved one died at home or in a local hospital between May 2020 and January 2021.

Feeling listened to and valued

In 2020/21, we worked hard to foster a culture in which all staff feel safe and supported, so they are comfortable with raising any concerns they might have in the workplace.

We've developed a Freedom To Speak Up module on our incident database, so that any concerns can be logged directly by the staff involved, either anonymously or by name.

We also added three questions relating to our whistleblowing processes to our staff survey.

We'll use the information from the survey to make sure all staff are aware of how to raise a concern, and feel confident and supported in doing so.

Nurturing future leaders

In 2020/21, we signed up to the Nursing Now Global Nightingale Challenge and recruited 20 early-career nurses onto a tailored programme in which they would be able to develop their leadership skills.

Due to the pandemic, the challenge was largely delivered virtually, with monthly mentoring sessions, three face-to-face study days, a celebration event and a work-based project completed by the participants. The nurses were

able to join and observe a number of senior-level meetings, with a debrief after each one.

Some of our nurses joined calls with an American Cancer Centre who were 'twinned' with Marie Curie. The participants were able to share their stories and exchange ideas on their projects with the American attendees.

As part of the challenge, Marie Curie was represented at a global webinar by Julie Pearce, Chief Nurse and Executive Director of Caring Services. She presented our journey to date. We also wrote and submitted posts to the global leadership challenge blog throughout the process.

Providing personalised care

In 2020/21, we improved the ways we identify and meet the information needs of people who have a disability or sensory loss, in line with the Accessible Information Standard. This work will improve the patient experiences, as well as providing safer and more personalised care.

As a result of this work, we reviewed our Accessible Information/Inclusive Communication Policy and updated guidance for all our staff.

We completed a follow-up audit in January 2021 which has shown continued improvement in our communication with patients and carers, for example, providing improved access to British Sign Language interpreters, where required.

The quality of our care

Our Quality Account sets out how we monitor, measure and ensure the quality of the care we provide. It contains additional background, context and detail relating to nursing and quality. You can read the Quality Account online at mariecurie.org.uk/qualityaccount

Gillian's story

Gillian Finnie's husband Garry was diagnosed with metastatic colorectal cancer in May 2020. He died just six weeks later, having received care from Marie Curie's rapid response team on his final night.

"This was meant to be our chill year, but the pandemic put a stop to that. We were enjoying life as a young family – me and Garry, and our two daughters Beth, who's five, and Maggie, who's two. We were worried about what was happening in the wider world, but in terms of our wee life – it was nice.

"Then, on 1 May 2020, we got Garry's diagnosis. He died six weeks later. A lot of his friends never got to see him, so they're finding it hard to come to terms with because they remember him as him. Then we went into lockdown and then next thing they knew he was gone.



"Because Garry's cancer was so aggressive, we were worried it was going to get quite complicated at the end. Had it not been for Marie Curie, I don't think it would have been a pleasant end. Garry's wish was to be at home with us and Marie Curie made that possible."

Information and support

Providing clear and accurate information on topics relating to the end of life has been more important this year than ever. From diagnosis to death and grieving, our information and support services cut through the noise and answer people's questions with care, compassion and kindness.

Trusted information during times of turmoil

The pandemic has been a time of enormous stress and uncertainty for everyone – especially for dying people and their families and friends. Ever-changing rules around funerals, access to care and visiting meant there's been a real need for us to provide clear, accurate information that people can trust.

We responded to this need by creating an online information hub with 23 pages of reliable, informative content that's regularly updated, as well as two new booklets. The hub contains all the latest country-specific guidance for the whole of the UK on all related topics, from arranging a funeral to care at home during the pandemic.

We're proud to say that the hub has been longlisted for an award at the 2021 British Medical Association Patient Information Awards.

Extending our services

In March 2020, we extended our information and support offering with the launch of both a national telephone bereavement service and a national telephone befriending service, 'Check-in and Chat'. Having these services in place during the pandemic has been invaluable to those who have experienced loss and isolation.

Our bereavement service offers weekly phone-based sessions with trained volunteers to help people experiencing grief, while our befriending service gives ongoing support and a friendly ear when people need to talk.

We've recruited and trained more than 100 volunteers to work across both of these new peer support services and delivered 1,899 support sessions during the 2020/21 financial year – the first full year they've been running.

These new services mean we can support more people through grief, isolation and loneliness, wherever they are in the UK – whether their loved ones have received direct care from Marie Curie or not.

Forging new links

In Scotland, we've been able to offer holistic bereavement support to people living close to our hospices for years now. But we knew there were bereaved people elsewhere, in more remote areas where we run nursing services, who weren't getting the help they needed after someone died.

To get around this, we've launched a new initiative that involves proactively getting in touch with family members whose loved ones have been cared for by a Marie Curie Nurse and offering them support via our bereavement service.

The response so far has been very positive and we've recently extended the initiative to our London region, with plans to roll it out across more areas of the UK later in 2021. ■

2020/21 targets and achievements

Targets

- Build and co-design end of life services with others, to support people in the best possible way in their local communities.
- Develop community services that are integrated, local to people's homes, socially inclusive and meet their end of life needs.

Achievements

- We've seen a significant and sustained increase in the amount of people contacting our Support Line since the start of the pandemic. During 2020/21, there were 19,974 enquiries made via phone or web chat – an increase of 32% on the previous year.
- Our bereavement and befriending services are available to anyone across the UK, and the services haven't been affected by the pandemic, when many other local services were forced to close. This has meant people who are lonely, or dealing with loss, have been able to connect with someone for a regular phone call each week.
- In 2020/21, we launched and continually updated our covid-19 hub to provide reliable information about the pandemic across the four nations of the UK. This has been particularly useful to those navigating the ever-changing rules around topics that relate

- to terminal illness and bereavement, such as arranging a funeral.
- We now have an evaluation form on all of our information and support web pages, meaning we can capture user feedback directly for the first time. This will help us to shape our services with the needs of our users in mind.
- Through the Palliative Care Knowledge Zone, we continue to work with professionals to support their needs, particularly those who may not be specifically trained in delivering palliative care, such as some care home workers and healthcare assistants.
- The number of users accessing our online information totalled more than 2 million – this includes visits to our Palliative Care Knowledge Zone.
- During 2020/21, we delivered webinars and awareness sessions with corporate partners including Barclays, SPAR UK, the Passport Office and Western Power Distribution. These webinars give us a new platform to start the conversation around dying, death and bereavement. The Barclays session alone was attended by more than 370 people from across the globe and has been made available to all their staff via the wellbeing hub.

Jamie's story

Jamie Jell called the Marie Curie Support Line on Christmas Day 2019. He was struggling to support his dad, Andrew, who had three brain tumours and was being cared for at home.

"When I first rang the Marie Curie Support Line, I'd mentally collapsed. My sister and I had been caring for our dad with no outside help for two years. I started having panic attacks and lost my sense of self. Mum died when I was nine, so there was really no one for us to turn to.

"I dialled the number that day in desperation. I'd got into a routine of sitting up all night because I was so scared Dad would have a seizure and fall over. We were exhausted. It definitely helped that day to have that moment to let it all out to Marie Curie.

"Marie Curie Nurses started coming to our house to support us. One night, I felt the urge to sit with Dad, though he was unresponsive. I had a good



chat with him. It felt like he knew I was there – the nurse said his breathing changed when I sat down. He died a few days later.

"After Dad died, I called Marie Curie's bereavement support line. I now have regular chats with a volunteer called Michelle. It helps to know there's somebody on the end of the line who's going to call you every week and who cares."



Lead the national conversation about end of life

For everyone to have the best possible end of life, we need governments to prioritise and fund end of life care. We also need everyone to be prepared and supported to have meaningful conversations about death as and when the time is right for them and their loved ones.

In 2020/21, we brought together our policy and research teams to galvanise them in this mission (see page 24). We continued to start conversations around end of life (see page 28) and we also took the lead with the National Day of Reflection (see page 29).

Policy, campaigning and research

In tragic circumstances, the pandemic has brought dying, death and bereavement to the forefront of the nation's attention. As well as providing care via our frontline clinical staff, our policy and research teams are working to give dying people a voice.

By developing the strongest possible research evidence base, using this to develop recommendations for change, and engaging with decision-makers in order to secure change in policy and practice to better support those affected by dying death and bereavement, our research and policy teams are a key part of Marie Curie's work.

The last year has been a critical time for this work, as the pandemic has brought dying, death and bereavement to the forefront of the nation's attention. As the UK starts to build towards recovery, we'll seek to ensure that lessons are learned from the last year to improve end of life experience for all.

Giving dying people a voice

Our Policy and Public affairs (PPA) team works to campaign and influence decision-makers on issues that affect people reaching the end of their lives, and their families and friends, to help them access high-quality care and support when they need it most.

We're also a leader in research into better ways of caring for people with a terminal illness at the end of life. Our research team support Marie Curie-funded researchers to help improve care and support across our services, as well as those provided by others.

In 2020, our PPA and Research teams were brought together into a single directorate, providing a new opportunity to make sure that our policy and research activities are aligned. This will allow us both to develop

an evidence base which supports our policy influence, and to help ensure that the policy recommendations we develop have the most robust possible evidence base behind them.

To help us achieve this, during the last year we planned, researched and, in April 2021, published our first ever Better End of Life Report. As part of a three-year programme, the report examines the current state of dying, death and bereavement across the four nations of the United Kingdom and proposes a policy agenda to help make sure everyone has the best possible end of life experience. See mariecurie.org.uk/better-end-life

Throughout our work we also continued to keep Patient and Public Involvement (PPI) at the heart of everything we do. A member of our Research Voices Group (RVG) presented at the PPI session of our virtual annual conference, while members of the RVG also sat on the panel for awarding our small policy-themed research grants.

We also supported a group of people living with terminal illness to take part in a roundtable with the UK Government Disability Minister about changes they wanted to see in the benefits system to better support people living with terminal illness.

Funding important research

This year we continued to identify areas of palliative and end of life care research that need further funding and development. Studies funded during 2020/21 include:

2020/21 targets and achievements

Targets

- Strengthen our national voice and influence society's thinking around the end of life experience.
- Increase public awareness around death, dying and bereavement.
- Scale up our national research and policy programme to improve the end of life.

Achievements

- We merged our PPA and research teams, providing a new opportunity to make sure that our policy and research activities are aligned.
- We planned and researched our Better End of Life Report, publishing it in April 2021.
- We continued to identify and support areas of palliative and end of life care research that require further funding and development.

- We took our annual conference online, with a week-long series of virtual seminars that showcased Marie Curie-funded research. This meant more people than ever were able to engage with the work we do.
- We continued to ensure Patient and Public Involvement (PPI) was at the heart of our research, policy and public affairs work.
- We continued our PPA work with significant policy successes across the UK – from helping to secure £325 million in emergency UK government funding, through to shaping the Department of Health's Cancer Strategy in Northern Ireland.
- We continued our #Scrap6Months campaign for better support through the benefits system for people living with terminal illness.

- Professor Liz Sampson of the Marie Curie Palliative Care Research Department (MCPCRD), University College London, led on the end of life care section of the 2020 Lancet Commission on dementia prevention, intervention and care.
- Joe Low of the MCPCRD had an influential paper published in the Journal of Clinical Gastroenterology. The paper, Improving communication in outpatient consultations in people with cirrhosis: The development of a Question Prompt List (QPL), has informed new work by the British Liver Trust.
- Work by Professor Simon Noble at the Marie Curie Palliative Care Research Centre (MCPCRC), Cardiff University, influenced the American Society of Haematology's new guidelines for management of venous thromboembolism in patients with cancer.
- Professor Anthony Byrne of the MCPCRC had a breakthrough study published that found palliative-focused care is better placed than radiotherapy to maintain quality of life for

people with terminal oesophageal cancer. The Marie Curie Internal Small Grants Scheme continues to grow, allowing Marie Curie staff to take on research projects related to their specialisms. New projects funded by the scheme this year include how technology can be used to support communication in palliative care beyond the pandemic, and understanding access to palliative care support for people who have unsettled immigration status and are homeless. This year also saw the development of the Marie Curie Policy-themed Small Research Grants Scheme. Evidence generated will inform policy-related activities and support Marie Curie's ambition to improve the end of life experience for all. The first projects funded include the impact of covid-19 on decision-making for place of care at the end of life for hospice patients, understanding the number of people who die in poverty, and loneliness among people with a terminal illness and their carers in Northern Ireland.

Our first virtual conference

The pandemic forced us to cancel our annual face-to-face conference that usually happens in October. We decided to replace it with a week-long series of virtual seminars that showcased Marie Curie-funded research. Themes covered included bereavement, public and patient participation, research and policy, equality and diversity, and covid-19.

Nearly 1,000 people tuned into the webinars across the five days. Being virtual meant we had audiences from across the country, and indeed the world, who might not usually get the chance to interact with our researchers in this way.

We also made the sessions free to access, to allow everyone to watch and learn about the essential palliative and end of life care research that Marie Curie funds, and the difference it's making to policy and practice for Marie Curie and across the sector.

Impact in all four nations

In England, we worked alongside independent hospices and Hospice UK to secure funding from the UK Government, so that the sector could continue to provide front line care. The UK Government has provided more than £325 million in total of emergency funding for the hospice sector in England.

We also worked to keep our #Scrap6Months campaign with the Motor Neurone Disease Association on the public agenda, securing substantial media attention and working with supporters in Parliament to deliver two debates on the issue.

In Scotland, working alongside Children's Hospices Across Scotland and the Scottish Hospice Leadership Group, we led negotiations with Scottish Government to secure central

government funding of more than £27 million for the sector in Scotland. We also secured free flu jabs for all Scotland-based Marie Curie frontline staff for the first time.

Our Scottish PPA team launched its manifesto for the Scottish Parliament elections in May 2021 with three headline asks of the next Scottish Government, including calling for a new National Clinical Lead for Palliative and End of Life Care for Scotland.

In Wales, we developed a campaign for the 2021 Senedd Cymru elections. The Dying Well in Wales election campaign drew together our supporters to press all political parties to prioritise palliative and end of life care during the sixth Parliamentary term. Our election calls helped position Marie Curie as an organisation setting the agenda for delivering the best end of life care experience.

The Welsh Government used MCPCRC recommendations from a Scoping Study of Bereavement Services in Wales to develop of a Bereavement Framework for Wales which will be a model for the rest of the UK. The framework is intended to improve the consistency, equity and quality of support for all bereavements across Wales

And, **in Northern Ireland**, we continued leading on the development of the palliative and end of life care workstream of the Department of Health's new Cancer Strategy. Some of the key recommendations from our work – including measures to ensure equitable access to palliative care services – have been put forward by the Department of Health for inclusion in the proposed action plan for rebuilding cancer services.

We also continued to keep our #Scrap6Months

campaign at the top of the Northern Ireland policy agenda. In October 2020, the Assembly unanimously voted in favour of scrapping the six-month rule. We've also coordinated a cross-party lobbying campaign calling for funding to progress reform of the rule.

Grief during the pandemic

People who've been bereaved during the pandemic face significant challenges that will shape their experience of grief. During the last year, Dr Emily Harrop, a researcher at the MCPCRD, carried out the first UK-wide survey exploring bereavement experiences and support.

Working with colleagues at the University of Bristol, Dr Harrop led on a survey with the aim of understanding and giving a voice to people who've been bereaved in the UK, as a result of any cause, since 16 March 2020.

Dr Harrop's interim report describes people not being given information on bereavement support after a loss, an inability to say goodbye to their loved one as they would have liked, and isolation and loneliness following a death. The interim results of this study helped underline the need for a National Day of Reflection (read more on this on page 29). ■

Nathan and Nuriye's story

Dr Nathan Davies and Dr Nuriye Kupeli, of the Marie Curie Palliative Care Research Department, received a grant to develop a decision aid to help carers of people with dementia during the pandemic.



"Dementia is the main underlying condition for covid-19 deaths and carers of people living with dementia have had to make difficult decisions during the pandemic. Restrictions such as lockdowns, social distancing and shielding mean carers are looking for virtual support.

"Rapid decisions need to be made if someone with dementia becomes unwell, including decisions about end of life care. Staff shortages and restrictions on contact with others have meant family carers haven't had access to support when making these difficult decisions.

"We worked with current and former carers and experts to develop a decision guide to help carers make decisions if a person being cared for has, or is suspected to have, covid-19. This includes how to provide care when unable to visit and whether they should go to hospital if they become unwell.

"Since its development, the guide has been implemented into the dementia covid care pathway by NHS England and circulated to all clinical leads, ensuring those who need it most are signposted to and have access to the guide."

Starting the conversation about end of life

For a long time, talking about death and dying has felt like a taboo in our society. Sadly, a larger ageing population than ever before means the UK is expecting a sharp rise in the number of deaths over the next 20 years.

Coupled with the effects of the pandemic, that means many more of us will soon be affected by dying, death and bereavement.

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

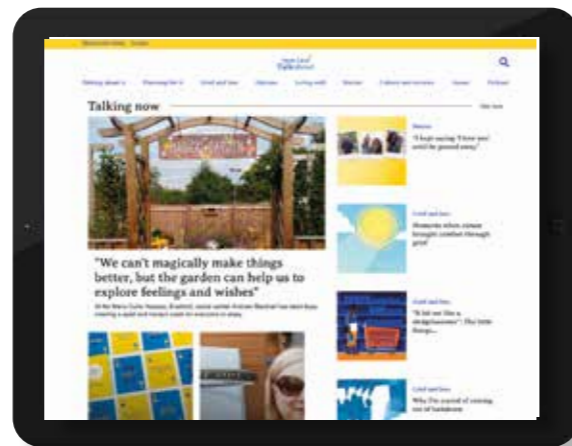
Our Talkabout campaign

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

Looking back, we could never have predicted how relevant these issues would become in 2020/21.

Over the last year, we've continually updated our Talkabout resources to help people engage with the sensitive topics of dying, death and bereavement in new ways:

- **Talkabout: an online magazine** with thought-provoking articles, stories, videos and opinions to intrigue readers and get them to take that first step towards thinking about death. Between 1 January and 31 March 2021, Talkabout attracted 129,000 unique users to its engaging and insightful pieces.



- **Our podcast, On the Marie Curie Couch**, where a Marie Curie bereavement expert sits down with celebrity guests to discuss their experiences of grief, talking about and planning for death. Guests during 2020/21 included actress Jane Horrocks and TV presenters Tim Lovejoy and Gail Porter. In July 2020, we were one of six nominees chosen from more than 1,000 hopefuls in the Best Branded category at the prestigious British Podcast Awards. At 31 March 2021, since launching the podcast has had more than 40,000 downloads of its thought-provoking discussions.

If you want to find out more about these resources, visit mariecurie.org.uk/talkabout

Leading the National Day of Reflection

Not long into the covid-19 crisis, it was clear the UK would need, in due course, to take the time and space to recognise and reflect on the sorrow and loss emerging from such unusual and grief-stricken times. On 23 March 2021, the National Day of Reflection was a landmark moment in our country's acknowledgement of its collective loss.

Unresolved grief

Our research showed that almost half (46%) of the UK knew someone personally who died during the pandemic. Of that group, 56% said they hadn't had the chance to grieve fully, as they would have wanted to*. Due to lockdown restrictions, many people missed the chance to say goodbye to their loved ones in person, and to comfort one another through grief.

Community initiatives such as the Gompertz family's 'yellow hearts to remember' movement showed the deep, human need to mark the huge amount of loss we'd seen in the year since lockdown began, and to find a way to support people who'd been bereaved, due to covid-19 or any other cause.

Building momentum

Calling for a National Day of Reflection was a good opportunity for us to demonstrate our widened purpose in pushing for a better end of life experience for all. But it was important the day was as open and inclusive as possible; we needed to lead it and work with others to make it happen.

We started by launching a petition in summer 2020 to our campaigning base, to assess interest in and support for the idea. This led to 50 cross-party MPs supporting the day. We built momentum over the summer and autumn with a series of stories and films to draw attention to the hardship people were experiencing and solidify support.

*Based on a survey of 2,003 UK representatives.



More than 850 charities, companies and organisations collaborated with us to help shape the National Day of Reflection, including Cruse, Age UK, Stonewall, Scouts, Girlguiding, the emergency services, the Met Police, Morrisons, Fujitsu, Spar UK, Superdrug, Barclays and Tottenham Hotspur FC. Amazon supported the day by creating an Alexa voice skill for 'Day of Reflection'. Grassroots organisations such as the Jo Cox Foundation and Yellow Hearts to Remember, covid-19 bereaved family groups, faith groups and those representing people from diverse backgrounds supported the day too.

Many of our loyal celebrity supporters, including Jim Carter, Paul Chuckle, Dame Judi Dench, Janet Ellis, Anneka Rice, Gaby Roslin, Alison Steadman and Jason Watkins added their support and helped us achieve media coverage and build momentum and interest.

It was important there was a simple and unified way to promote the day that wasn't about 'us', but the day itself and why it mattered. Overall



messaging, tone and creative approach were developed by our in-house team, and Saatchi & Saatchi developed adverts for TV and radio to use on national broadcast channels. The TV advert featured Ed's Sheeran's Supermarket Flowers, donated by the artist, and reached 9.8 million people in a single spot, during the Oprah interview with Meghan Markle and Prince Harry. We ran a multi-touch digital campaign across social media, email and online display channels to drive engagement and web visits, which reached 8 million people.

As the day neared, an array of famous faces came out in support of it. Political leaders including Boris Johnson, Nicola Sturgeon, Arlene Foster, Mark Drakeford, Sir Keir Starmer and Sadiq Khan, and faith and spiritual leaders including the Archbishop of Canterbury Justin Welby and Secretary General of the Muslim Council of Britain Zara Mohammed and Humanists UK all added their support. Members of the Royal Family also took part, including Her Majesty the Queen, His Royal Highness

the Prince of Wales and the Duke and Duchess of Cambridge, as well as celebrities such as Marcus Rashford, Colin McFarlane and Dr Alex George.

A minute to reflect and a moment to connect

On 23 March, hundreds of organisations and millions of people were invited to pause for a minute's silence at midday, including both the House of Commons and the House of Lords. Landmarks – from the London Eye to Cardiff Castle, Belfast City Hall and the Scottish Parliament Building – shone yellow to light up the night for the bereaved. And many people took to their doorsteps with their own candles, torches and phone lights too. The 12 noon and 8pm moments, and buildings lighting up yellow, were widely covered by TV and radio news throughout the day. Nearly 9,000 people joined our series of free talks and conversations on bereavement for the public, hosted in partnership with the Good Grief Festival.

Among supporting organisations, many promoted the day across their internal communications channels, posted content across their social media platforms and some even organised a lunch and learn session on bereavement or created a memorial garden.

The National Day of Reflection was our furthest reaching campaign ever. The day generated more than 6,000 pieces of media coverage. This compares to our normal peak of 1,195 a month during the Great Daffodil Appeal in March. After the day, 25.6% of people surveyed mentioned Marie Curie as one of their top-of-mind charities, compared to 18.3% before**. Our share of voice within the sector on social media reached 50.7%, up from 10.0% the same week in 2020. We also saw 19,562 comments on social media in a single day, and the National Day of Reflection trended

on Twitter. It was the biggest day ever for our website with 118,457 page views in one day, up 500% compared to our 2020/21 daily average. We also saw an uplift in enquiries to our support line by 219% compared to last year.

Most importantly, people wanted to talk about it, showing that there's a real need for our support. We're determined that we'll be there for all those that do, at any time.

Together, we were able to make this day special for the millions who've been bereaved and take time to celebrate the lives of the people they're grieving for.

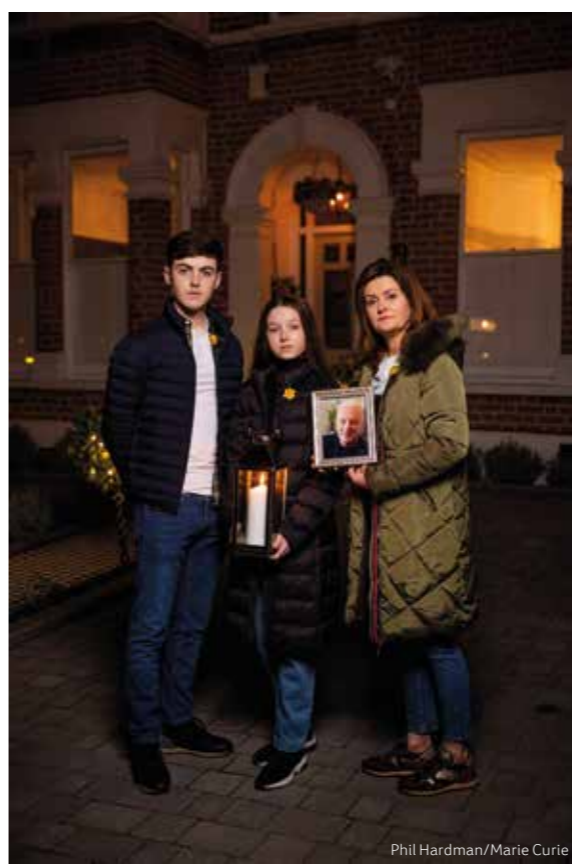
A natural fit with our Great Daffodil Appeal

Our incredible supporters made the day their own, with many running fundraising activities for the Great Daffodil Appeal as part of the day. On the 23 March, we received £22,093 in online donations, up 212% on our daily average in 2020/21. Read more about how the appeal went on page 44.

Looking to the future

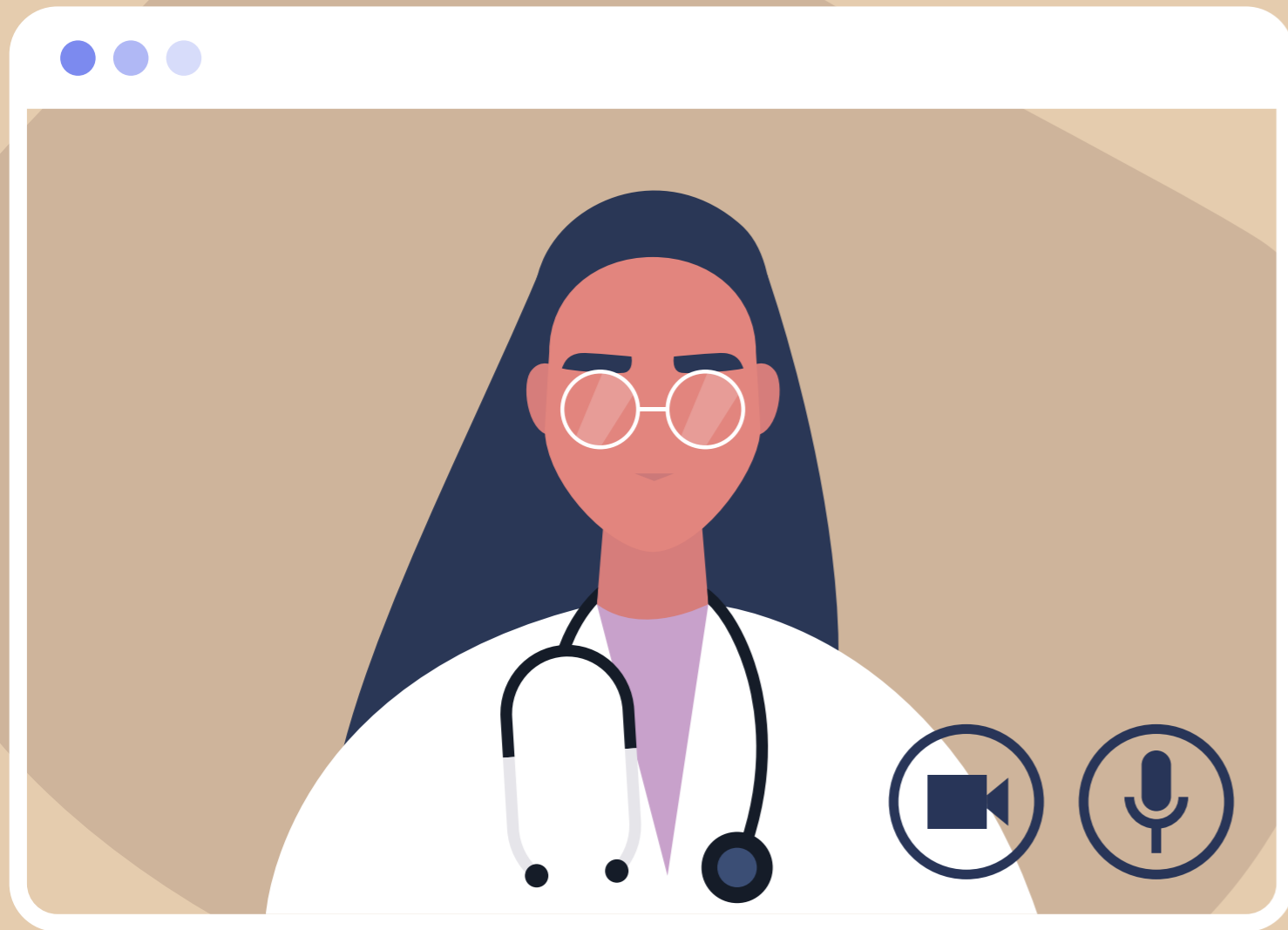
This year has been unusual, but grief and loss remains a fact of life in more normal times too. Following the success of the day, and having received positive survey results from its participants, we plan to make it an annual event to give the UK the vital time and space to recognise and support grief and loss in all its forms in years to come.

We're continuing to pursue and explore the themes brought out during the National Day. Our Better End of Life research (see page 24) shows the breadth of the effects of the pandemic on bereaved families, and we've set up an independent bereavement commission to make sure every bereaved person in the UK has access to the support they need. ■



Phil Hardman/Marie Curie

**Source: Delineate Strategy Ltd. Answering the question "Thinking about charities, which ones come to mind?", 25.6% of 1,476 respondents included Marie Curie in their response in March 2021 compared to 18.3% of 476 respondents in February 2021.



Invest in our skills and systems

We know more people will need end of life care and support in the years to come. We must be experts in our field and agile in our delivery if we're going to adapt to and meet these changing demands.

In 2020/21, we set our digital ambitions as an organisation and how we hope to achieve them (see page 34).

Our digital future

Even before the pandemic, the need for our services was growing daily. Now those stretched services are being placed under yet more strain by the far-reaching effects of covid-19. We're investing in our digital systems so we can adapt to meet this demand.

Responding to unmet need

Our strategic aspirations (see page 10) commit us to ensuring the best experience of dying, death and bereavement for all, reflecting what's important to our personal preferences. Yet, we're in an era where the need for supportive end of life care is already high, unmet, and is threatened by financial challenges, as well as current models of care.

The environment around us is changing, and we recognise the need to adapt and innovate in order to deliver on our strategic ambitions. In doing this, we see the role that technology can play in enabling us to increase our impact, so that not only can more people access the care and support they need, but we can also deliver better outcomes and experiences for our

patients and their carers, as well as the public.

Harnessing emerging technologies

Last year, we embarked on a new path to explore how emerging technologies and global trends were impacting and creating opportunities for the sector, and in health and social care more widely.

Working with strategic external partners and carrying out internal consultations and conversations with staff, we identified a series of priority initiatives that we're aiming to deliver as part of a programme of digital innovation and improvement in 2021/22.

This includes projects that could lead to transformative change in the management and



provision of palliative and end of life care, as well as how services are accessed.

What we've done so far

We've already begun to implement some of our digital portfolio, including:

- Creating a new offering for health and social care professionals to share their knowledge and improve care, with the launch of Project ECHO in April 2021.
- Providing remote and virtual clinical consultations and therapeutic support services for patients unable to attend our hospices.
- Expanding and embedding our phone support services for the public with our new phone bereavement and befriending services.

To help us deliver our digital ambition, we appointed a Chief Technology Officer to lead the development and implementation of a new digital, technology and data plan for the next financial year. This won't only focus our priorities for what we do, but also in how we do it, ensuring that we are set up for a digital future. ■



Continuously improve our organisation

To ensure that we provide the right care and support for dying people and their loved ones, we need to be the best we can be. To do this, we need to make sure that we always have the basics right, and that we are constantly reviewing what we do, so that we can continuously improve.

In 2020/21, we supported our people – staff and volunteers – to continue working through the personal and professional challenges of the pandemic (see page 38).

Our people and processes

Over the last year, our staff and volunteers have faced unprecedented challenges that have affected their lives, both in and out of work. The People team has been looking out for their wellbeing, ensuring they're trained and equipped to do their work as best they can, rewarding their hard work and giving them safe working environments.

During 2020/21, our HR team continually adapted our approach in line with the constantly changing government guidance on everything from furlough to shielding. Working closely with our Internal Communications colleagues, we provided up-to-date policy and guidance on our Intranet covid-19 hub.

Alongside this, we've been busy working on changes to make our systems and services better. This included preparing for and launching a new Oracle Human Capital Management (HCM) system and restructuring teams to be able to support the charity more effectively in a changing environment.

Never forgetting the reason we're all here, we also developed a whole new approach to bereavement leave, supporting our staff in a flexible and person-centred way in the event of a loved one's death. We believe our new policy sets the benchmark for all organisations.

As we move forward and evolve as an organisation, our rewards and benefits need to support and reflect the needs of our staff. During this year we also embarked on a fundamental review of our rewards to develop mechanisms that are fair and transparent for all staff.

Wellbeing and mental health

Working during the pandemic, both in clinical and non-clinical roles, has been immensely challenging for many different reasons. The emotional and physical demands on our staff have never been greater than in the last year.

Our Wellbeing team are focusing on improving mental, physical, financial and social wellbeing across the organisation. We've continued

to develop our Health and Wellbeing Hub, providing staff and volunteers with information, resources, learning and tools to support all aspects of their wellbeing.

During 2020/21, mental health initiatives include the roll out of a programme of more than 70 'mental health first aiders' to provide trained support and reassurance for people who may be experiencing emotional distress.

We've also reviewed and improved our occupational health services, offering counselling, physiotherapy and cognitive behavioural therapy.

Equality, Diversity and Inclusion (EDI)

Our new EDI and Wellbeing team has been at the forefront of helping to develop our plans and initiatives to make Marie Curie a more inclusive organisation, where the wellbeing of our staff and volunteers is at the heart of everything we do.

In 2020/21, we developed two new employee resource groups, ED@MC (Ethnic Diversity at Marie Curie) and HAN (Health and Accessibility Network), in addition to the LGBTQ+ Network that was established in 2019. We're now in the process of launching four further networks for grieving and bereaved people, veterans, carers and women, respectively.

These networks provide safe spaces for support, alongside feeding into the work we do across Marie Curie. They help make sure our valued staff and services are inclusive of everyone.

Marie Curie gives full and fair consideration to applications for employment from people with disabilities, taking their particular aptitudes

2020/21 targets and achievements

Targets

- Publish a new People Strategy which transforms us from a 'good' to 'great' organisation to work or volunteer for, including strengthening our diversity and inclusivity.
- We saw the roll out of a programme of more than 70 mental health first aiders to provide trained support to people who may be experiencing emotional distress.
- Improve our effectiveness and efficiency through implementing new and better practices, reducing our operating costs and improving productivity.
- We developed three employee resource groups: ED@MC (Ethnic Diversity at Marie Curie); HAN (Health and Accessibility Network); and the LGBTQ+ Network.

Achievements

- In 2020/21, we developed a new People Strategy. However, the launch of this strategy has been delayed by the pandemic and we've scaled back some of our plans to enable a much sharper focus on the core areas that will help us deliver on our organisational strategy.
- Our volunteers showed exceptional adaptability; from delivering PPE across the UK to make sure our frontline staff were able to work safely; to our Helper volunteers making 7,500 phone calls instead of home visits.
- We moved face-to-face training to virtual lessons and developed a range of covid-19 support materials.
- We adapted our approach in line with the constantly changing government guidance on everything from furlough to shielding.
- We revamped the internal L&D website and built a new external site to support Marie Curie's emerging outreach work with care homes.
- We launched a new Oracle Human Capital Management (HCM) system.
- We developed a whole new approach to bereavement leave, supporting our staff in a flexible and person-centred way in the event of a loved one's death. We embarked on a review of our rewards to develop mechanisms that are fair and transparent.

and abilities into account. We have a multitude of tools and resources to support the physical and mental wellbeing of all our employees. Training, occupational therapy and support is available to employees who become disabled while working for Marie Curie. We comply with the Equality Act 2010 and facilitate the career development and promotion of all employees with a disability and we are putting in place initiatives which support our intention to join the Disability Confident scheme.

We've also been driving plans across the whole employee lifecycle, from improving our EDI monitoring to policy reviews and development, including a new transitioning at work policy and a menopause policy.

Our dedicated volunteers

On the volunteering side, despite the fact that many of our volunteers couldn't continue with

their normal activities, they showed exceptional adaptability. From delivering PPE across the UK to make sure our frontline staff were able to work safely, to our Helper volunteers making 7,500 phone calls instead of home visits, as well as creating many innovative ways of supporting people.

Our volunteers also supported the development and expansion of our Check in and Chat befriending service and the bereavement support we offer over the phone (read more about these services on page 20).

Our retail volunteers have shown great flexibility in supporting the opening, closure and re-opening of stores as lockdown guidance and safe operating requirements demanded.

Our hospice volunteers have provided invaluable support on reception desks and in transitioning to phone-based emotional

support, helping our hospices to continue to care for people throughout the pandemic.

While fundraising has been very difficult over the last year, our volunteers rose to the challenge and took part in a diverse range of activities (read more on page 44).

Learning and Development (L&D)

Our L&D team had an extraordinarily busy but rewarding year; moving face-to-face training to virtual lessons, including our induction, our leadership excellence programme Step In Step Up to Leadership, mental health and personal safety workshops and the Nightingale Nurse Leadership programme (read more on this on pages 17 and 18).

In addition to developing a range of covid-19 support materials, we also revamped the internal L&D website and built a new external site to support Marie Curie's emerging outreach work with care homes.

Our library service now provides a bi-weekly covid-19 awareness service, with more than 1,900 articles requested. During 2020/21, more than 5,000 of our online journals and e-books were accessed. We also launched a new leadership e-library, with books and audio resources.

Safeguarding

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

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

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

We employ a Head of Safeguarding, a key leadership role for all issues relating to safeguarding within Marie Curie. We have a Safeguarding Assurance Group, chaired by our Chief Nurse (who is the charity's Executive Safeguarding Lead). This group oversees the implementation of our safeguarding policy and includes people from all areas of our charity, including our Trustees.

We're further developing our policies around safer recruitment and safer staffing, and expanding the scope of our serious incidents panel to ensure robust reviews and shared learning. We have tailored safeguarding children and safeguarding adults training in place for all staff and volunteers across all four nations.

In November 2020, we launched a cross-organisational safeguarding community of practice to deepen members' knowledge and professional connections around safeguarding. Our safeguarding policy was revised in the last year and we also carried out a cross-organisational safeguarding audit. We'll be launching a safeguarding strategy in 2021/22.

Gender pay gap

As of April 2017, all organisations that employ 250 people or more must report on their gender pay gap. This is the difference in the average salaries earned by men and women in an organisation. It doesn't compare salaries earned by men and women in similar roles.

Our mean gender pay gap for 2020/21 is 17.6% (2019/20: 13.8%) and the median gender pay gap is 14.6% (2019/20: 12.6%).

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

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

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

Remuneration policy

The talented staff we employ, alongside our skilled and committed volunteers, are vital in providing the high-quality care we offer to people living with any terminal illness, and their families. Marie Curie is committed to providing essential services and support to all patients. It is therefore critical that we attract and retain dedicated people with the right capabilities, experience and talent. To do so, we review our salaries annually and seek to offer suitably competitive levels of reward and appropriate recognition for all our staff. In 2020-2021, we continued with a corporate level project to assess our reward principles and to guide the annual salary review. In addition, the ongoing work in the strategic review of total rewards will:

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

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

The basic salaries paid to all our employees are reviewed at the end of each financial year to make sure we're remunerating competitively and consistently against the relevant sectors. As part of that review in 2021 the Charity made the decision to ensure all of our staff are paid at least in line with the Living Wage

Foundation, National Living Wage. The remuneration of the Chief Executive and the Executive Leadership Team are reviewed and determined by the Board of Trustees. No individual performance bonuses are paid. Marie Curie uses a job evaluation system to ensure a fair and transparent process in determining all job performance levels. These are then benchmarked against similar jobs in other charities and relevant organisations

Implementation of Oracle finance and HR systems

As part of our Back Office Transformation Programme, during 2020/21 we implemented Oracle Finance and HR systems, based on proprietary Oracle software. Migration from Sun, the previous accounting system, took place during the summer of 2020, with go-live of the new system in December 2020.

It was subsequently identified that further work was required to complete and embed the implementation to enable smooth operation of the new systems. A remediation plan was developed that addressed immediate issues and identified longer-term requirements to ensure that the benefits envisaged are realised. This plan has been developed further and is in process of being implemented.

As a result of the issues arising from implementation of Oracle, the Audit and Risk Committee increased its oversight of the Back Office Transformation Programme, adding three meetings between March and July 2021, where detailed reports on remediation and configuration were presented and discussed robustly.

As a result, full implementation of the Back Office Transformation plan has been rescheduled, with additional governance put in place. Input from expert practitioners who are external to Marie Curie has been secured to support delivery. ■



Enhance our financial sustainability

If we're going to innovate, advocate and transform the end of life experience in the UK, as well as continuing to deliver high-quality care, we need to make sure the way we're funded is robust and sustainable.

In 2020/21, we fostered a spirit of innovation throughout our fundraising (see page 44) to help fill the gaps in our income. Our financial review (see page 52) gives a detailed breakdown of our financial health as an organisation.

Our fundraising

While this hasn't been the year any of us expected, we couldn't be more proud of everything our supporters have helped us achieve. The ingenuity, generosity, compassion and resilience we've seen has been astounding. The challenges we face aren't going away. Your support means we can meet that continued need.

Thank you

In 2020/21, we reached out to all our supporters and partners asking for urgent help with donations of cash, media space and PPE. They stepped up like never before.

This meant we could adapt our fundraising to raise the vital funds we need to continue delivering our essential services. With the help of our supporters and partners, we created innovative virtual events and captured the imagination of online communities.

Our emergency appeal, launched in March 2020, raised a total of £7.1 million (£1.1 million of that in 2019/20). In the face of uncertainty, we're immensely proud of our frontline nursing staff, who have continued to care for dying people and support their families.

None of that would be possible without the strength and resilience of our supporters and partners. Thank you.

Reimagining the Great Daffodil Appeal

The pandemic led to us making some difficult decisions around this year's Great Daffodil Appeal. In December 2020, we decided not to go ahead with the UK-wide public collections that usually form such an integral part of the campaign. Our first priority is always the safety of our volunteers, supporters, staff and everyone involved with the work we do. The risks involved with face-to-face fundraising and transmission of the virus meant there was simply no option for us to continue with public collections.

Although this was a huge blow, especially following the cancellation of public collections in the midst of the appeal in 2020, we focused our efforts on finding other ways to raise money. Even without collections, the Great Daffodil Appeal 2021 became an innovative campaign with a variety of ways for our supporters to get involved from the safety of their homes and in their local areas.

We saw a huge increase in online fundraising as we encouraged our supporters to take part in virtual collections and join online events. Overall, we saw a near-tripling of our online donation income, which went from £1.1 million in 2019/20 to £3.1 million in 2020/21.

We believe the impact of covid-19 on so many people was a huge part of this increase in online fundraising, as well as an increased awareness of Marie Curie's services that came from the coverage of the National Day of Reflection.

A moment to reflect

Last year was extraordinary in so many ways. The National Day of Reflection (see page 29 for more on this), led by Marie Curie, fell on 23 March 2021 – in the middle of the Great Daffodil Appeal, which runs throughout the month of March.

For many of our wonderful supporters, there was a natural link between supporting the day and raising money and awareness for Marie Curie. By taking a minute to reflect and a moment to connect with those who are grieving, thousands felt inspired to wear their daffodil with pride.

2020/21 targets and achievements

Targets

- Undertake a review of how we raise our voluntary income in a world in which covid-19 exists.
- Further review our retail portfolio in order to optimise profitability.

Achievements

- Our emergency appeal, launched in March 2020 in response to the pandemic, raised a total of £7.1 million (of which £1.1 million was in 2019/20). In addition to cash, the appeal generated more than £1 million in donated media space and PPE.
- We saw a near-tripling of our online donation income, from £1.1 million in 2019/20 to £3.1 million in 2020/21. This shows the movement of our supporters towards online giving and our improved ability to attract this kind of donation, creating more opportunities to give that don't rely on cash or physical presence.
- We ran a series of virtual quizzes hosted by celebrities. Built from the ground up with input from across the organisation, the programme of events included a Gavin & Stacey quiz fronted by Alison Steadman and a 'Weird Year in Review' hosted by Louis Theroux. The quizzes raised over £140,000.

- We also ran our first ever Virtual Brain Game. An online version of our popular in-person events, the Virtual Brain Game generated £440,000, with amazing support from celebrities, sponsors, volunteers and participants.
- Morrisons found ways to raise vital funds for the Great Daffodil Appeal for the fifth year running. They raised £758,000 in 2020/21 and their fundraising total for Marie Curie currently stands at £3 million.
- We were chosen as one of the strategic partners of the Barclays Covid-19 Community Aid Package. A donation of more than £900,000 meant we were able to offer new digital services and vital training for befriending volunteers.
- SPAR UK helped deliver Personal Protective Equipment (PPE) to our nurses free of charge. In total, SPAR drivers across England delivered hundreds and thousands of pieces of PPE.
- The reshaping of our retail network continues, with the leases on 23 unprofitable shops being terminated and a further 17 where more favourable lease terms have been agreed. Alongside our physical retail network, we're focusing on and investing in building our online retail offering.

Many of our supporters choose to give in memory of a loved one they've lost. It's a vital source of income for Marie Curie and in a year like this, it's all the more poignant. Our thoughts are with all the families who are grieving and who have been so generous in supporting us through the pandemic.

Finding new ways to engage

In the year that everyone embraced video calling, we found ways to raise our profile online and engage with lots of different audiences. We found our supporters had an appetite for virtual quizzes, online auctions and we even launched our very first Virtual Brain Game (read on for more on this).

Throughout the year, we saw everything from daffodil-themed online art auctions to 100-mile walking challenges. We also saw a lot of people taking on personal fitness challenges to offset the physical and mental effects of lockdown. Once again, our supporters responded to an intensely challenging year with kindness, creativity and generosity.

In September 2020, our Fundraising Excellence Awards went online, too. With appearances from some of our celebrity ambassadors, the streamed event was a real celebration of all the fantastic supporters and partners who consistently go above and beyond to support us.



The pandemic also brought Will-writing to the forefront of many people's minds and a growing number of people chose to leave Marie Curie a gift in their Will. In fact, gifts left in Wills are our largest single source of voluntary income, accounting for nearly a third of our donations and funding many hours of care.

Our legacies team took their Gift for the Future events online and, in partnership with Farewill, we launched our online Will-writing scheme in England and Wales during 2020/21, to protect and build on this crucial fundraising income.

Our inspirational supporters

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

Far-reaching individual support

Marie Curie's individual supporters show their incredible dedication in many different ways. Regular givers have stayed with us despite a difficult climate – we've seen continuing loyalty from over 205,000 supporters who give money to us by direct debit. We're hugely indebted to the individuals who donate each year. They could have chosen to reduce their outgoings, but cancellation rates have remained low. Their kindness helps fund our vital frontline services, which are needed now more than ever.

Last year, we saw an unprecedented response to our direct mail communications, whether in appeals, newsletters, raffles or prize draws. Through our emergency appeal direct mailing, around 37,000 supporters gave us £1.2 million in the 13 weeks from the end of March 2020.

Philanthropy and partnerships

As well as individual supporters, we rely on the dedication, support and partnership of individuals, companies and trusts. In a year of unprecedented challenges, they stood by us and stepped up beyond all expectations. The future is still uncertain and we know covid-19 will leave a lasting legacy. Thanks to the ongoing support of our partners, we can continue to support everyone in the UK through all aspects of dying, death and bereavement.

In 2020, we were delighted to be chosen as one of the strategic partners of the Barclays Covid-19 Community Aid Package. Their transformational donation of over £900,000 meant we could offer new digital services and vital training for befriending volunteers, so they could continue to support and listen to those facing increased periods of loneliness and isolation. We're also hugely grateful to Barclays for supporting our Great Daffodil Appeal through an expansive gifted media campaign.

Longstanding supporters Superdrug and Savers continued to go above and beyond, helping us raise awareness of our Information and Support service. We were delighted to also celebrate reaching the £8 million fundraising milestone with them.

We are especially thankful to Morrisons, who were able to find innovative ways to raise vital funds for the Great Daffodil Appeal for the fifth year running, raising £766,000 and nearly £3 million in total for Marie Curie.

During the pandemic, it's been vital that our front-line staff have access to the PPE they need to carry out their work safely. We couldn't have achieved that without SPAR UK, who helped deliver PPE to nurses free of charge. SPAR drivers delivered hundreds of thousands of pieces of PPE for Marie Curie Nurses.

Sharing our message during our emergency appeal was more important than ever, and thanks to donation of media space, Unilever and other partners helped make this possible.

Chris's story

Chris Laidlaw set himself the challenge of running 12 marathons in 12 weeks in recognition of the care Marie Curie Nurses gave his mum, Joy. She died from cancer at 64, in May 2020.

"My challenge was borne out of the sadness of losing Mum and the work that Marie Curie did, which was so inspiring for us as a family. It can't be easy to do the work that they do, but the nurses were outstanding.

"Having someone to lean on for Mum's practical and emotional care was everything. The nurses supported us in every way, from making us a cup of tea to having a conversation and really listening to what we said.



"Before I set myself this challenge, I'd never run a marathon in my life. Losing Mum has given me a whole new perspective on life. That it can be turned around pretty quickly. I want make as many positive memories as I can."

We'd also like to thank Unilever for a monetary gift and donation of surgical masks and products for frontline staff.

Our 25-year partnership with the National Garden Scheme has also continued to flourish in 2020/21. Their generous donation ensured that our frontline workers could carry on supporting people at the end of life. We are grateful to every garden owner, county organiser, trustee and staff member for their ongoing support.

Building on our longstanding partnership, Pears Foundation offered Marie Curie a unique opportunity to leverage additional funds. For 12 months from December 2020, they've pledged to match any new Pay for a Day donations to our nine hospices, up to a total value of £500,000. We hope that this extremely generous commitment to support our core services will also inspire others to give.

Already committed to an incredible five-year pledge to support three staff roles at the Marie Curie Hospice, Bradford, The Harry and Mary Foundation responded generously to our emergency appeal, helping to fund nurses on the in-patient unit. The impact of this gift not only benefited people from the local community, but also demonstrated support and solidarity with staff at the hospice.

In Northern Ireland, we were inspired by donors and partners who stood by Marie Curie throughout the pandemic. We'd like to thank longstanding supporters the McClay Foundation and Movie House Cinemas for their additional support of the emergency appeal.

This year, many of our special events were cancelled. We are incredibly grateful to venues and suppliers for their flexibility, as well as the event attendees who turned ticket sales into donations, and corporate sponsors for donating event sponsorships.

Our thanks also go to Christie's auction house for their support of our online art auction, NHBC, Buxted Construction, Ashurst and Bayview International for sponsoring our virtual Brain Game, as well as Rathbone Investment Management – the headline sponsor of our Christmas carol concert.

We extend a special thank you to all our Patrons, Development Board members and special events committee members for their extraordinary dedication and support this year.

Volunteers fundraising in communities

The pandemic's far-reaching effects were perhaps most evident in the communities we serve, where so many had to call a halt to their usual activities, including the wonderful work that's normally undertaken by our fundraising groups.

Many of our most dedicated volunteers and supporters are themselves vulnerable and shielding. The incredible efforts of those people to continue finding ways to fundraise in spite of all the challenges of covid-19 has, at times, left us speechless. We are in awe of you all.

We've seen huge energy and passion from people fundraising in their local communities during 2020/21 to make up for the inevitable shortfall in our fundraising income. Our 4,760 registered fundraising volunteers across the UK raised more than £1.3 million last year.

Whether fundraising individually or as part of our network of more than 450 fundraising groups, these volunteers continue to raise vital funds and awareness of our services in their communities. We're truly humbled by their dedication to Marie Curie.

Taking on fundraising challenges

In 2020/21, thousands of Marie Curie supporters pushed themselves to their limits

even as countless in-person challenges and events were cancelled because of the pandemic. New events offered ways for our supporters to raise money virtually.

The 2.6 Challenge was created by Virgin London Marathon organisers and began on 26 April 2020, the date that the 40th London Marathon should've been held. Organisers encouraged people to choose a challenge related to the numbers 2.6 or 26 (the number of miles in a marathon, plus the date the event would have taken place). The response from our supporters was impressive and we've been informed that Marie Curie generated the highest income of any participating charity in the 2.6 Challenge.

A theme that's consistent throughout our fundraising this year has been innovation. Our

amazing supporters and volunteers showed how keen they were to participate in the new ideas we developed. From tiny acorns, such as the '3,000 Squats in March' challenge, mighty oaks grew – with the squat challenge bringing in £117,000 in February and March via Facebook fundraising groups.

Existing fundraising events also took on a new lease of life, with our established Step into Spring walking challenge bringing in a record £420,000 from the efforts of 2,280 dedicated participants. Thanks to the determination of our supporters, including Irene, whose story you can read below, our virtual events have continued to strengthen and grow in a year when they could've crumbled.

Irene's story

Loyal Marie Curie supporter Irene Grice, 92, was determined to do her bit to support the Great Daffodil Appeal in 2020. She set herself the challenge of completing 100 laps of her local Morrisons store in Solihull and is now thought of as our very own Captain Sir Tom.

"I've been fundraising for Marie Curie for 38 years and I did my first Great Daffodil Appeal back in 1995," says Irene. "The staff at Morrisons know me well because I've been there fundraising for more than 25 years. Even having a complete hip replacement couldn't stop me. I'll do it as long as I possibly can."

Irene raised £417.04 for Marie Curie by completing those challenging laps of her local



store. It goes to show that everyone, irrespective of age or ability, can complete impressive feats and raise vital funds to support our essential services. Thank you so much to Irene, Chris (see page 47) and everyone who takes the time to fundraise for Marie Curie.

Managing our fundraising effectively

In a year of such uncertainty, making sure our fundraising management and processes were as effective as possible mattered more than ever.

Regulation

Marie Curie is registered with the Fundraising Regulator and committed to adhering to the Code of Fundraising Practice. Alongside other charities, Marie Curie contributed to the costs of establishing the Regulator. We review compliance and take corrective action where required. We also employ a dedicated Compliance Officer.

Standards and monitoring

Marie Curie is committed to following the highest ethical standards and to ensuring a quality supporter experience. We have detailed policies and procedures in place that in many cases go beyond the minimum requirements for the sector, and we regularly monitor ourselves and our agencies through a range of methods (including regular internal audits, mystery shopping and call listening). This helps ensure all Marie Curie fundraisers, and those who work on our behalf, are aware of, and are adhering to, our high standards.

Some of our fundraising activity is conducted on our behalf by carefully selected professional fundraising agencies to call existing supporters to talk about their donation and, on some occasions, to ask for a further donation. We work very closely with our agencies to make sure they represent our work and our organisation to the highest standards. None of our fundraisers, whether employed by us or one of our agencies, is paid on a commission basis.

Complaints

The number of complaints received in 2020/21 regarding fundraising was 205 (2019/20: 462). Over that period, supporters had over 500 million opportunities to see one of our fundraising advertisements. All the complaints were resolved satisfactorily through our in-house procedures and none were escalated to the Fundraising Regulator.

Managing communications

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

We ask supporters how they'd prefer us to communicate with them. We give them the option to let us know if they prefer less contact or no longer wish to hear from us, and always respect their wishes. We don't sell or exchange lists of data with any other charities or companies.

Protecting the public

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



Retail

In light of the ongoing pandemic and national lockdowns, 2020/21 proved to be a very challenging year for retail. A small number of Marie Curie Shops were unable to trade at all throughout the entire year and others opened for just five of the 12 trading periods.

Our direct trading channels (online and catalogue) saw a positive effect from the high street store closures and delivered a strong performance throughout, returning 92% growth on the previous year.

An ongoing project to move the online shop to a more stable platform enables us to have the confidence to adopt a more multi-channel approach to retailing for the future.

Raffles and lotteries

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

To run a raffle or a lottery legally, 20% of income must go to a good cause. This is the level that many organisations work to. However, last calendar year Marie Curie used 58% of income from raffles and the Weekly Lottery to directly support people living with a terminal illness. The remaining 42% was reinvested into operating and developing our gaming

fundraising activities. This means we can promote our raffles and Weekly Lottery further, to help us raise more money in the long term and increase the percentage of funds going towards supporting people living with terminal illness into the future.

Last calendar year, Marie Curie raffles raised more than £390,000 from donations on top of income from ticket sales.

Our fundraising promise

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

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

Financial review

The result for 2020/21 was a surplus of £25 million before gains and losses on investments and pensions. This reflects the tremendous support that Marie Curie has had over the financial year.

At the beginning of the year there were considerable pandemic-related challenges to our retail and fundraising income generation, both of which are critical in enabling us to fund our services and support our beneficiaries.

Our Retail funding fell significantly, due to the impact of coronavirus, resulting in the closure of our shops, which were classified as non-essential retail, in accordance with Government instructions. Our fundraising income was also hampered as we could not carry out face to face activities. We focused hard on taking actions to support our income and manage our costs. We also benefited from one-off grants to support the ongoing delivery of our front line work during the pandemic including the Government's furlough scheme, receiving in total £28 million to compensate for lost charitable income (2019/20: nil).

Grant income in respect of caring services from each of the four nations was contingent on maintaining provision of hospice beds and community contacts. The conditions for the income received have been met. The grant income has been recognised in the accounts as restricted to the running costs of the hospices and community nursing services. Without this support we would have had to reduce service provision during the crisis. We also received local authority retail grants of £1.2 million to make up for loss of income and to offset uncovered fixed costs that arose as a result of shop closures.

Government grants and Coronavirus Job Retention Scheme income 2020/21	£m
Support for hospice and community nursing services	21.5
Retail grants	1.2
Coronavirus Job Retention Scheme (furlough)	5.2
Total	27.9

In addition, we maintained tight control on costs, including a freeze on recruitment, and certain senior staff donated some of their salary.

Without this Government income and close management of costs, we would have incurred a significant deficit. We have used the Government grant funding to ensure continuity of palliative and end of life care. Furlough income enabled us to retain essential staff, including retail staff, so that as soon as we were able to, we reopened our shops in each of the four nations to raise vital funds.

Despite the ongoing financial uncertainty of sources of income, a better than expected outturn in 2020 has given us the ability to continue delivering services and will allow us to invest in future services whilst ensuring the future financial health of the charity.

Income

Overall income was £170 million, an increase of 9% from 2019/20 (£156m). This includes grants and furlough income of £28 million. If grants and furlough were excluded, then, compared with 2019/20, income would have decreased by 9% to £142 million. Overall funding from the NHS increased by 4%, reflecting the increase in the number of beneficiaries we supported.

Hospice income from the NHS was £20 million, an increase of 5%. During 2020/21 we cared for 7,385 patients in our hospices (2019: 8,781). Income received from the NHS for our Nursing Service increased by 4% to £27 million. During 2020/21, patient numbers cared for at home by our nurses increased by 17%, an increase of 6,169 people.

Higher hospice and nursing services income was offset by a decrease in fundraising and retail income of £14 million as our shops closed and face to face fundraising activity was restricted. In response to the shortfall in fundraising income we launched an emergency appeal, raising £6 million in 2020/21 (£7.1 million overall) from our generous supporters which enabled us to provide the essential care our patients need. In addition, the inaugural National Day of Reflection on 23 March 2021 brought an unprecedented response and a £6 million boost to our fundraising income. Our annual Great Daffodil Appeal was also very successful raising over £6 million.

All figures in £m	2020/21	% change	2019/20
Hospice income	20	5%	19
Income for the nursing service	27	4%	26
Grants and furlough	27	100%	-
Fundraising income	90	(3)%	93
Retail income including retail grants	5	(69)%	16
Other income	1	(50)%	2
Total underlying income	170	9%	156
Expenditure on fundraising and publicity	(28)	(20)%	(35)
Expenditure on retail	(12)	(33)%	(18)
Amount available for our services	130	26%	103
Invested in:			
Hospices	(47)	(8)%	(51)
Nursing services	(50)	4%	(48)
Helper service	(1)	-	(1)
Information and support	(1)	-	(2)
Policy and Research	(6)	(20)%	(5)
Surplus/(Deficit) before one-off adjustment	25	-	(4)
Change in legacy income estimation	-	-	10
Change in VAT treatment	-	-	3
Surplus	25	-	9

The temporary closure of our retail shops during lockdown resulted in a 69% fall in Retail income, with only our online trading remaining open. We were able to retain our staff through the use of the Government's furlough scheme. We also took the opportunity to assess our retail portfolio, making the decision not to reopen approximately 13% of our shops following lockdown. We retained only the stronger stores and sought to renegotiate lease terms, where possible, to improve the performance of the retained stores.

Expenditure on fundraising and publicity

Our investment in fundraising activities ensures we can continue to raise vital funds to support our charitable work. However, the impact of the pandemic saw many face-to-face community and challenge events cancelled, as was door-to-door fundraising, therefore expenditure for the year was lower.

Marie Curie was the driving force behind the inaugural National Day of Reflection on 23 March 2021. To support this campaign we invested in a media campaign that was pivotal to its success. The day saw our highest ever number of visitors accessing our online information and support. It gained support

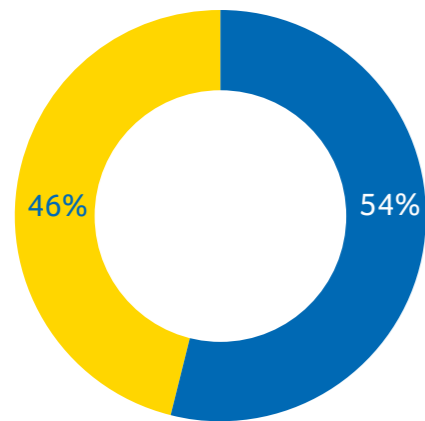
around the country from communities, businesses and faith leaders. It was endorsed by HRH the Prince of Wales, our Patron, and supported by the Royal family, by both the Houses of Parliament at Westminster and by all four nations' administrations. It increased spontaneous awareness of Marie Curie as a top-of-mind health charity, and reinforced our messaging about the importance of end of life care. Find out more on page 28.

Expenditure on retail

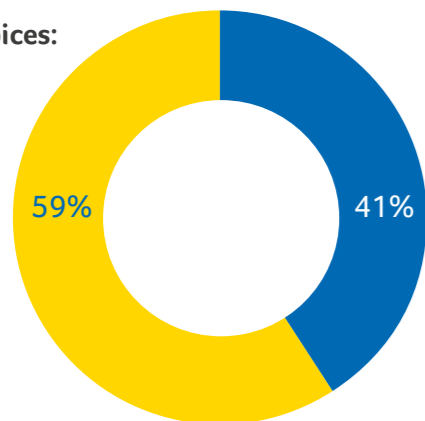
Our shops and trading activities raise vital funds to support our charitable work, as well as to increase awareness of our organisation, through 136 shops across the four nations. They also provide a community outpost and we are fortunate to be supported by staff and loyal volunteers who can signpost those with questions about our work to our Information and Support teams. Expenditure on retail was significantly reduced on 2019/20 as a result of closures during the pandemic. A charge of £1.0 million for lease exit costs, redundancy costs and dilapidations was incurred in the accounts in connection with the permanent closure of 18 underperforming stores. Online retailing has grown during the pandemic and we expect it will continue to do so.

Areas of investment:

Nursing services:



Hospices:



■ Charitable donations
■ NHS funding

Hospices and nursing services are partly funded by the NHS, but to ensure that we can continue to provide care to as many people as possible, and to the highest standard possible, we are reliant on the generous contributions of our supporters. Our 2,154 nursing staff provide crucial care for people in their homes, day and night. Our nine hospices provide a full range of palliative care services, including in-patient care, outpatient services and homecare visits.

We are positioning place-based teams to be able to influence the strategic decisions made about the overall funding of end of life care to the populations served within each area of the country. The strategic model of commissioning is likely to change over time. This is expected to incentivise health and care system providers to work more closely in collaboration to meet the needs of the population for palliative and end of life care. For more information on our place-based approach, see page 16.

On average in 2020/21, the NHS paid for 41% of the cost of Marie Curie’s hospices (2020: 35%) and 54% of the cost of Marie Curie’s nursing service (2020: 55%), with the remainder of the costs funded by donations and one-off grants. Due to the impact of the pandemic, we received a number of one-off grants to support hospice care and nursing services totalling £21.5 million.

Expenditure on charitable activities

Whilst expenditure on charitable activities increased, with increased nursing costs in the community, the costs of running our hospices decreased because of lower patient numbers as more patients were cared for in their homes.

Policy and research

During the financial year, the policy and research departments were merged. Last year’s numbers have been restated on a consistent basis. We continue to invest in our policy and research department, seeing this as essential to the continuing improvement in end of life care. The Government’s recent decision to end the six months end of life benefits rule is an example of the benefit delivered by our Policy department.

Small Grant Scheme

We continued to grow our Small Grant Scheme, and during the year invested £0.14 million in initiatives identified and led by our staff. These initiatives range from policy themed research, such as loneliness amongst people with a terminal illness and their carers in Northern Ireland, to a qualitative study on the experience and support needs of district nurses caring for terminally ill people with delirium at home.

Our funds

Reserves

Total reserves as at 31 March 2021 were £145.7 million (2020: £117.4 million). These comprised:

All figures in £m	2020/21	2019/20
Restricted reserves	21.9	22.7
Designated reserves	69.2	40.2
<i>Impact and Innovation Fund</i>	31.4	-
<i>Tangible Fixed Asset Fund</i>	35.8	32.2
<i>Capital Investment Fund</i>	1.6	1.6
<i>Pension scheme surplus</i>	0.4	6.4
General reserves	54.6	54.5
Total reserves	145.7	117.4

Restricted reserves: £21.9 million (2020: £22.7 million). These are funds received for undertaking an activity specified by the donor when making the gift or may result from the terms of an appeal for funds for a specific initiative. Of these funds, £18.6 million were funds raised for the construction and running of hospices. Where a retail shop is based in or near a hospice, the monies raised in that shop are often restricted to the use of that hospice.

Designated reserves: £69.2 million (2020: £40.2 million). These reserves represent funds that have been designated for a particular purpose by the Trustees. They would normally be utilised for that purpose within a specified timescale.

We recognise that urgent and radical change is needed to keep pace with society’s rapidly growing need for end of life care provision. Accordingly, a £31.4 million designated reserve for impact and innovation has been created in 2021 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 13-14 of this report. This fund is to be used for one-off investment to support change, innovation of service delivery and to invest to save. A number of initiatives to be funded from this designated reserve have commenced. In the event of increased financial risk or if no longer required, these funds can be de-designated at the Trustees’ discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves.

Designated funds also include:

- the Tangible Fixed Asset Fund, reflecting the value of tangible fixed assets at cost less depreciation.
- a Capital Investment Fund of £1.6 million designated for uncommitted future expenditure to modernise hospices and other capital projects. This fund was not created with specific projects in mind and is available for use as needs arise.
- the FRS 102 surplus on the Marie Curie Defined Benefit pension scheme. The Scheme had a surplus of £0.4 million at 31 March 2021, compared with a surplus of £6.4 million at 31 March 2020.

General (Free) Reserves: £54.6 million (2020: £54.5 million). These are the reserves remaining when restricted and designated reserves are excluded from the total amount. General Reserves are held so that the charity can continue its operations in the event of an unforeseen shortfall in voluntary income or increase in costs.

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

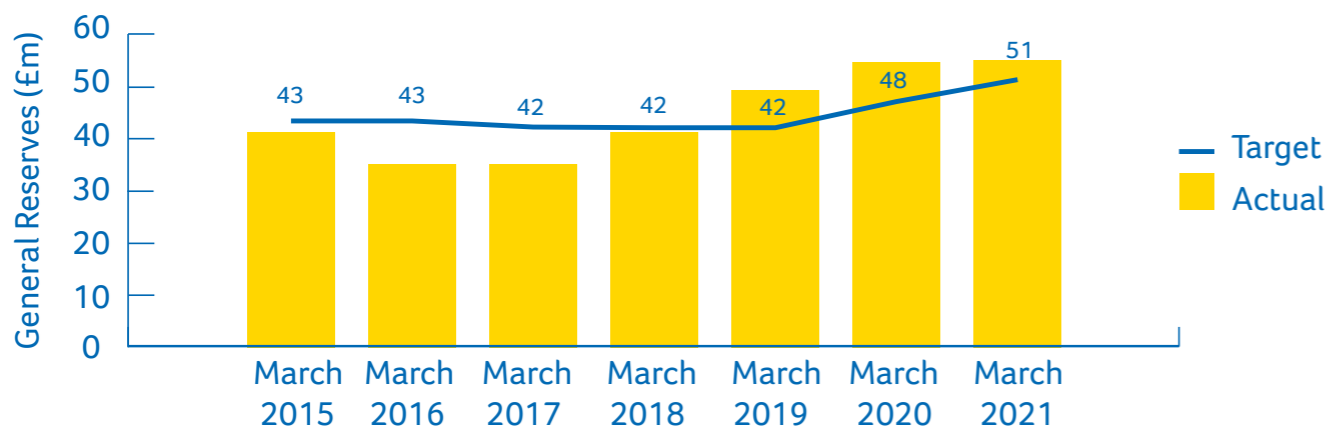
Marie Curie provides a range of critical health services which communities across the UK depend upon. To fund these services, we rely on several fluctuating income streams from donations, legacies, shop profits and investment income. To enable us to make commitments to each community to provide its key hospice and nursing services, we need to maintain

a level of free reserves so that we can continue our operations in the event of an unforeseen shortfall in voluntary income or increase in costs. This is known as our target reserves.

The Trustees calculate the amount that is required to be held in target reserves based on the assessment of the risks affecting the income and expenditure of the charity on an annual basis. In assessing the amount of target reserves required, the Trustees estimate the risk of a shortfall in income or an increase in expenditure and a sum is held to cover the potential shortfall for each element of the charity's income and expenditure. The risk weightings range from 2% to 40% depending on the nature of the activities. Based on these calculations, the Trustees estimate that a total of £51.0 million of target reserves is required for 2021/22. The increase from the £48 million target in 2019/20 reflects the underlying increase in expected

income on which the risk weightings are applied as our retail shops have reopened and our face to face fundraising activity resumes. This represents approximately three months of the charity's operating expenditure.

The charity's reserves policy states that if reserves exceed 115% of target, management should prepare a plan of action, to be approved by Trustees within three months, to restore them to the target level. Likewise, if reserves are lower than 85% of target, management should prepare a plan to be approved by the Trustees within three months, to restore them to the target level. The level of General Free Reserves (comprising the General Fund) as at 31 March 2021 was £54.6 million, which is within the recommended range.



How we invest our funds

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

Investment policy

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

of our investment advisers and our investment portfolio is monitored by senior Finance staff and the Investment Committee.

We have adopted an ethical investment policy to ensure that our investments do not conflict with our aims and support Marie Curie's values as much as possible. For example, we are invested in Syncona Ltd, a leading healthcare company focused on founding, building, and funding a portfolio of global leaders in life science. Our investment managers actively monitor and engage with the companies they invest in from an Environmental, Social and Governance (ESG) perspective, using proprietary research, engagement and proxy voting rights to influence change. We also monitor the environmental impact of our portfolio: the weighted average carbon intensity of the portfolio is markedly lower than that of our peers*.

*Source: MSCI ESG Manager

Our investment managers have been instructed not to directly invest in any organisation where more than 10% of turnover is derived from the production of tobacco products, tar sands, oils shale extraction and services or coal mining.

Most of our investment fund is managed on a discretionary basis by Newton Investment Management Limited. These investments comprise UK and international equities and fixed interest securities. Marie Curie's property investments are invested in the Charities Property Fund. We previously

held hedge fund investments in the Forester Diversified Fund of Funds. Forester was fully redeemed at the end of March 2021.

Marie Curie's investment portfolio, managed by Newton Investments, increased in value by £9.8 million in 2020/21 compared with a decrease of £3.1 million the previous year, when the investment market was impacted by the onset of the pandemic and the resulting uncertainty. The portfolio return over the 12 months to 31 March 2021 was 24.5% against the long-term benchmark return of 20.5%.

Asset allocation as 31 March 2021	Actual £m	Actual %	Target %	2019/20 Actual £m
UK equities	11.6	22.3	18-40	8.6
International equities	22.6	43.3	22-55	17.0
UK Government Bonds	3.4	6.5	5-15	3.6
Global Bonds	7.9	15.2	14-18	7.6
Property	4.1	7.7	6-9	4.1
Absolute return	1.3	2.3	4-6	2.3
Cash	1.4	2.7	2-9	0.7
Total	52.3			43.9

Defined benefit pension scheme

Marie Curie is the sponsoring employer of a funded defined benefit pension scheme (the Scheme). In January 2021 the Scheme purchased a bulk annuity policy (known as a buy-in) from Legal & General Assurance Society (LGAS) for £30.0 million. This policy secured the full benefits of all scheme members, which at 31 March 2020 amounted to £24.4 million. Given the financial strength of LGAS, this buy-in substantially removes the risk of further contributions being required from the Charity to provide benefits to members. Following the buy-in, the Scheme's assets

comprise the bulk annuity policy held with LGAS plus £0.4m of cash. As the bulk annuity policy with LGAS covers the liability for all of the members' benefits in the Scheme, under FRS 102 the Scheme actuary has valued the bulk annuity policy at the same value of the Scheme's pension obligations. The Scheme Trustees are now working to progress towards a full buy out. It is anticipated that this will be completed early in 2022. Once the buy out is complete, the Scheme has no further purpose and will be wound up.

Payment Terms

The regulations under section 3 of the Small Business, Enterprise and Employment Act 2015 oblige Marie Curie to report on a half-yearly basis (30th April and 31st October) their payment practices, policies and performance.

The information is published through an online service provided by the Government through which it is available to the public, and is reported to the Audit and Risk Committee.

During 2020/21 Marie Curie implemented a new finance system. Issues that emerged subsequent to that implementation resulted in a delay in the payment of suppliers' invoices. As shown in the table

below timely payment of invoices deteriorated year on year. Actions have been taken since the year end to improve payment performance.

Activity	1/10/20 – 31/3/21	1/4/20 – 30/9/20
Average time taken to pay invoices	50 days	40 days
Invoices paid:		
<i>Within 30 days</i>	49%	68%
<i>In 31 – 60 days</i>	25%	18%
<i>In 61 days or more</i>	26%	14%
Standard payment terms	30 days	30 days
Maximum contractual payment period agreed	30 days	30 days

The financial impact of covid-19

Covid-19 and the associated Government measures to control the virus have had a significant impact on Marie Curie's operations, as described in detail at the beginning of this report. The impact on Marie Curie's financial position has been as follows:

- Our fundraising income reduced significantly during the covid-19 restrictions as we were unable to engage with our supporters in the usual way. Marie Curie requires approximately £2.5 million a week to run its services. During the period of lockdown, the income we received fell despite the success of our emergency appeal.
- More people than ever need Marie Curie's support, either by receiving direct care or in other ways, such as using Marie Curie's Information & Support service, which has provided key resources for the NHS and the public throughout the crisis. The cost of running these services has been partially covered by short term grant funding received from the governments of the four nations of the UK.
- We closed all our shops in the week beginning 23 March 2020 and placed 440 staff on furlough. When Government restrictions allowed, we reopened some of our shops throughout the summer and autumn of 2020. In December 2020 as the second wave of infections took hold we closed all of our shops again. We were only able to re-open our shops again in England in April 2021. In Wales, Scotland and Northern Ireland our shops opened on 2nd March, 5th April and 30th April respectively. We decided not to reopen certain low performing stores and these were permanently closed.

- A further 217 staff, mainly from our fundraising and associated support teams, were put on furlough as the Government's social distancing guidelines and other covid-19 related factors meant they were unable to carry out their roles.
- Legacy donations receipts reduced, as the UK Probate Office was badly affected by the pandemic and the granting of probate was slowed. As this backlog reduces an increase in legacy receipts is anticipated, but the timing of any increase in the rate of legacies processed is uncertain.

The combined effect of these impacts has been a reduction in Marie Curie's income before one-off Government grants and furlough, coupled with a reduction in costs.

Whilst the factors listed above had a significant negative financial impact on Marie Curie, we took the following actions to mitigate them:

- Marie Curie's Emergency Appeal was extremely well received and raised £6 million.
- We received £5 million of grants from the Coronavirus Job Retention scheme from furloughing 440 retail staff and 217 fundraising and support staff.
- Our Business Development team worked to ensure we received payment for the additional work which we have been carrying out and the increased cost of working (for example the need for personal protective equipment). All Executive Directors and tier 2 directors took a voluntary pay cut in Quarter 1 of 2020/21 as part of the overall Covid effort.

- Many other staff members offered to sacrifice part of their salary or make a donation to Marie Curie. There was no pay increase for non-frontline staff.
- Recruitment was frozen for roles which are not business critical.
- We reduced the size of our retail footprint, ceasing to operate the less profitable stores.
- During the year we restructured our Caring Services and Fundraising activities to further streamline activities and reduce operating costs.

Going concern

The one-off grants, furlough funding and close control of costs, including a freeze on recruitment, and staff salary donations, have enabled Marie Curie to maintain its cash and reserves position at a reasonable level. Cash and reserves are monitored closely, with regular forecasts prepared to assess financial needs. These forecasts, combined with an assessment of the future reserves position, form the basis of our assessment of going concern. Our forecasts are stress tested to reflect a number of possible scenarios.

Based on our cash flow forecasts, we believe that the going concern basis of accounting remains appropriate for our accounts. We have also considered whether there is any material uncertainty that may cast significant doubt over the use of that basis for a period of at least 12 months from the date of approval of the financial statements. We do not believe that this is the case.

Data and cyber security breaches

As has been extensively reported, cyber-attacks and security breaches have increased significantly during the pandemic. We experienced three such attacks. Two of the three breaches were reported to the Information Commissioner's office. One was deemed not reportable and was reported to our Audit and Risk Committee. Increased cyber security has been

When considering whether there is any material uncertainty, we have made the following key assumptions regarding the covid-19 pandemic:

- Payments of Government grants have been factored in only when they are confirmed.
- The roll out of the Government vaccination programme, coupled with the change in coronavirus restrictions significantly reduces the risk of a further lockdown.
- The reduction in covid-19 restrictions since April 2021 will have a beneficial impact on our fundraising activity, but we are still cautious because of the wider impact on society and economic conditions.
- Marie Curie nursing and hospice activities, and consequently income received from the NHS, remain at the same level as before the pandemic.
- Furlough payments ceased September 2021.

The roll out of the government vaccine programme, coupled with the reduction in covid-19 restrictions in April 2021 and again in July 2021 has partly reduced the pressure on our income generation, though we keep this under constant review. We are focused on efficiency across Marie Curie through increased automation and implementation of more effective and efficient processes.

Any shortfall in income over the next twelve months can be covered from Marie Curie's cash holdings and investment portfolio. As at 31 March 2021, Marie Curie held £40.7 million in cash and bank deposits and £51 million in longer term investments, most of which is readily accessible.

put in place, cyber security training for staff has been refreshed, and further training rolled out.

The Information Commissioner's Office has not identified any further action to be taken.

Working with our stakeholders: s172 statement

Companies are required to include a statement in their strategic report of how directors have complied with their duty to have regard to the matters in section 172 (1) (a)-(f) of the Companies Act 2006 ('the Act'). As per the Charities SORP Information Sheet 3: The Companies (Miscellaneous Reporting) Regulations 2018 and UK Company Charities, the duty of the Trustee of a charitable company under this subsection of the Act is to act in the way he or she considers, in good faith, would be most likely to achieve its charitable purpose and in doing so have regard (among other matters) to:

- a) the consequences of any decision in the long term
- b) the interests of the company's employees
- c) the need to foster the company's business relationships with suppliers, customers and others

- d) the impact of the company's operations on the community and the environment
- e) the desirability of the company maintaining a reputation for high standards of business conduct
- f) the need to act fairly as between members of the company.

We listen to and engage effectively with our wide variety of stakeholders on whom the future success of Marie Curie depends, including service users, supporters, employees, volunteers, and suppliers, to make sure responsible decisions are made. This helps us ensure that decisions are sustainable in the long term and do not disproportionately affect any single stakeholder group.

The Board considers the following to be the key decisions and considerations it has made during the year to March 2021:

Significant Board decision	Stakeholders affected	Action and impact
The Board approved a Covid pandemic Operational Plan to maintain services, mitigate losses and transition to a lower cost base as a result of the pandemic and expected reduction in income	Our supporters and volunteers, our employees and society	<ul style="list-style-type: none"> • Fundraising income had been severely impacted by the Covid-19 pandemic and therefore the budget for 2020/2021 was revised • Mitigation action was taken to reduce the losses which included closing some retail shop outlets and redundancies
The Board commissioned a diversity health check	Our employees, our supporters and volunteers	<ul style="list-style-type: none"> • Developed an action plan in conjunction with the Ethnicity Diversity at Marie Curie network (ED@MC)
The Board approved an investment policy which enhanced ethical investment principles by adding limits on the use of investments in coal, tar-sand, shale gas and coal mining	Society	<ul style="list-style-type: none"> • Recommendations were made by the Investment Committee and approved by the Board such that the Charity will aim to invest through investment managers who actively take account of Environmental, Social and Governance (ESG) issues in their investment decisions.
The Board approved a restructuring to enable a change in operating model to achieve a place-based approach to care. This will enable Marie Curie to expand its services and impact for more people at the end their lives.	Our employees, users of our services and their families, society and the NHS	<ul style="list-style-type: none"> • This involved the restructuring of the Caring Services' senior management team to enable delivery of the strategy to provide the best end of life experience for all by providing access to care beds
The Board approved a new Research, Policy and Public Affairs strategy to enable the charity to expand its impact and benefit for people at the end of the lives through tackling the systemic factors that diminish the end of life experience.	Everyone experiencing terminal illness and their families and carers. Society	<ul style="list-style-type: none"> • Integrated the Research, Public Policy and Public Affairs teams to improve efficacy • Refreshed our research and public policy agenda to ensure that Marie Curie increases its ability to translate our leading research programme into clinical and policy impact, and enable increased impact on the systemic and structural issues that stop everyone having the best possible end of life experience.

Engaging with our stakeholders

In the table, we set out in more detail how we have engaged with our key stakeholders and the impact of that engagement.

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2020/21 showing impact of the engagement	Where to find further information in this report
Users of our services and their families	<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"> • 99% of nursing service patients and families who completed the Friends and Families Test described the overall service as "very good" or "good". • 98% of hospice patients who completed the Friends and families Test described the service as "very good" or "good". • 90% of Support Line callers said we provided them with the information and support they required. 	See sections on hospices and nursing from page 16 and information and support from page 20
Our employees Our services are delivered through our experienced, diverse and dedicated workforce	<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 engaged regularly virtually, via email, our intranet and live video updates from senior management (on a weekly basis during the recent covid-19 crisis) and in person, through team meetings. • Workforce engagement is measured through employee surveys. • In March 2021 we relaunched our employee forum with 20 new representatives who meet every two months with senior leaders. 	<ul style="list-style-type: none"> • 79% staff satisfaction which matched the benchmark for the non-profit sector. • Despite the challenges of the pandemic we have continued to make Marie Curie more equitable, diverse and inclusive. • Implementing sustainable home working arrangements and training 70 Mental Health First Aiders. • My Benefits at work portal (mental, physical and financial wellbeing) was rolled out to the whole organisation in November 2020. • We have continued to work with Stonewall. Throughout our partnership we have made great progress in our standards, policies and initiatives in regard to diversity and LGBTQ+ initiatives. We look forward to taking part in their UK Workplace Equality Index this year, which is recognised as a definitive benchmarking tool for employers to measure their progress on LGBTQ+ inclusion in the workplace. • The median gender pay gap is 14.6%. While this is disappointing it must be remembered that when the government updated its gender pay gap reporting pages it specifically stated that furloughed employees were to be excluded and more women were furloughed than men. Across the senior leadership team, 60% are female and average salaries of males and females are the same. 	See section on people from page 38

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2020/21 showing impact of the engagement	Where to find further information in this report
<p>Our supporters and volunteers</p> <p>We can only achieve our strategic vision with the generous contributions of our supporters and volunteers</p>	<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 post and email, on our website and through the media and other campaigns. • We have 136 shops where we engage with supporters who both donate and buy goods. • Each volunteer has an assigned manager to supervise them. 	<ul style="list-style-type: none"> • We generated retail income of £5.2 million. • 12,867 Helper calls/visits were given to Marie Curie during the year. • Fundraising was difficult in 2020/21, but our supporters definitely rose to the challenge, raising over £2.5 million through a huge range of activities, from virtual walks and runs to plant sales and quizzes. • Our dedicated volunteers remained committed to Marie Curie and played a vital part in our Emergency Appeal, which raised an amazing £6 million in 2020/21 (£7.1 million in total). 	See sections on fundraising page 44 and people from page 38
<p>The NHS</p> <p>Our essential work is provided in contract to the NHS, who are also our main partner</p>	<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. • We have operational and contractual management arrangements in place for all NHS relationships covering each commissioning body. • We regularly discuss palliative and end of life care with the NHS bodies representing the four nations, and actively participate in conversations to improve the experience – dying, death and bereavement. • During the covid-19 pandemic we have continued to deliver care, but have also worked with the NHS and other partners to adapt and refocus our services to meet the changing demands presented by the pandemic and have been in very close contact with the regulators across the UK to ensure safety and quality of care is maintained. • At a central level, we engage with NHS England and NHS Digital to drive continuous improvement. 	<ul style="list-style-type: none"> • We received £47 million in income from the NHS to provide services to support them. • Active engagement with commissioners during the year has resulted in an additional £4 million income on the current profile of NHS contracts. This is made up of £2 million recurrent income and £2 million to support the charity in the recovery period from the impact of covid-19 in both service delivery and costs. • Our services delivered 10% additional activity above our planned levels mainly in Q1 and Q2 of 2020/21. We saw increases in home-based care and in particular in rapid response services. The level of activity returned to expected levels during Q3 and Q4. Commissioners recognised the partnership working with NHS partners and in particular with district nursing services to ensure that more people were able to be cared for at home. • There were no breaches in contractual requirements against the NHS standard contract requirements for England. Relationships in the devolved nations remained strong and responsive. 	See sections on hospices and nursing from page 16

Stakeholder group and why they are important to our success	Their issues	How we engage	Key highlights of 2020/21 showing impact of the engagement	Where to find further information in this report
<p>Suppliers</p> <p>We rely on third-party suppliers and providers to partner with us to deliver our services</p>	<ul style="list-style-type: none"> • Working in partnership. • Agreed contracts with clear Service Level Agreement 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 covid-19 crisis we have been working closely with suppliers to make sure we can keep our cash at adequate levels while still paying them fairly. 	<ul style="list-style-type: none"> • We paid suppliers on average within 50 days. Improvements have been implemented since the financial year end to reduce this period. • We are implementing a new supplier portal to improve communication with suppliers and management of supplier data. 	See page 58
<p>Society</p> <p>To fulfil our strategic vision in a responsible and sustainable manner</p>	<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"> • Worked alongside independent hospices and Hospice UK to secure emergency funding so the sector could continue to provide frontline care during covid-19. • Launched manifestoes for the Scottish and Welsh elections with policy priorities for the next parliamentary terms. • Continued our work to scrap the six-month rule for people living with terminal illnesses so that they can claim benefits more easily. • Led development of the palliative and end of life care workstream of the Northern Ireland Department of Health's new Cancer Strategy. 	See sections on policy from page 24

The Board actively engages with Marie Curie stakeholders, for example through the National Advisory Boards in Northern Ireland, Wales and Scotland, Development Boards, and supporter events around the UK. Trustees regularly engage in strategy at Board meetings drawing on reports from management, engagement with other staff throughout Marie Curie, and their own external engagement and experience. The more detailed elements of strategic scrutiny are carried out by the

Board committees – Finance and Resources, Quality, and Audit and Risk – drawing on the expertise of Trustees and non-trustee members in those committees. In 2021 Trustees have conducted a deep dive into the clinical complaints procedures at Marie Curie, and received regular updates from management on any significant incidents.

Our commitment to the environment

Marie Curie needs to operate in an environmentally sustainable manner. Environmental issues are having an increasing impact on the health and wellbeing of

people in the UK, and it is vital that Marie Curie plays its part in improving this situation.

Streamlined Energy and Carbon Reporting (SECR) statement

	2020/21	2019/20	
UK and offshore Energy consumption (kWh)	Gas (Scope 1)	6,871,215	6,174,525
	Other fuels (Scope 1)		
	Electricity (Scope 2)	5,018,943	6,218,681
	Electricity transmission and distributions (Scope 3)		
	Transport fuel (Scope 1 - company fleet)	1,993,694	3,064,260
	Transport fuel (Scope 3 - grey fleet)	947,365	3,631,573
	Total	14,831,217	19,089,039
UK and offshore Emissions (tCO₂e)	Gas (Scope 1)	1,400	1,135
	Other fuels (Scope 1)		
	Electricity (Scope 2)	1,170	1,454
	Electricity transmission and distributions (Scope 3)	101	135
	Transport fuel (Scope 1 - company fleet)	504	743
	Transport fuel (Scope 3 - grey fleet)	261	872
	Total (Gross Scope 1 and 2)	3,074	3,332
Total (all Scopes)	3,436	4,339	

Intensity ratio

Due to the diverse range of services offered by Marie Curie, all of which depend on the dedication of members of staff, the intensity metric of kWh/FTE (full time equivalent employee) was chosen.

	2020/21	2019/20
Normalisation Metric (FTE)	2,687	2,896
Intensity Ratio (tCO ₂ e/FTE)	1.279	1.498

The fall in energy consumption of approximately 22% is primarily due to the impact of Covid-19 as a number of office and retail sites have closed. This may increase with reoccupation.

Methodology

Methodology follows best practice and is based on HM Government Environmental Reporting Guidelines, March 2020.

All emissions factors are taken from UK Government GHG Conversion Factors for Company Reporting, 2020 factors.

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

Scope 1 and Scope 3 (transport) data taken from Marie Curie internal tracking systems incorporating company fleet data and grey fleet data; Company fleet classed as scope 1 emissions, grey fleet (i.e. fuel used in employees private cars for business trips) classed as scope 3 emissions (as defined in HM Government Environmental Reporting Guidelines March 2020).

Energy efficiency action plan

- Marie Curie Hospice, Liverpool: completed internal and external window replacement throughout hospice.
- Marie Curie Hospice, Newcastle: installed new modular gas-fired boilers. Having separate gas fired hot water generators for the domestic hot water allows all LTHW plant to be off within the summer months therefore saving on utility bills.
- Marie Curie Hospice, Cardiff and the Vale: lighting replaced with LED lighting in some areas.
- Marie Curie Hospice, Hampstead: installed LED

lighting in ground floor corridors.

- Marie Curie Hospice, Glasgow: upgrade of ward lighting to LED.
- Refurbished a number of Marie Curie shops, including installation of LED lighting.
- All refurbishment works in the coming year (2021/22) will include high-efficiency equipment where possible, including LED lighting and best available technologies.

How we're governed

Our structure

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

Subsidiaries

The charity's principal subsidiary undertakings as at 31 March 2021 are all wholly owned and registered in England and Wales. Details are included in Note 19 (see page 100) to the financial statements. We raise some of the funds needed to run our services through the trading activities of a wholly owned subsidiary, Marie Curie Trading Limited.

Our Trustees

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

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

In March 2021, Maria McGill joined as a new trustee. Tim Breedon and Ruth Holt retired from the Board in April 2021 and John Compton retired in August 2021.

Following the year end, Richard Wohanka was appointed in July 2021 and Ian Waller and Chrisha Alagaratnam were appointed in September 2021.

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

Board composition and meeting attendance during 2020/21:

Trustees	Meetings attended	Maximum possible
Vindi Banga (Chair)	6	6
Dr Rachel Burman	4	6
Tim Breedon CBE (retired April 2021)	6	6
Steve Carson	6	6
John Compton CBE (to August 2021)	4	6
Richard Flint CBE	6	6
Professor Richard Harding	5	6
Ruth Holt (retired April 2021)	5	6
Patricia Lee	6	6
Chris Martin	6	6
Maria McGill CBE	1	1
Dame Barbara Munroe DBE	6	6
Linda Urquhart OBE	6	6
Helen Weir CBE	6	6

The Board of Trustees appoints all new Trustees and independent committee members on the advice and recommendation of the Nominations and Remuneration Committee. Trustees are recruited through a process of advertisement, application and interview, based on a range of selection criteria to seek a diverse range of relevant skills and experience. We offer a tailored induction programme to all new Trustees, including interaction with our services, and meetings with the Chief Executive, members of the Executive Leadership Team and other senior management, and provide further updates and training as needed. Trustees are not remunerated for their services. They are paid out-of-pocket expenses only (See page 99).

Governance

At the start of the year, following the independent review of governance carried out last year, the Nominations and Remuneration Committee led a process to review and revise all committee terms of reference to ensure they accurately reflected current practice. At the end of the year, each committee carried out an effectiveness review, which included a review of its activity over the past year against the new terms of reference. All committees concluded that they had operated effectively in the year and agreed action plans to address areas identified for development. In addition, all Trustees and independent committee members completed a skills audit which informed a recruitment programme which was initiated in early 2021.

Each trustee is required to disclose potential or actual conflicts of interest to the charity as part of annual review and at the start of every meeting.

As previously reported, the Board has adopted the principles of good governance in the Charity Governance Code. These principles underpin the Board's governance and form an integral part of the programme of change underway. The Trustees have taken account of the Charity Commission's general guidance on public benefit when reviewing the charity's aims, objectives and planning.

Board committees

- **Audit and Risk Committee** Responsible for strategic oversight of the effectiveness of systems and processes established by the charity to identify, assess, manage and monitor financial and non-financial risk and internal controls and to oversee the annual audit.
- **Quality Committee** Responsible for strategic oversight of the charity's services to ensure they are safe, effective, caring, responsive and well-led and provide assurance to the Board on all aspects of the quality of clinical care, clinical risk management, clinical governance systems, compliance with clinical regulatory requirements and standards of quality and safety.

- **Finance and Resources Committee** Responsible for strategic oversight of the effective use of the charity's resources (finance, people, fundraising, retail, property and central services) and to oversee associated policy, strategy and performance.

- **Nominations and Remuneration Committee** Responsible for Board governance arrangements and succession planning and recommendations for the appointment and reappointment of people to governance positions, oversight of the performance of and recommendations on the remuneration of the Chief Executive and Executive Leadership Team and oversight of the remuneration framework of the charity.

- **Investment Committee** Responsible for strategic oversight of the charity's investment portfolio, investment returns and value for money.

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

Over the year, the Board committee cycle has moved to a quarterly model, although the Finance and Resources Committee and the Audit and Risk Committee both met more frequently to oversee the charity's response to the pandemic.

Our auditors

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

Board committee membership 2020/21

Trustees	Audit and Risk	Finance and Resources	Investment	Nominations and Remuneration	Quality	National Advisory Boards
Vindi Banga		Chair		Chair		
Dr Rachel Burman					Member	
Tim Breedon CBE	Member	Member	Chair	Member		
Steve Carson						
John Compton CBE						Chair (Northern Ireland)
Richard Flint CBE		Member	Member			
Prof Richard Harding						
Ruth Holt					Member	
Patricia Lee					Member	
Chris Martin	Member					Chair (Wales)
Maria McGill CBE						Member (Scotland)
Dame Barbara Munroe DBE		Member		Member	Chair	
Linda Urquhart OBE		Member		Member		Chair (Scotland)
Helen Weir CBE	Chair	Member		Member		
Number of meetings	5	11	4	4	4	8

Please see pages 102 - 103 for a full list of Trustees and Independent Members of committees, which also shows movements since the year end.

Principal risks and uncertainties

The Board of Trustees retains overall responsibility for risk management and recognises the importance of maintaining a strong system of internal controls as integral to both good risk management and proper governance.

During the year a risk effectiveness review was undertaken by an external advisor, and our risk management framework is now being updated. To support the development and ensure risk is embedded on a consistent basis at all levels in the organisation a new role as Head of Risk has recently been appointed.

Enhanced processes introduced across the charity include:

- Charity-wide groups that meet quarterly to oversee key operational risks, including information governance and data privacy, counter fraud and bribery, safeguarding and business continuity. Significant, emerging, or increased risks are escalated as appropriate.
- Quarterly meetings by Assurance Committees in each directorate to review their processes for identifying, managing, and escalating risks and report the outcomes to the Executive Leadership Team.
- Regular review by the Executive Leadership Team, chaired by the Chief Executive, of the significant strategic and corporate operational risks at their Quarterly Business Review including testing the level of confidence that the proposed mitigation plans reduce the risks as envisaged and ensuring that resources have been prioritised in the most effective way.

In addition, there is oversight of risk management by the Board of Trustees and subcommittees of the Board:

- The Board regularly discusses the charity’s significant risks, the plans to manage those risks appropriately and decides on the level of risk it is prepared to accept.
- The Quality Trustees Committee scrutinises the management of clinical risks and the monitoring of clinical incidents and trends.
- The Audit and Risk Committee reviews the effectiveness of the charity’s risk management

processes, including the key risks identified, as well as considering the combined effect of the risks on the charity.

Planning and performance

We operate a comprehensive annual planning and budgeting process. We monitor performance using key financial and performance indicators, which compare actual results and activity against our plans. These are routinely reported to the Board of Trustees. A phased budget and regular forecasting enable the Trustees and the Executive Leadership Team to link financial performance with resource and activity levels. In addition, regular ongoing reviews of risk management plans inform our change management and operational decisions.

Internal audit

During 2020/21 Marie Curie appointed an outsourced internal audit partner, Deloitte LLP, after a robust procurement and selection process. Prior to their appointment our in-house Audit Department was responsible for scrutinising internal controls. Key drivers to the revised approach were to ensure that Marie Curie has access to specialist expertise, flexible resources, the latest audit techniques, and the opportunity for benchmarking. The Audit and Risk Committee approves the internal audit plan and scrutinises regular reports on progress against the audit plan, the effectiveness of controls in audited functions and recommendations from audits.

Key strategic risks

Throughout the year as the pandemic evolved, we particularly focused on the management of our financial risk and ensuring we could continue to deliver our services in a safe way. Like many charities, we had to find innovative ways to maximise our fundraising income and develop our digital capabilities, as well as to reduce our costs without compromising on the quality or level of service and support we provide.

The following is a summary of the significant strategic and operational risks currently being monitored by the Board of Trustees and the Executive Leadership Team. Detailed mitigation plans are in place to reduce the risks and the Executive Leadership Team is satisfied that our resources, in terms of people and funding, are being prioritised and allocated in the most effective way.

Risk	Mitigating actions include:
Each risk area is supported by relevant policies, procedures, and governance arrangements.	
<p>Clinical and Quality: Failure to implement appropriate clinical governance leading to a significant deterioration in the quality and safety of clinical and nursing care resulting in patient harm, reputational damage, loss of contracts and/or regulatory sanctions.</p>	<ul style="list-style-type: none"> We focus on continuous improvement and maintaining robust clinical governance processes and oversight. Our clinical staff are provided with high-quality specialist training. Quality peer-review and compliance visits use regulatory standards. We review and act upon patient and carer feedback, incidents and complaints, and monitor trends and any learnings are disseminated across all services.
<p>Safeguarding: Failure to safeguard our staff, volunteers and beneficiaries from harm.</p> <p>Health and Safety: Failure to provide a safe environment for our employees and others leading to serious injury or death, reputational damage, injury claims and/or regulatory sanctions including enforcement actions and fines.</p> <p>The significant change programme and the pandemic have seen our staff often do more and work under difficult circumstances, leading to risk of burnout and increased sickness rates</p>	<ul style="list-style-type: none"> We have robust operational risk management frameworks for both safeguarding and health & safety and are continually raising awareness that it is the responsibility of everyone and not the subject matter experts or our advisors. Safeguarding and Health & Safety training is mandatory, and a Safeguarding Code of Conduct is in place. We want to hear about any risks, wrongdoing, or concern. Feedback can be provided informally or formally, and we have a network of Freedom To Speak up Champions, a Whistleblowing lead and all staff have access to the Protect helpline. We are prioritising providing quality wellbeing support, open communication, and sequencing major pieces of work to ease collective workload.
<p>Change: Failure to execute organisational change and the transformational programmes effectively, leading to inefficient use of charity's resources and failure to deliver the intended benefits.</p>	<ul style="list-style-type: none"> We have strengthened our project management capability to oversee the significant portfolio of projects underway aimed at strengthening our infrastructure and operations, and becoming place based. A rigorous programme management approach is being applied to make sure that all major projects are sequenced in a risk-based manner. New change methodologies and tools have been introduced. Each project has a robust issue identification process as well as a risk register to ensure that issues are identified and managed before they become critical. Robust oversight and governance arrangements are in place, at both Executive Leadership Team and Board level, to ensure we achieve the intended benefits and identify and manage material risks.
<p>People, leadership, and culture: Risk that we are unable retain talent and experience with skills that are at a premium within the market, to fulfil our objectives and deliver our ambitious strategy.</p> <p>Failure to respond to the external recruitment market conditions and ensure our processes are efficient and effective leading to restrictions in capacity to deliver a quality service and/or instability in operations.</p> <p>Failure of leadership to embed a culture that supports our values and is an enabler to deliver our strategy.</p>	<ul style="list-style-type: none"> A Strategic Reward Review is underway to ensure we have a fair and equitable reward strategy. Staff and volunteer engagement surveys are undertaken, and feedback mechanisms are in place. We are re-engineering our recruitment processes to improve efficiency and time to hire. Changes are being implemented as a priority. Where necessary, resources will be reallocated to stabilise services and operations. We continue to invest in our people and develop our leadership teams in each area of the organisation, and to promote organisational learning. We are reviewing our behaviours framework which underpins our values and to ensure we are an agile, place-based organisation with innovation, learning and accountability. A Marie Curie staff Code of Conduct will be issued shortly.
<p>Financial sustainability: Risk that we have insufficient funds to continue our operations and deliver our strategy in the event of an unforeseen shortfall in voluntary income or increase in costs.</p>	<ul style="list-style-type: none"> We are investing in change to reduce our operating costs, continue to drive value for money through procurement and explore new commissioned and commercial opportunities to diversify our income. We continue to engage with all our donors and supporters to develop innovative and impactful funding initiatives and increase our digital capabilities.
<p>Governance and compliance: Failure to implement effective governance leading to poor decision making, ineffective operations and exposing us to legal, regulatory, and reputational risk.</p>	<ul style="list-style-type: none"> We are currently reviewing our governance arrangements and further embedding risk management to ensure our operational platform is effective and efficient to support our strategic ambitions and services.

Risk	Mitigating actions include:
<p>Technology: Failure to manage data compliantly and effectively to minimise the ability of data being exposed or breached and to promote well-organised and accurate information.</p> <p>The risk that our core systems and technology are inadequate to meet service needs.</p>	<ul style="list-style-type: none"> Strong cyber security is in place, to protect digital data and mandatory training is provided. We have strengthened our Information Technology department through the appointment of a Chief Technology Officer. An enhanced digital strategy is being implemented to ensure we are equipped for the digital future and work is already underway to replace outdated systems and introduce enhanced software to ensure we have a lean, agile and stable core operating platform.
<p>Corporate strategy and resilience: Risk that the Marie Curie business model is not sustainable leading to reduced impact on system change and/or the place-based focus is not successful and/or the transition process is longer than envisaged.</p> <p>Risk that Marie Curie may face another critical event that would impact performance and/or delivery of services and/or reputation. Such an event may be a future pandemic, an economic correction, a political emergency, a natural disaster or where a significant or series of risk events occur.</p>	<ul style="list-style-type: none"> Our strategy has been reviewed in response to the pandemic and we will continue to check direction and adjust in the light of external factors and internal learning to ensure that we maximise our impact. We will continue to horizon scan for emerging risks and test our crisis and continuity plans regularly to minimise the chances and impact of unwanted and unexpected events.

Statement of Trustees' responsibilities

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

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

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

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

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

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

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

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

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

Signed on behalf of the Board of Trustees of Marie Curie



Vindi Banga, Chair of Trustees

5 November 2021

Independent auditor's report

to the members and Trustees of Marie Curie

Opinion on the financial statements

In our opinion, the financial statements:

- give a true and fair view of the state of the Group's and of the Parent Charitable Company's affairs as at 31 March 2021 and of the Group's incoming resources and application of resources and the Parent Charitable Company's incoming resources and application of resources for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006, as amended in 2010.

We have audited the financial statements of Marie Curie ("the Parent Charitable Company") and its subsidiaries ("the Group") for the year ended 31 March 2021 which comprise the Consolidated Statement of Financial Activities, the Consolidated and Parent Charitable Company balance sheets, the Consolidated Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Independence

We are independent of the Group and the Parent Charitable Company in accordance with the ethical requirements relevant to our audit of the

financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

Conclusions related to going concern

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

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

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

Other information

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

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

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

We have nothing to report in this regard.

Other Companies Act 2006 reporting

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' report, which includes the Directors' report and the Strategic report prepared for the purposes of Company Law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the Strategic report and the Directors' report, which are included in the Trustees' report, have been prepared in accordance with applicable legal requirements.

In the light of the knowledge and understanding of the Group and the Parent Charitable Company and its environment obtained in the course of the audit, we have not identified material misstatement in the Strategic report or the Trustee's report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 requires us to report to you if, in our opinion;

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

Statement of Trustees' responsibilities

As explained more fully in the Statement of Trustees' responsibilities, the Trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Trustees determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Trustees are responsible for assessing the Group's and the Parent Charitable Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trustees either intend to liquidate the Group or the Parent Charitable Company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

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

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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

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

- We enquired of management, and the Audit and Risk Committee, including obtaining and reviewing supporting documentation, concerning the group's policies and procedures relating to:
 - a) identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;

- b) detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - c) the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- We obtained an understanding of the legal and regulatory frameworks that are applicable to the Charity. These include, but are not limited to, compliance with the Companies Act 2006, UK GAAP, the Charities and Trustee Investment (Scotland) Act 2005, regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006, as amended in 2010 and tax legislation. We assessed the extent of compliance with these laws and regulations as part of our procedures on the related financial statement items.
 - In addition, the Charity is subject to many other laws and regulations where the consequences of non-compliance could have a material effect on amounts or disclosures in the financial statements, for instance through the imposition of fines or litigation. We identified the following areas as those most likely to have such an effect: employment law and data protection. Auditing standards limit the required audit procedures to identify non-compliance with these laws and regulations to enquiry of those charged with governance and other management and inspection of regulatory and legal correspondence if any.
 - We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journal entries to manipulate financial results and management bias in accounting estimates.

Audit response to risks identified

- The Senior Statutory Auditor has assessed and concluded that the engagement team collectively had the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations;
- We reviewed the financial statement disclosures and tested to supporting documentation to assess compliance with relevant laws and regulations

discussed above;

- We made enquiries of the Board, management and internal audit;
- Reviewed the incident log submitted to the Audit and Risk Committee which includes instances of fraud and non-compliance with laws and regulations;
- We performed analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- We read minutes of meetings of those charged with governance, and reviewed correspondence with HMRC and serious incident reports filed with the Charity Regulators;
- In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business; and
- We challenged assumptions made by management in their significant accounting estimates in particular in relation to the assumptions related to the allocation of costs, accrued legacy income, depreciation rates for assets, recognition of multi-year grants and pension assumptions.

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

A further description of our responsibilities for the audit of the financial statements is located at the Financial Reporting Council's ("FRC's") website at:

frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Use of our report

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

Jill Halford

Jill Halford (Senior Statutory Auditor)

For and on behalf of BDO LLP, statutory auditor

London, UK

8 November 2021

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

Consolidated statement of financial activities

(Incorporating the Consolidated Income and Expenditure Account) for the year ended 31 March 2021

	Note	2020/21			2019/20		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Income from:							
Generated funds							
Donations and legacies	2	76,847	13,248	90,095	81,412	20,951	102,363
Retail sales of donated and purchased goods		3,445	1,807	5,252	10,270	6,092	16,362
Investments	3	954	-	954	1,403	-	1,403
		81,246	15,055	96,301	93,085	27,043	120,128
Charitable activities	4	52,025	21,538	73,563	45,007	125	45,132
Other income		152	-	152	344	-	344
Total income		133,423	36,593	170,016	138,436	27,168	165,604

Expenditure on raising funds:		2020/21			2019/20		
Cost of generating voluntary income		21,793	1,750	23,543	29,516	1,804	31,320
Publicity		4,360	-	4,360	3,526	-	3,526
Retail trading: cost of goods sold		9,975	1,715	11,690	13,895	4,245	18,140
Investment management costs		410	-	410	363	-	363
		36,538	3,465	40,003	47,300	6,049	53,349
Net income available for charitable application		96,885	33,128	130,013	91,136	21,119	112,255

Expenditure on charitable activities		2020/21			2019/20		
Hospices		27,515	20,100	47,615	38,804	12,189	50,993
Nurses		36,789	13,019	49,808	38,565	6,687	45,252
Helper		468	162	630	279	374	653
Information and support		1,030	450	1,480	1,502	-	1,502
Policy & research		5,600	213	5,813	3,933	1,324	5,257
Total charitable expenditure		71,402	33,944	105,346	83,083	20,574	103,657
Total expenditure	5	107,940	37,409	145,349	130,383	26,623	157,006

	Note	2020/21			2019/20		
		Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Net income for the year before investment gains		25,483	(816)	24,667	8,053	545	8,598
Gains/(losses) on investments	7	9,840	-	9,840	(3,129)	-	(3,129)
Net income for the year		35,323	(816)	34,507	4,924	545	5,469

Other recognised gains and losses		2020/21			2019/20		
Actuarial (losses)/gains on defined benefit pension scheme	15	(6,238)	-	(6,238)	1,790	-	1,790
Net movement in funds		29,085	(816)	28,269	6,714	545	7,259

Reconciliation of funds		2020/21			2019/20		
Total funds at 1 April	16	94,733	22,665	117,398	88,019	22,120	110,139
Total funds at 31 March		123,818	21,849	145,667	94,733	22,665	117,398

All of the charity's activities are continuing. There were no gains or losses other than those shown above.

The notes on pages 82 to 100 form part of these financial statements.

Balance sheets

for the year ended 31 March 2021

	Note	Group		Charity	
		2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
Fixed assets					
Tangible assets	8	54,348	52,344	54,348	52,344
Investments	7	52,259	43,887	52,648	44,273
		106,607	96,231	106,996	96,617
Current assets					
Stocks	9	326	266	-	-
Debtors	10	30,745	25,008	31,214	25,651
Investments	11	33,263	18,906	33,263	18,906
Cash at bank and in hand		7,446	3,313	6,637	3,232
		71,780	47,493	71,114	47,789
Creditors:					
Amounts falling due within one year	12a	(27,879)	(27,754)	(27,754)	(28,375)
Net current assets		43,901	19,739	43,360	19,414
Total assets less current liabilities					
		150,508	115,970	150,356	116,031
Creditors:					
Amounts falling due after more than one year	12b	(1,099)	(2,034)	(1,099)	(2,034)
Provision for liabilities and charges	14	(4,144)	(2,913)	(4,144)	(2,913)
Net assets (excluding pension asset)		145,265	111,023	145,113	111,084
Defined benefit pension asset	15	402	6,375	402	6,375
Net assets (including pension asset)	16	145,667	117,398	145,515	117,459
Funds					
Restricted funds	16	21,849	22,665	21,849	22,665
Designated funds	16	69,194	40,213	69,194	40,213
		91,043	62,878	91,043	62,878
Free reserves					
General funds	16	54,624	54,520	54,472	54,581
		145,667	117,398	145,515	117,459

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

Total income of the charity for the year was £170 million (2020: £165.6 million) less resources expended of £145.3 million (2020: £158.2 million) leading to a surplus of £28.3 million. (2020: surplus £7.3 million).

Approved by the Board of Trustees on 5 November 2021



Vindi Banga, Chair of the Board of Trustees

Consolidated Cash Flow Statement

for the year ended 31 March 2021

	Note	2020/21 £'000	2019/20 £'000
Cash flows from operating activities:			
Net cash generated from/(used in) operating activities	A	22,089	(397)
Cash flows from investing activities:			
Dividends received		610	980
Interest received		80	214
Capital expenditure		(5,758)	(8,577)
Investment purchases		(14,728)	(13,149)
Change in deposits		4,025	5,475
Investment sale proceeds		17,275	10,316
(Decrease)/increase in invested cash		(1,078)	334
Net cash inflow/(outflow) from investing activities		426	(4,408)
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at 1 April		18,194	22,999
Cash and cash equivalents at 31 March		40,709	18,194
Analysis of cash and cash equivalents			
Cash at bank and in hand		7,446	3,313
Short term deposits		33,263	14,881
		40,709	18,194

Analysis of net movement in funds	At 1 April 2020 £'000	Cash flows £'000	Other changes £'000	At 31 March 2021 £'000
Cash at bank and in hand	3,313	4,133	-	7,446
Short term deposits	14,881	18,382	-	33,263
Total	18,194	22,515	-	40,709

The movement in net funds represents the increase in cash balances during the year.

Note A:	2020/21 £'000	2019/20 £'000
Reconciliation of net expenditure to net cash flow from operating activities		
Net income for the year	34,507	5,469
Adjustments for:		
Depreciation	3,683	5,785
Losses/(gains) on disposal of fixed assets	71	-
(Gains)/Losses on investments	(9,840)	3,129
Pension funding adjustment	(265)	(811)
Dividends receivable	(610)	(980)
Interest receivable	(80)	(214)
Increase in stocks	(60)	(125)
Increase in debtors	(5,737)	(11,540)
Increase/(decrease) in creditors and provisions	421	(1,110)
Net cash inflow/(outflow) from operating activities	22,089	(397)

Notes to the financial statements

for the year ended 31 March 2021

1 Accounting policies

The principal accounting policies are summarised below.

(a) Basis of preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019) (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006. The financial statements have been prepared under the historical cost convention with the exception of investments stated at bid value.

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

The preparation of the financial statements in accordance with Charities SORP (FRS 102) requires the Trustees to make judgements, estimates and assumptions that affect the application of policies and reported amounts in the financial statements. Judgements made that could have a significant effect on the financial statements and estimates are

disclosed in note 1 (l).

Going concern

The Covid-19 pandemic has had a significant impact on Marie Curie. However, the Trustees have identified no material uncertainties that may cast significant doubt about the ability of the charity to continue as a going concern and therefore these accounts have been prepared on a going concern basis.

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

- Payments of government grants have been factored in when they are confirmed.
- The roll out of the government vaccination programme, coupled with the change in coronavirus restrictions significantly reduces the risk of a further lockdown.
- The reduction in Covid-19 restrictions since April 2021 will have a beneficial impact on our fundraising activity, but we are still cautious because of the wider impact on society and economic conditions.
- Marie Curie nursing and hospice activities, and consequently income received from the NHS, remain at the same level as before the pandemic.
- Furlough payments ceased after September 2021.

Marie Curie's senior management team monitor the organisation's cash position on a monthly basis by looking at cash flow forecast for the next twelve months. This forecast, combined with an assessment of the future reserves position, forms the basis of our assessment of going concern. It has been stress tested, including reverse stress testing, and in doing so, we have particularly considered the impact of a global economic recession that results in austerity measures and the Charity's income being reduced over and above our key risk assumptions.

(b) Group accounts

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

(c) Investments

Investments listed on a recognised stock exchange are included in the balance sheet at bid price with the exception of our property investments which are valued at Net Asset Value.

Valuations are updated on a monthly basis. All gains and losses arising during the year are included in the Statement of Financial Activities.

(d) Stocks

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

(e) Depreciation

Tangible fixed assets costing more than £1,000 are capitalised and included at cost. Freehold land is not depreciated. Depreciation is not provided on assets in the course of construction or on investment properties. Depreciation is provided on all other tangible fixed assets using a straight line basis as follows:

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

(f) Income

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

Legacy income

Legacy income is recognised when it is probable that it will be received. Pecuniary legacies are recognised when probate is granted. Residuary legacies are recognised when either probate has been granted, the estate accounts have been approved and any conditions have been fulfilled, or if the charity has received notification from executors of their intention to make a distribution.

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

Events

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

Retail

Income is recognised at point of sale. Goods donated for sale are included as income at point of sale.

Investment income

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

Gifts in kind

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

Government grants

Income from Government grants is recognised when the charity has entitlement to the funds and any performance conditions attached to the grant have been met.

(g) Resources expended

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

Grants payable

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

Fundraising costs

Fundraising and publicity expenditure have been shown separately. Fundraising expenditure represents the total costs of fundraising (donations and legacies), including fundraising staff costs and fundraising marketing costs.

Support costs

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

Governance costs

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

Investment management costs

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

(h) Pensions

Defined benefit scheme

The Marie Curie defined benefit scheme (the Scheme) is funded, with the pension assets of the Scheme held separately from those of the charity, in pension trustee-administered funds.

The amounts charged in expenditure for pension costs are the current service costs and gains and losses on settlements and curtailments. They are included as part of staff costs.

Past service costs are recognised immediately in the income and expenditure account if the benefits have vested. If the benefits have not vested immediately, the costs are recognised over the period until vesting occurs. The interest losses are recognised in 'Other recognised gains and losses'.

Pension scheme assets are measured at fair value and liabilities are measured on an actuarial basis using the projected unit credit method and discounted at a rate equivalent to the current rate of return on a high-quality corporate bond of equivalent currency and term to the scheme liabilities. The actuarial valuations are obtained every three years. A valuation in accordance with FRS 102 is produced at each balance sheet date. The resulting defined benefit asset or liability is presented separately after other net assets on the face of the balance sheet. At 31 March 2021 there was a net asset which has been recognised in accordance with FRS 102, as Marie Curie would be able to recover this net asset.

Following a buy-in on 15 January 2021, the Scheme's main assets comprise a bulk annuity policy held with Legal & General Assurance Society in the name of the Scheme. Therefore, as at 31 March 2021, the asset value has been taken as the valuation of the Scheme's

annuity policy, consistent with the assumptions used to value the Scheme's liabilities, together with cash holdings held by the Scheme Trustees.

Multi-employer schemes

The NHS Pension Scheme and Universities Superannuation Scheme are accounted for as defined contribution schemes as the Group is unable to identify its share of the underlying assets and liabilities on a reasonable and consistent basis.

Defined contribution schemes

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

(i) Leased assets

Rentals payable under operating lease contracts are charged on a straight line basis over the lease life.

(j) Funds

Restricted funds comprise funds subject to specific restrictions imposed by donors and funders. The purposes and uses of the restricted funds are set out in Note 16 to the financial statements.

Income received from capital appeals is included under restricted voluntary income and the related costs, including depreciation, are charged against that income.

Designated funds comprise unrestricted funds which have been set aside at the discretion of the Board of Trustees for specific purposes. The purposes and uses of the designated funds are set out in Note 16 to the financial statements. Funds contained within the designated fund comprise:

- (1) Impact & Innovation Fund which has been established to support new developments in end of life care or to support changes and improvements in the efficiency of existing services.
- (2) Tangible Fixed Asset Fund which represents the value of general funds invested in fixed assets.
- (3) Capital Investment Fund which represents funds held to contribute towards the renewal of the charity's assets.
- (4) Pension reserve which represents the valuation surplus under FRS 102 of the charity's defined benefit pension scheme.

The **General Fund** is an unrestricted fund which is available to meet possible shortfalls in revenue and unforeseen increases in expenditure.

(k) Provisions

Provisions are recognised when there is a legal or constructive financial obligation, that can be reliably estimated and for which there is an expectation that payment will be made.

(l) Accounting estimates and judgements

In preparing the financial statements, the Trustees are required to make estimates and judgements. The matters below are considered to be the most important in understanding the judgements made and the uncertainties that could impact the amounts reported in the financial statements.

Legacy income

The recognition of accrued legacy income requires judgement about the probability and timing of receipt of legacies. Where probate information is not available or probate is not required to execute an estate, our entitlement is estimated with consideration to the date we are notified of the legacy, our historical experience of income from similar legacies and any other information available for a specific estate.

In 2019/20 we changed the way in which we estimate how much legacy income should be recognised in situations where we have been notified of the legacy but not yet received the funds in line with the requirements of the Charities SORP and FRS 102.

Cost allocation

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

Actuarial assumptions

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

2 Donations and legacies

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Donations, events and other voluntary income	51,843	8,160	60,003	49,941	9,850	59,791
Legacies	25,004	5,088	30,092	31,471	11,101	42,572
	76,847	13,248	90,095	81,412	20,951	102,363

3 Investment income

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
Listed investments	610	-	610	980	-	980
Cash investments	80	-	80	214	-	214
Property fund	202	-	202	152	-	152
Other investments	62	-	62	57	-	57
	954	-	954	1,403	-	1,403

4 Charitable activities income

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000	Unrestricted funds £'000	Restricted funds £'000	Total funds £'000
NHS funding for Nurses	26,801	-	26,801	25,781	-	25,781
NHS funding for Hospices	19,661	-	19,661	18,713	-	18,713
Other NHS funding	184	-	184	369	-	369
National Lottery Community Fund	-	-	-	-	100	100
Other income	149	-	149	144	25	169
Grants and furlough income	5,230	21,538	26,768	-	-	-
	52,025	21,538	73,563	45,007	125	45,132

Grants and furlough income comprises Government funding of £5.2 million in furlough relief received under the Coronavirus Job Retention Scheme and £21.5 million in restricted grants in relation to hospices and nursing services.

5 Expenditure

	2020/21			2019/20		
	Direct costs £'000	Support costs £'000	Total 2020/21 £'000	Direct costs £'000	Support costs £'000	Total 2019/2020 £'000
Expenditure on raising funds						
Costs of generating voluntary income	20,475	3,068	23,543	27,631	3,689	31,320
Publicity	3,945	415	4,360	3,142	384	3,526
Retail trading costs	10,644	1,046	11,690	16,781	1,359	18,140
Investment management costs	387	23	410	334	29	363
	35,451	4,552	40,003	47,888	5,461	53,349
Expenditure on charitable activities						
Hospices	44,180	3,435	47,615	47,359	3,634	50,993
Nurses	45,104	4,704	49,808	40,787	4,465	45,252
Helper	551	79	630	532	121	653
Information and support	1,011	469	1,480	1,070	432	1,502
Policy & research	4,813	1,000	5,813	4,330	927	5,257
	95,659	9,687	105,346	94,078	9,579	103,657
Total	131,110	14,239	145,349	141,966	15,040	157,006

Allocation of support costs

	Executive, Legal and Strategy £'000	Governance (Note A) £'000	Finance £'000	HR and Training £'000	IT £'000	Facilities and Property £'000	Total 2021 £'000	Total 2020 £'000
Hospices	441	180	325	906	1,482	101	3,435	3,634
Nursing	674	187	264	1,464	2,075	40	4,704	4,465
Helper	2	-	13	-	59	5	79	121
Information and support	99	8	31	35	296	-	469	432
Policy & research	316	188	70	70	356	-	1,000	927
Total charitable activities	1,532	563	703	2,475	4,268	146	9,687	9,579
Fundraising	489	150	402	732	1,245	50	3,068	3,689
Publicity	55	30	23	70	237	-	415	384
Retail trading costs	135	7	209	209	178	308	1,046	1,359
Investment management costs	-	-	23	-	-	-	23	29
Total support costs allocated	2,211	750	1,360	3,486	5,928	504	14,239	15,040
Total support costs allocated 2020	3,353	709	1,482	3,422	5,195	879	15,040	

During the 2020/21 financial year the Policy and Research departments were merged. Prior year amounts have been aggregated for comparison purposes.

Note A	2020/21 £'000	2019/20 £'000
Governance Costs		
Internal audit	214	234
External audit fees (Note B)	149	86
Trustees' travel and meeting expenses (Note 16)	-	3
Trustees' indemnity insurance	20	8
Information governance & security	367	378
	750	709

Note B	2020/21 £'000	2019/20 £'000
Net income for the year is stated after charging:		
Fees payable to the charity's auditor for:		
the audit of these financial statements - charity	132	69
the audit of financial statements of subsidiaries pursuant to legislation	10	10
other audit services	7	7
	149	86
Amounts paid under operating leases:		
land and buildings	3,788	5,585
plant and machinery	1,142	927
	4,930	6,512
Depreciation of owned assets	3,683	5,785

An adjustment was made to the depreciation charge during the year to correct historic over depreciation of a small number of fixed assets. This resulted in a lower depreciation charge during 2020/21. See also note 8.

Note C	2020/21 £'000	2019/20 £'000
Research and development	1,682	2,763

Note D	2020/21 £'000	2019/20 £'000
Policy and Research costs		
Grant funding of activities :		
<i>Marie Curie Palliative Care Research Department at UCL</i>	-	401
<i>National grant programme</i>	29	185
<i>Other recipients</i>	514	42
Other Policy & Research activity undertaken directly	4,270	3,703
Support costs	1,000	927
	5,813	5,258

During the financial year the policy and research departments were merged. Prior year amounts have been restated as comparatives.

6 Corporation Tax

The charity is considered to pass the tests set out in Paragraph 1 Schedule 6 Finance Act 2011 and therefore it meets the definition of a charitable company for UK corporation tax purposes. Accordingly, the charity is potentially exempt from taxation in respect of income or capital gains received

within categories covered by Chapter 3, Part 11 Corporation Tax Act 2011 or Section 256 of the Taxation of Chargeable Gains Act 1992, to the extent that such income or gains are applied exclusively to charitable purposes. Its subsidiaries have not incurred a tax charge as they gift aid all profits to the charity.

7 Investments

	Listed investments £'000	Property and unlisted investments £'000	Money market deposits £'000	Consolidated total £'000	Investment in subsidiaries (Note 19) £'000	Charity total £'000
Group and charity						
Market Value at 1 April 2020	43,503	76	308	43,887	386	44,273
Movements in deposits	-	-	1,078	1,078	-	1,078
Additions at cost	14,728	-	-	14,728	3	14,731
Disposals at book value	(15,361)	(1)	-	(15,362)	-	(15,362)
Unrealised gains/(losses)	7,967	(39)	-	7,928	-	7,928
Market Value at 31 March 2021	50,837	36	1,386	52,259	389	52,648
Historic cost at 31 March 2021	38,058	75	1,387	39,519	392	39,911
Historic cost at 31 March 2020	38,691	76	309	39,076	386	39,462
Gains/(losses) on investments					2021 £'000	2020 £'000
Realised gains					1,912	1,034
Unrealised gains/(losses) included in market value					7,928	(4,163)
					9,840	(3,129)
Listed investments					2021 £'000	2020 £'000
UK					28,250	17,608
Non UK					22,587	25,895
					50,837	43,503

No investment represented more than 5% of the portfolio of the group or the charity by market value.

8 Group and charity tangible fixed assets

	Land and buildings £'000	Short leasehold land and buildings £'000	Furniture equipment and motor vehicles £'000	Total £'000
Cost				
At 1 April 2020	85,106	9,789	33,827	128,722
Additions at cost	970	543	4,245	5,758
Disposals at cost	-	(812)	(155)	(967)
At 31 March 2021	86,076	9,520	37,917	133,513
Depreciation				
At 1 April 2020	(40,948)	(8,255)	(27,175)	(76,378)
Provided in the year	(1,239)	(727)	(1,717)	(3,683)
Disposals depreciation	-	741	155	896
At 31 March 2021	(42,187)	(8,241)	(28,737)	(79,165)
Net book value				
At 31 March 2021	43,889	1,279	9,180	54,348
At 31 March 2020	43,020	1,534	6,652	52,344

Land and buildings consist of nine Marie Curie Hospices of which one, Belfast Hospice, is held under a 9,000 year lease that was created in 1894 and is subject to a peppercorn rent. All other buildings in this category are freehold properties. The cost of

freehold land included within land and buildings is £1.6 million (2020: £1.6 million). Short leasehold land and buildings consists of administrative offices and shops. All short leases were less than 50 years.

Group capital commitments

	2020/21 £'000	2019/20 £'000
Capital expenditure authorised and contracted for	376	2,550
Capital expenditure authorised but not contracted for	7,524	5,082

9 Stocks

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
Inventory for resale	326	266	-	-

10 Debtors

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
Trade debtors	5,046	4,632	5,046	4,632
Taxation recoverable	2,107	4,175	2,123	4,175
Prepayments	1,975	3,656	1,975	3,667
Legacy debtors	15,554	11,471	15,554	11,471
Amounts due from subsidiary undertakings	-	-	523	632
Other debtors and accrued income	6,063	1,074	5,993	1074
	30,745	25,008	31,214	25,651

The charity has been notified of legacies with an estimated value of £17.7 million (2020: £12.6 million) which have not been recognised as income at 31 March 2021 because probate has not been granted and draft estate accounts or other suitable

information is not available which allows the legacy to be measured with reasonable accuracy. See Note 11 for further information on the change in legacy income estimation in the prior year.

11 Current asset investments

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
At 1 April	18,906	28,777	18,906	28,777
Movements in deposits	14,297	(9,871)	14,297	(9,871)
Unrealised gains	60	-	60	-
At 31 March	33,263	18,906	33,263	18,906

12 Creditors

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
(a) Amounts falling due within one year				
Trade creditors	8,740	6,056	8,654	6,036
NHS Contract obligations	5	1,516	5	1,516
Palliative care research grants	4,858	5,094	4,858	5,094
Tax and social security creditors	1,699	1,820	1,699	1,820
Accruals	10,199	10,178	10,133	10,179
Deferred income (Note 13)	1,645	1,973	1,645	1,973
Pensions and other payroll	733	1,117	733	1,117
Amounts due to subsidiary undertakings	-	-	27	640
	27,879	27,754	27,754	28,375

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

	Group		Charity	
	2020/21 £'000	2019/20 £'000	2020/21 £'000	2019/20 £'000
(b) Amounts falling due after more than one year				
Palliative care research grants	852	1,863	852	1,863
Investment Managers' performance fee	247	171	247	171
	1,099	2,034	1,099	2,034

The Investment Managers' fees are partly performance related. The amount payable is based on the four-year average compared to the benchmark.

13 Deferred income

Group and charity	At 1 April 2020 £'000	Amounts released in the year £'000	Additional provisions made £'000	At 31 March 2021 £'000
Caring services	357	(358)	365	365
Fundraising events	1,050	(242)	473	1,280
Other	566	(566)	-	-
	1,973	(1,166)	838	1,645

Fundraising events deferred income includes amounts received in advance in respect of events which had not taken place by the balance sheet date.

14 Provision for charges and liabilities

Group and charity	At 1 April 2020 £'000	Additional provisions made £'000	Amounts used £'000	Amounts released £'000	At 31 March 2021 £'000
Dilapidations	1,719	-	(1,235)	-	484
Rent	835	-	(549)	-	286
Staff costs and other liabilities	359	3,015	-	-	3,374
	2,913	3,015	(1,784)	-	4,144

Dilapidations

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

Rent

Rent relates to amounts that may become due once rent reviews are completed on individual properties or where a decision has been made to vacate early.

Staff costs and other liabilities

These include provisions for restructuring and redundancy costs, holiday pay and potential repayment of certain Local Authority grants.

15 Pensions

Schemes available to employees

The current scheme available to the employees is a Group Personal Pension Plan with Scottish Widows which was started in April 2013. The charity has paid contributions totalling £3.7 million (2020: £3.7 million) into this scheme.

Marie Curie employees also participate in two multi-employer defined benefit plans: the Universities Superannuation Scheme and the NHS Pension Scheme. Sufficient information is not available to account for these as defined benefit schemes, therefore they have been accounted for as defined contribution schemes.

At 31 March 2021 three employees (2020: four)

participated in the Universities Superannuation Scheme. Marie Curie meets the employer costs required by the scheme which amounted to £32,000 (2020: £35,000).

At 31 March 2021, 477 employees (2020: 508) participated in the NHS Pension Scheme which are statutory unfunded defined benefit schemes. The pension cost charge for these schemes amounted to £2.3 million (2020: £2.3 million).

Defined contribution pension charge

The employer's contribution rates at the year end and the employer's total pension contributions made during the financial year in respect of the above three open schemes were as follows:

	2020/21			2019/20		
	No. members	% Rate	£'000	No. members	% rate	£'000
Marie Curie Group Personal Pension Plan with Scottish Widows	3479	4-15%	3,675	2910	4-15%	3,670
NHS Pension Scheme	477	14.4-22.5%	2,329	508	14.4-22.5%	2,300
Universities Superannuation Scheme	3	21%	32	4	19.5-21.1%	4
			6,036			5,974

Closed Scheme

Marie Curie Defined Benefit Scheme

The charity operates a defined benefit pension scheme, which is closed to new members and future accrual. The Scheme is funded by the charity and, until it was closed to future accrual, also from contributions from members at rates set in the Scheme rules. The assets are held in a trust separate from the charity. There were no active members in the Scheme during 2019/20 or 2020/21.

The date of the last full triennial actuarial valuation of the Marie Curie defined benefit pension scheme was 31 March 2020 and this resulted in an actuarial surplus of £9.0 million. On the basis of this valuation the Scheme Trustees agreed the Charity could cease

making deficit recovery payments in May 2020.

The latest FRS 102 valuation as at 31 March 2021 by a qualified independent actuary takes account of the requirements of FRS 102 in assessing the liabilities of the scheme and the fair value of the assets at the date. Following the buy-in on 11 January 2021, the Scheme's assets comprise the bulk annuity policy held with Legal & General Assurance Society in the name of the Scheme, together with cash holdings held in the Scheme. As the bulk annuity policy covers all of the liabilities to the Scheme members, the actuary has valued the Scheme bulk annuity policy as at 31 March 2021 at an amount that is equivalent to the Scheme's liabilities.

	2020/21 £'000	2019/20 £'000
Present value of funded defined benefit obligation	(24,780)	(24,397)
Fair value of scheme assets	25,182	30,772
Net asset	402	6,375

The movement in the defined benefit pension scheme surplus is as follows:	2020/21 £'000	2019/20 £'000
Surplus 1 April	6,375	3,774
Net finance charge	145	95
Current service cost	-	(8)
Employer's contributions	120	724
	6,640	4,585
Remeasurement (losses)/gains	(6,238)	1,790
Surplus 31 March	402	6,375
Movements in present value of defined benefit obligation	2020/21 £'000	2019/20 £'000
At 1 April	24,397	24,875
Current service cost	-	8
Interest cost	532	559
Remeasurement losses	1,343	118
Contributions by members	-	1
Benefits paid	(1,492)	(1,164)
At 31 March	24,780	24,397
Movements in fair value of scheme assets	2020/21 £'000	2019/20 £'000
At 1 April	30,772	28,649
Interest credit on scheme assets	677	654
Remeasurement (losses)/gain	(4,895)	1,908
Contributions by employer	120	724
Contributions by members	-	1
Benefits paid	(1,492)	(1,164)
At 31 March	25,182	30,772
Expense recognised in the Consolidated Statement of Financial Activities	2020/21 £'000	2019/20 £'000
Interest on defined benefit pension plan obligation	(532)	(559)
Interest credit on scheme assets	677	654
Net finance credit	145	95
Current service cost	-	(8)
Total	145	87
Remeasurement (losses)/gains	2020/21 £'000	2019/20 £'000
Scheme assets	(4,895)	1,908
Defined benefit obligation	(1,343)	(118)
Total	(6,238)	1,790

The fair value of the scheme assets was as follows:	2021 £m	%	2020 £m	%
Equities & managed funds	-	0.0%	2.7	8.7%
Corporate bonds	-	0.0%	5.6	18.1%
Gilts	-	0.0%	22.2	72.3%
Insurance contracts	24.8	98.4%	-	0.0%
Cash	0.4	1.6%	0.3	0.9%
Total net assets	25.2	100.0%	30.8	100.0%

Principal actuarial assumptions (expressed as weighted averages) at the year end were as follows:	2020/21	2019/20
Discount rate	1.9%	2.3%
Retail Prices Index (RPI) Inflation	3.7%	3.3%
Consumer Prices Index (CPI) Inflation	2.8%	2.4%
Future increases in deferred pensions pre 2030	2.8%	2.4%
Future increases in deferred pensions post 2030	3.6%	2.8%
Future salary increases	N/A	3.8%
Rate of increases in pensions in payment:		
Fixed 4%	4.0%	4.0%
Pension accrued from 6 April 1997 to 1 April 2002	4.2%	4.1%
Pension accrued from 1 April 2002 to 5 April 2005	2.8%	2.4%
Pension accrued from 5 April 2005	2.0%	1.8%
Cash commutation: 100% of members commute 25% of their pension		

Life expectancies used to determine benefit obligations are as follows;	2020/21	2019/20
Future life expectancy of male aged 65 at balance sheet date	22.1	21.6
Future life expectancy of male aged 65 20 years after the balance sheet date	23.5	22.9
Future life expectancy of female aged 65 at balance sheet date	24.5	23.5
Future life expectancy of female aged 65 20 years after the balance sheet date	25.9	25.1

The main assumptions used to calculate the Scheme liabilities are derived as follows:

Discount rate on corporate bonds: for the purpose of deriving the discount rate, we have used zero coupon yield curve data.

Inflation: We have derived the market's expectation for RPI inflation by reference to the RPI swaps market. Specifically, the rate of inflation is derived as the rate that equates to the yield of the swap rate curve at the duration of the Scheme's liabilities.

The CPI inflation rate is assumed to increase with effect from 2030 following the Government's announcement that the methodology for calculating CPI would change at that date.

Life expectancy: S2PxA base table and the CMI model for 220 with a long-term rate of mortality improvement of 1.25% pa.

16 Funds

Group and charity

	Note	At 1 April 2020 £'000	Income £'000	Expenditure £'000	Gains and Losses £'000	Transfers £'000	At 31 March 2021 £'000
Restricted Funds (Group and Charity)							
Hospices and other Capital Fund	i	20,124	-	(1,608)	-	58	18,574
Major capital appeals	ii	21	-	(21)	-	-	-
Hospices - revenue	iii	806	22,663	(21,785)	-	(58)	1,626
Nurses	iii	1,510	12,671	(13,127)	-	-	1,053
Helper	iii	150	66	(150)	-	-	66
Information & Support	iii	30	980	(480)	-	-	530
Palliative care research		24	213	(238)	-	-	-
Total restricted funds		22,665	36,593	(37,409)	-	-	21,849
Designated Funds (Group and Charity)							
Impact & Innovation Fund	iv	-	-	-	-	31,400	31,400
Tangible Fixed Asset Fund	v	32,220	-	(2,102)	-	5,656	35,774
Capital Investment Fund	vi	1,618	-	-	-	-	1,618
Pension scheme surplus	vii	6,375	-	-	(6,238)	265	402
Total designated funds		40,213	-	(2,102)	(6,238)	37,321	69,194
General Funds (Group)							
General Fund	viii	54,520	133,423	(105,838)	9,840	(37,321)	54,624
Total general funds		54,520	133,423	(105,838)	9,840	(37,321)	54,624
Consolidated Funds							
		117,398	170,016	(145,349)	3,602	-	145,667
General funds (Charity)		54,581	132,171	(104,799)	9,840	(37,321)	54,472

The funds represent:

- Grants and donations received from hospice and other capital appeals which have been invested in capital projects. The expenditure in the year represents the amount by which the capital expenditure has been depreciated.
- The net proceeds from the capital appeals. The balance at the end of the year represents the capital appeal funds which have been received for which expenditure has not yet been incurred.
- Funds restricted for Marie Curie Hospices, Marie Curie Nurses, Marie Curie Helper and Information and Support. A transfer is made to the Hospice Capital Fund in respect of expenditure on capital projects funded by the income.
- The net book amounts already invested in tangible fixed assets, other than those covered by restricted funds (see (i) above).
- Funds held to contribute towards the renewal of the charity's assets.
- We recognise that urgent and radical change is needed to keep pace with society's rapidly growing need for end of life care provision. A £31.4 million designated reserve for an Impact and Innovation Fund has been created in 2020/21 to invest in transforming the future of end of life experience within the UK by delivering on the strategic initiatives outlined in pages 13-14 of this report. This fund is to be used only for one-off investment to support change, innovation of service delivery and to invest to save. This reserve was created from the General Reserves by reducing it by the same amount. A number of initiatives to be funded from this designated reserve have already been identified and have commenced. In the event of increased financial risk or if no longer required, funds can be de-designated at the Trustees' discretion. Future commitments would be reduced accordingly, and the funds returned to General Reserves.
- The valuation under FRS 102 of the defined benefit pension scheme surplus.
- The General Fund represents the net amount that the Trustees have available to meet possible shortfalls in funding and increases in costs.

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

	2020/21 £'000	2019/20 £'000
The charity	28,053	6,627
Intra-group profit	217	632
	28,269	7,259

Prior year funds for comparison

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

The above funds carried forward at 31 March 2020 represent the funds numbered i to iii and v to viii on page 96 together with the Hampstead Capital Fund which was a designated fund for the Hampstead hospice which was funded from a specific legacy and has been used towards the renewal of that hospice.

Analysis of net assets between funds

	2020/21			2019/20		
	Unrestricted funds £'000	Restricted funds £'000	Total 2020/21 £'000	Unrestricted funds £'000	Restricted funds £'000	Total 2019/20 £'000
Tangible fixed assets	35,774	18,574	54,348	32,220	20,124	52,344
Investments	85,522	-	85,522	62,793	-	62,793
Stocks	326	-	326	266	-	266
Debtors	30,745	-	30,745	25,008	-	25,008
Creditors and cash	(28,951)	3,275	(25,676)	(31,929)	2,541	(29,388)
Defined benefit pension scheme surplus	402	-	402	6,375	-	6,375
Total net assets	123,818	21,849	145,667	94,733	22,665	117,398

17 Staff

i) Remuneration	2020/21 £'000	2019/20 £'000
Wages and salaries	82,305	87,027
Social security costs	7,038	6,988
Other pension costs	6,036	6,005
Total Marie Curie staff costs	95,379	100,020
Contracted staff	4,422	8,207
Total remuneration	99,801	108,227

Contract staff includes costs for nurses, consultants, other medical staff and health professionals employed by the NHS for whom the charity reimburses the NHS for the time spent working at the charity. These people are not employed by the

charity and so are not included in the analysis of staff employed. The total amount of termination payments in the year was £0.7 million (2020: £0.5 million). There were no termination payments to senior management team members.

ii) Average number of employees	2020/21 Number	2019/20 Number
Hospices	923	1,065
Nurses	1,925	2,057
Research	8	14
Information and Support	17	10
Fundraising	259	312
Publicity, Policy & Public Awareness	65	68
Shops	400	495
Support	286	213
	3,883	4,234
Comprising		
Full time	1,326	1,423
Part time	2,557	2,811
	3,883	4,234

iii) Remuneration of higher paid staff (including voluntary, temporary pay cuts in Q1 2020/21)	2020/21 Number	2019/20 Number
£60,000 - £69,999	30	30
£70,000 - £79,999	12	9
£80,000 - £89,999	9	8
£90,000 - £99,999	8	2
£100,000 - £109,999	1	1
£110,000 - £119,999	2	2
£120,000 - £129,999	2	3
£130,000 - £139,999	1	0
£140,000 - £149,999	1	0
£150,000 - £159,999	0	2
Included in the above are the following number of medical practitioners	11	9

Contributions of £228,151 (2020: £187,802) were made to the NHS Defined Benefit Pension Schemes for 18 (2020: 15) higher paid employees. Contributions amounting to £208,524 (2020: £180,825) were made to defined contribution schemes for 44 (2020: 34) higher paid employees.

The total remuneration of the key management (the Executive Leadership Team) including any employer pension contributions was £524,800 (2020: £599,562). The salary of the Chief Executive in 2020/21 was £150,000 before the temporary voluntary pay cut which is reflected in the bandings in the table above (2019/20: £150,000).

All Executive Directors and tier 2 directors took a voluntary pay cut in Quarter 1 of 2020/21 as part of the overall Covid-19 effort.

iv) Trustees' expenses

No Trustees received any remuneration in the year. No Trustees were reimbursed for travel expenses in the year (2020: four Trustees were reimbursed £3,192). The charity maintains liability insurance covering Trustees in their capacity as directors and other officers of the charity at a cost of £20,468 per annum (2020: £8,467).

18 Lease commitments

	2020/21 £'000	2019/20 £'000
Land and Buildings		
Within one year	374	532
Between two and five years	2,349	2,171
Over five years	1,330	1,481
	4,053	4,184
Other		
Within one year	162	143
Between two and five years	258	338
	420	481

19 Subsidiary undertakings

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

Marie Curie Trading Limited – The company undertakes trading activities for the benefit of the charity that it cannot carry out itself as an exempt charity, including the sale of new goods such as Christmas cards and certain events. The company made a profit of £0.2 million for the year ended

31 March 2021 (2020: £0.6 million) which will be paid to the charity by means of a payment under Gift Aid.

Marie Curie Developments Limited - The company was dormant throughout the period ended 31 March 2021. The net assets at 31 March 2020 were £10,000.

A summary of the results of the Marie Curie Trading Limited subsidiary is set out below:

Marie Curie Trading Limited	2020/21 £'000	2019/20 £'000
Turnover	1,470	3,377
Cost of sales	(588)	(1,644)
Gross profit	882	1,733
Other expenses	(653)	(1,089)
Interest payable	(12)	(12)
Payment to the charity under Gift Aid	(217)	(632)
Retained profit for the year	-	-
Net current assets	320	320
Liabilities - Debenture held by the charity	(320)	(320)
Net assets	-	-

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

20 Related Party Transactions

Marie Curie Trading owes the Charity £0.7 million (2020: £0.6 million). This is made up of the current year dividend of profits to the Charity of £0.2 million (2020: £0.6 million) which benefits from Gift Aid and accumulated management and support charges for services received from the Charity. There were no other transactions with Trustees or other related parties in the year.

Who's who

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Sir Thomas Hughes-Hallett

Vice Presidents

Major General Sir Michael Carleton-Smith CBE DL

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Dr Jane Collins MSc MD FRCP FRCPCh

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Christine Hamilton Stewart MBE

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Bill Midgley FCIB MIMgt

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from 1 April 2020 to 30 September 2021

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Tim Breedon CBE (Honorary Treasurer)
(to April 2021)

Chrisha Alagaratnam (from September 2021)

Dr Rachel Burman FRCP MA

Steve Carson

John Compton CBE (to August 2021)

Richard Flint CBE

Richard Harding

Ruth Holt RGN BSc DNCert MBA MSc
(to April 2021)

Patricia Lee

Chris Martin BPharm (Hons) FRPharmS

Maria McGill CBE (from April 2021)

Dame Barbara Monroe DBE

Linda Urquhart OBE

Ian Waller (from September 2021)

Helen Weir CBE FCMA

Richard Wohanka CBE (July 2021)

Bankers

The Royal Bank of Scotland

280 Bishopsgate, London EC2M 4RB

Solicitors

Bates Wells & Braithwaite

10 Queen Street Place, London EC4R 1BE

Auditor

BDO LLP

55 Baker Street, London W1U 7EU

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1 April 2020 to 30 September 2021

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Public Health PGCE RHV RGN

(Independent Committee Member)

Harry Bunch (Marie Curie Voices
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Mark Chaloner

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Executive Leadership Team

Chief Executive

Matthew Reed

Executive Director of Corporate Services

Jackie Freeman (to December 2020)

Chief Technology Officer

Tiffany Willcox (from March 2021)

Interim Chief Financial Officer

Margaret Ashworth (from January to May 2021)

Chief Financial Officer

Amanda Oakley Smith (from May 2021)

Executive Director of Fundraising and Engagement

Meredith Niles (to June 2021)

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Mike Bath

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Juliet Dearlove (from October 2021)

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Our thanks

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

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Community Fund
Wales and West Utilities
West Hall Charitable Fund
Wilkinson Sword Ltd
Wolfson Foundation
And thank you to all our fundraising
groups, committees, development boards
and our many anonymous donors.

For more information

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

Call us for free on **0800 716 146**
Or email us at **info@mariecurie.org.uk**

Looking for support?

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

Or visit **mariecurie.org.uk/support** for online information, guidance and web chat.

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

Want to make a donation?

Call **0800 716 146**

Visit **mariecurie.org.uk/donate**

Or send a cheque to one of our offices (addresses to right).

Our offices

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

mariecurie.org.uk

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

Company number: 00507597 Charity reg number: 207994 (England and Wales), SC038731 (Scotland) H002

