

THE HEPATITIS C TRUST

England & Wales · Charity number 1104279

Details

Status	Registered
Legal form	Charitable company
Company number	05069924
Registered	2004-06-10
Register	View on the Charity Commission register

Contact

Address	72 Weston Street London SE1 3QG
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Activities

Objects: FOR THE TRUSTEES AND MEMBERS TO STAND POSSESSED OF THE TRUSTEE FUND AND THE INCOME DERIVING FROM IT THE DATE OF THIS MEMORANDUM AND TO PAY OR APPLY SUCH INCOME AND THE WHOLE OR ANY PART OR PARTS OF THE CAPITAL OF THE TRUST FUND IN SUCH A MANNER AS IS EXCLUSIVELY CHARITABLE FOR THE PUBLIC BENEFIT FOR THE FOLLOWING PURPOSES:3.1.1 THE RELIEF OF PERSONS SUFFERING FROM HEPATITIS C AND THE PROVISION OF SUPPORT TO SUCH PERSONS AND THEIR FAMILIES;3.1.2 THE ADVANCEMENT OF EDUCATION CONCERNING HEPATITIS C AND;3.1.3 RESEARCH INTO ALL ASPECTS OF HEPATITIS C INCLUDING (BUT NOT LIMITED TO) THE CAUSES DETECTION TRANSMISSION PREVENTION AND TREATMENT OF HEPATITIS C AND THE PUBLICATION AND DISSEMINATION OF THE USEFUL RESULTS OF ALL SUCH RESEARCH

Activities: The Hepatitis C Trust provides information, support and representation for people affected by Hepatitis C and works to raise awareness and lower the stigma of this disease.

Classification

- **How:** Provides Services, Provides Advocacy/advice/information, Sponsors Or Undertakes Research
- **What:** Education/training, The Advancement Of Health Or Saving Of Lives
- **Who:** Other Defined Groups, The General Public/mankind

Geography

- **Area of benefit:** NATIONAL AND OVERSEAS
- Scotland
- Throughout England And Wales

Finances

Period end	Income	Expenditure	Assets	Employees
2025-03-31	£8,692,298	£8,509,398	£3,284,991	169
2024-03-31	£8,603,045	£7,859,365	£3,102,091	156
2023-03-31	£7,371,562	£6,527,252	£2,651,164	124
2022-03-31	£4,994,306	£4,411,630	£1,869,626	94
2021-03-31	£3,632,826	£3,037,265	£1,292,330	63

Trustees

Name	Role	Appointed
HON DAVID MACMILLAN	Chair	2019-12-04
CHARLES ANTHONY WALSH		
EDWARD MEAD		
John Jolly		2019-04-01
PETER HOLT		2014-06-09
Sir Adrian Louis Baillie		2014-06-09

THE HEPATITIS C TRUST

England & Wales - Charity number 1104279

Accounts

Leaving No One Behind



Annual Reports
and Accounts
2024—2025

Hepatitis C (HCV) is a virus passed via blood-to-blood contact that infects the liver. If left untreated, it can cause cirrhosis, liver cancer, and liver failure.

With treatment, 97% of patients are cured of the virus after just a few months.

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Our Focus

The Hepatitis C Trust champions the right of every person at risk of hepatitis C in the UK to receive effective testing, treatment, and care.

The Hepatitis C Trust was founded in 2001 by four people who met while looking for ways to manage their condition. At that time, there was no effective treatment for hepatitis C nor was there a central source for reliable information about the virus. Determined to do something, these founders formed the UK's first and only dedicated hepatitis C charity.

More than 20 years later, we have grown from a small organisation to one of more than 170 permanent staff and more than 200 peer volunteers. This includes large on-the-ground peer support programmes in both the community and prisons, working across 23 NHS Operational Delivery Networks (ODNs) and 128 prisons.

We remain a peer-led organisation, meaning that most of our staff and volunteers have been affected by hepatitis C. Our combined lived experience ensures that the patient's voice remains at the heart of everything we do.

Our work is primarily about equity, and focuses on supporting inclusion health groups—people who tend to have very poor health outcomes and face high barriers to accessing NHS care—through health education, support, and access to treatment. While our services began in hepatitis C, we now also deliver services for cancer prevention, needle exchange and many other health needs.

Alongside the services deliver, we research, evidence, and advocate to keep hepatitis C on the agenda, and for the power and impact of the peer delivery model, ensuring it is better understood and applied across the health economy. By tackling health inequalities, we ensure that no one is left behind.

Our mission is focused around three strategic goals:

- 1: To see the elimination of hepatitis C in the UK by 2030**
- 2: To evidence and prove the value of peer support in addressing both hepatitis C and health inequalities**
- 3: To secure justice for the Infected Blood community**

“Our combined lived experience ensures that the patient's voice remains at the heart of everything we do.”



Letter from the CEO & Trustees

This year has been one of significant progress, deep reflection, and continued commitment to eliminating hepatitis C.

As we share our Annual Report, we are proud to highlight the remarkable achievements of our staff teams and volunteers—achievements made possible only through the support and collaboration of our incredible partners.

We began the year by convening our first Maintaining Elimination Steering Group, bringing together national partners to ensure progress is not only achieved, but sustained as we move closer to elimination. This collaboration was supported by new data from UKHSA's UK Hepatitis Report, which confirmed a continued decline in hepatitis C prevalence—from 94,000 to 64,000. This reduction reflects both the impact of treatment and the ongoing refinement of prevalence estimates, and it reinforces the importance of our collective efforts.

A major focus of this reporting period has been the Infected Blood Inquiry. On 20th May 2024, the Inquiry published its final report—a landmark moment in U public health history. At the launch in Westminster Hall, the Chair of the Inquiry, Sir Brian Langstaff, reminded us that “this disaster was not an accident.” His words, accompanied by tributes to those lost, underscored the decades of systemic failures that led to preventable harm, including tragic loss of life. We remain steadfast in our commitment to amplify the voices of the infected blood community, provide support, and hold decision-makers to account in delivering long-overdue justice.

Prevention and harm reduction remains central to our work. We were delighted to launch our second peer-led Needle and Syringe Programme (NSP) across Merseyside. As the UK moves closer to hepatitis C elimination, it is essential that we maintain high-quality, accessible prevention services—to safeguard progress and prevent reinfection. Alongside this, we continue to strengthen our HCC and liver surveillance projects, focusing in recent months on enhancing the quality of data that evidences the impact of peer-led and lived-experience approaches in prevention and early cancer detection.

Innovation remains a hallmark of our approach. At HMP Birmingham, where testing uptake had historically been very low, we launched a pioneering pilot training people in prison to deliver mouth-swab hepatitis C tests to new arrivals. More than a year on, testing uptake soared from 5–10% to around 80%, demonstrating the power of peer-led models even in the most challenging environments.

This year also saw our largest ever gathering of peer volunteers at our World Hepatitis Day conference in Birmingham. With 193 attendees including staff and partners, we came together to celebrate our incredible volunteers and the work they do across the hepatitis C community. Events like this reflect the strength, diversity and commitment of the communities we serve.

Our research continues to highlight the transformative impact of lived experience. This year, our Peer Research team completed an evaluation of our community volunteer programme. We were delighted to see overwhelmingly positive feedback from volunteers, who play a vital role in delivering our hepatitis C, cancer and needle exchange programmes. Remarkably, 49% of volunteers progress into employment, illustrating the wider societal value of peer-led, lived experience approaches.

Training and workforce development remain integral to our strategy. This year, we expanded our training offer for both staff and volunteers as our work continues to grow across liver health and harm reduction. We also undertook a full review of our Peer Induction programme, strengthening it with new content on neurodiversity and enhanced training on boundaries and safeguarding. In total, 141 volunteers completed our updated Peer Induction this year—a testament to the commitment and capacity of our volunteer community.

Our political engagement this year was both extensive and impactful. Ahead of the July general election, we published a hepatitis C manifesto outlining the actions required of the next Government. Following the election, we quickly engaged the new administration—contributing to the 10 Year Peer Health Plan's consultation, and briefing cross-party MPs.

Across the devolved nations—in Scotland, we worked with MSP's, supporting them to raise issues around elimination progress, harm reduction and opt-out prison testing in the Scottish Parliament. In Wales, we secured assurances from the new Cabinet Secretary for Health and Social Care, that hepatitis C elimination remains a national priority.

As we reflect on the year, we are immensely grateful for the dedication of our staff, peers, volunteers, partners and supporters. Together, we are demonstrating what is possible when lived experience, public health expertise and national commitment come together with a shared purpose. The challenges ahead remain significant, but so too does our determination to ensure that elimination is achieved, sustained, and felt by every community across the UK.

Thank you for your continued support. We look forward to building on this year's achievements and continuing this work together.

Rachel Halford
CEO



The Year in Numbers

- 35,392 people in the community tested for Hepatitis C
- 60,143 people engaged through Hepatitis C awareness sessions or conversations in the community
- 2,162 prisoners supported to be tested who had previously refused
- 14 prison sites achieved micro elimination
- 26,708 hours contributed by peer volunteers
- 10,741 contacts via helpline

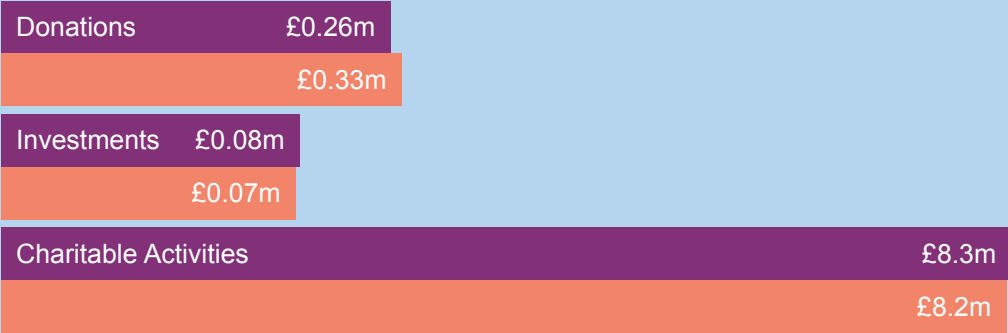
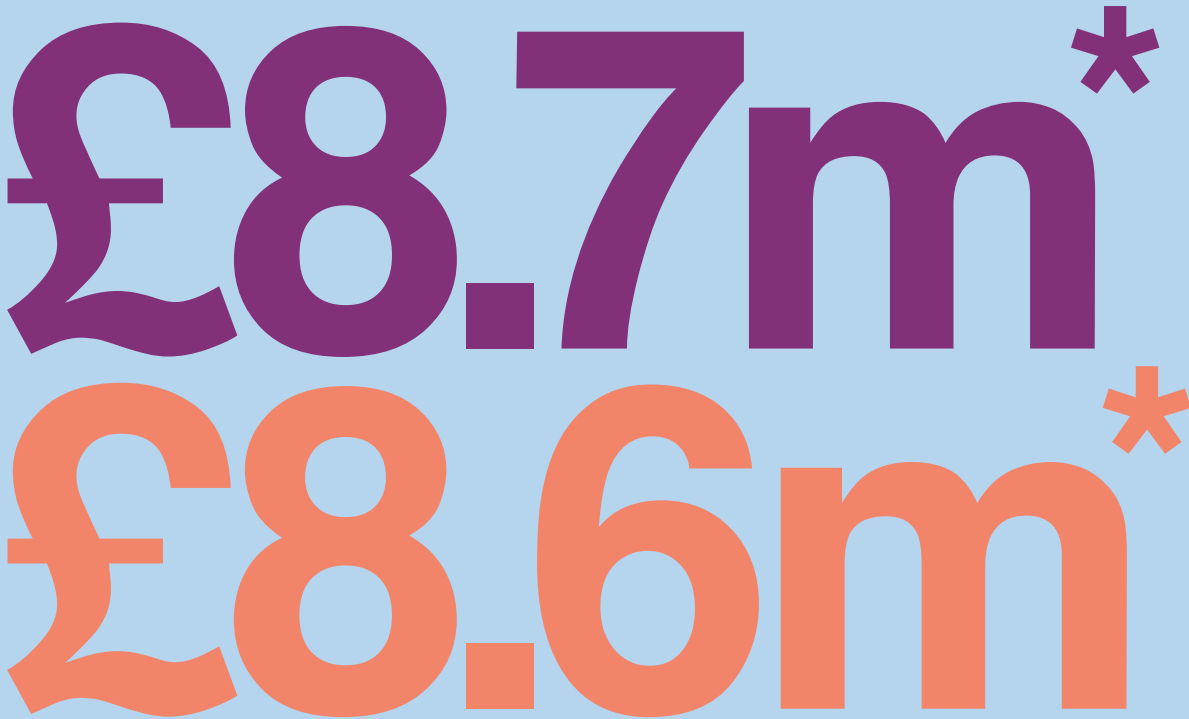
The Year in Figures

Financial Overview—Income

An overview of our total income for this year, with a comparison to that of last year.

■ 2024—25
■ 2023—24

Total Income



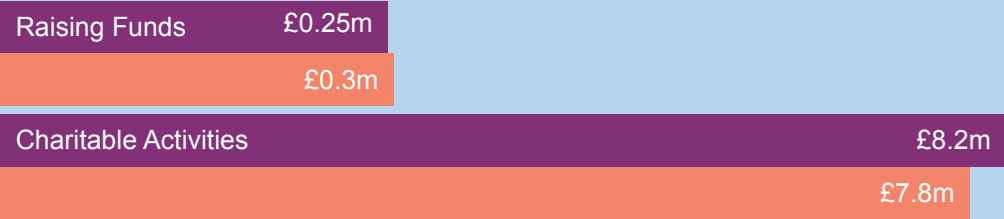
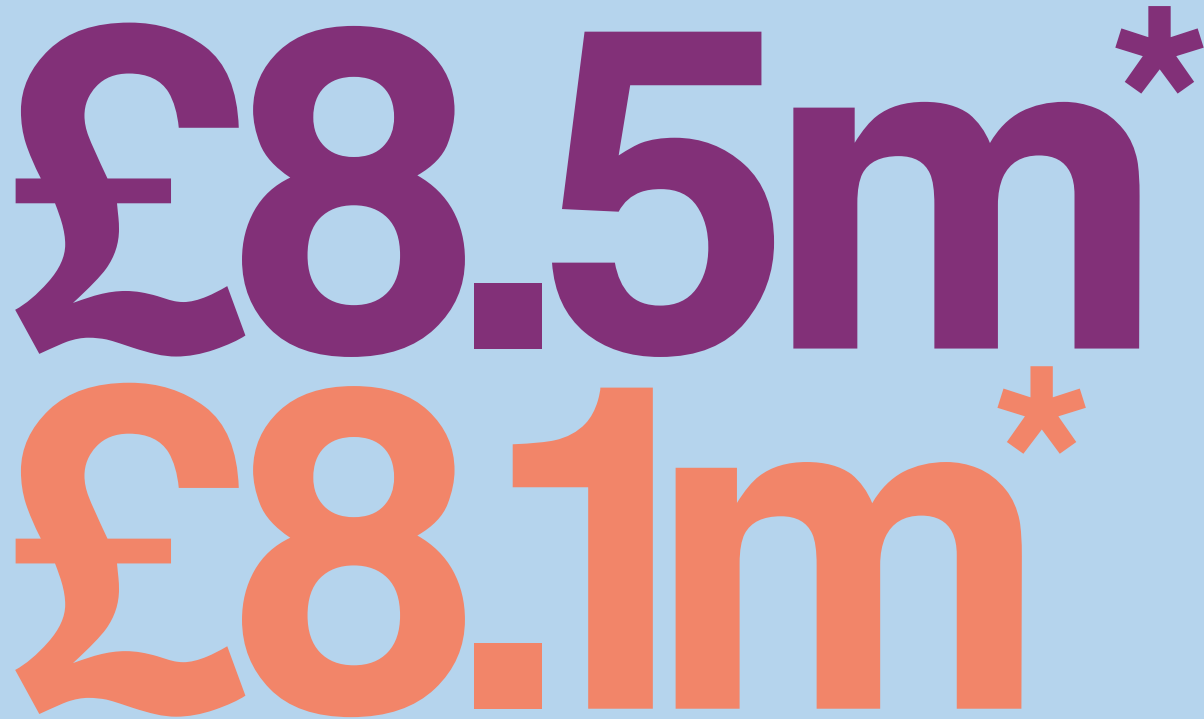
*Total income for 2024—25
*Total income for 2023—24

Financial Overview—Expenditure

An overview of our total expenditure for this year, with a comparison to that of last year.

■ 2024—25
■ 2023—24

Total Expenditure



*Total expenditure for 2024—25
*Total expenditure for 2023—24

Leaving No One Behind

We work to support people who face high barriers to care and the poorest health outcomes through health education and access to treatment. While our services began in hepatitis C, we now also deliver services for cancer prevention, needle exchange, and many other health needs.

Our services are delivered by peer support workers, trained and highly skilled staff who also have their own relevant lived experience to draw on, and who are supported by teams of volunteers who also have lived experience. Our teams work in every community NHS area and in every prison in England. We engage people the NHS can't, keep them engaged and help them take more control of their health. By working wherever there is need, we ensure that no one is left behind.

“By working wherever there is need, we ensure that no one is left behind.”

Our Work in the Community

Our community peer programmes have continued to adapt and grow despite ongoing pressures on funding. Funding reductions prompted a review of our staffing structure; however, through careful planning, we successfully retained all staff and, in some cases, were invited to deliver additional services across wider liver health.

This year, we have grown the scale of our peer-led Needle and Syringe Programme (NSP) work, launching our Hackney service in March and partnering with We Are With You in Liverpool to develop a similar model in Merseyside. This work will be evaluated in detail, with the aim of shaping a potential national workstream that supports the prevention of new infections once hepatitis C elimination is achieved.

We have also strengthened our partnerships with Cancer Alliances across England, promoting the value peer support can bring in engaging high-risk individuals. Through these partnerships, our peers play a vital role in the early detection of hepatocellular carcinoma (HCC), including via mobile fibrosca clinics. This approach ensures that those at risk of HCC are followed up and helped to attend biannual liver surveillance appointments.

Our mobile clinic van fleet has expanded this year, reflecting a strong demand for flexible, community-based services. Birmingham's new van was delivered at the end of the calendar year and immediately began identifying HCV-positive patients, including a Christmas Eve outreach event that located seven new cases in a single day. The fleet now stands at five operation vans, each equipped to deliver multiple interventions such as HCC early detection and NSP.

We have also continued to support Emergency Department (ED) hepatitis C testing. Since the launch of screening across all London ED sites and selected national locations two years ago, 6.6 million people have attended EDs, with 3.5 million having blood drawn and 1.8 million screened for HCV antibodies. From this, 2,500 cases have been confirmed. Of those supported by our peers, 91% began treatment last year—many of whom had previously failed to engage with other services.

2024/25 Target

To continue to increase our reach and use innovation to ensure no one is left behind and to continue to expand the role of peers across wider liver health.

60,143

people engaged through hepatitis C awareness sessions or conversations

35,392

people in the community tested for hepatitis C

2,705

people commencing hepatitis C treatment

Story of Impact:

Tailored Support for the Individual

John was referred to our Peer Support Lead Craig by nurses with instructions to treat him sensitively as he was fearful of men and had historical child abuse trauma.

John had just been unsuccessful with hepatitis C treatment for the second time when Craig first met him. He was very anxious and had low self-esteem. Craig shared his own lived experience and in-turn helped John open up about his drug use.

After some initial engagement, John decided that he would give treatment one last go. John struggles with adjustment disorder, a condition that causes stress when things like appointments are made for him, and he needs time to process these events before he can take part. Craig helped John undergo treatment at his pace and supported him with the initial blood tests and subsequent transport to and from the hospital for CT scans.

John was admitted to hospital with a rare bacterial infection in the middle of his treatment and Craig visited him a few times a week, bringing him fruit squash and plenty of encouragement. When John was eventually discharged, he was escorted home by Craig.

At the end of this treatment course, tests showed that John had not cleared the virus—the whole ODN team was devastated. As Craig met up with him to tell him the news, John told Craig that his dog Bella was having problems urinating. Craig could see that the dog was in discomfort and helped John take Bella to the vet, where she was diagnosed with advanced cancer growth. There wasn't more that could be done for Bella and she was put to sleep, but Craig was there to support John on this sad day.

John chose to give treatment another try, and this time he was successful! He's also rescued a Jack Russell terrier. John has received many comments from his peers on how well he looks—he puts this down to clearing hepatitis C.

John has shown so much gratitude and continues to thank Craig for supporting him to give treatment one final try.

“Craig helped John undergo treatment at his pace and supported him with the initial blood tests and subsequent transport to and from the hospital.”

Story of Impact:

Our Judgement-free Approach

Clive initially faced difficulty in engaging Pete to test him for hepatitis C. At the time, Peter was street homeless and Clive would visit him alongside the homeless outreach team.

The local drug service had labelled him as 'difficult and 'hard to engage.' When approached, Peter would often respond that he was ok and didn't need a test. Through a non-judgemental approach, Clive managed to gradually build a strong rapport with Peter.

Clive would spend time with Peter, bringing him a coffee and stopping to have a chat. He also supported Peter by providing needles and a housing referral. After some time, Peter agreed to take a test. Clive feels he was able to achieve this by not being "too pushy" with his hepatitis C agenda and instead being present, friendly, and supportive over a period of time. Peter tested positive, which led to further conversations around his drug using network. Peter then put Clive in touch with his partner, who also tested positive. They both started treatment at the same time.

Clive offered regular support and check-ins throughout the couple's treatment journey. Both Peter and his partner have now completed their treatment, are hepatitis C free, and have now also been housed.

“By not being too pushy with his agenda and instead being present, friendly and supportive over a period of time.”

2025/26 Priority

To continue to develop new innovate new outreach case finding models whilst maintaining and recruiting to our pool of volunteers. We will also develop our work in liver cancer and harm reduction settings, expanding engagement by lived experience peers into other inclusion health services.



Our Work in Prisons

This year, we have worked in prisons across all four nations and reached a total of 68,197 people in prison, carrying out more than 7,000 tests for hepatitis C.

Following the new Scottish Health and Blood Borne Virus strategy implementation, this year we began preparation to conduct, for the first time, High-Intensity Test and Treat (HITT) events in Scottish prisons; focused testing of whole prison populations within a short timeframe. We continue to support Welsh prisons with our peer support programme and are exploring how we can support Northern Ireland's elimination strategy.

We have increased our work in reception prisons, which hold people on remand and those awaiting sentencing. On average, we have visited each reception prison at least once a week to support those that are on treatment and deliver awareness training. We have been particularly focused on areas where we have seen an increase in the number of reinfections.

Our prison to community, Follow Me programme continues to play a vital role in ensuring those that get released early are supported through the gate to continue their treatment.

We have been able to showcase the great work that happens in English prisons on a national and global stage. We presented at EASL Congress, INSHU 2024, and the 11th Health and Justice Summit. In these presentations, we focused on HITT outcomes, prisoner to prisoner testing, and the importance of lived experience work in the push for elimination.

We applied for the Lived Experience Charter award, which is hosted by Careers Mater and supported by NHS England and HM Prison and Probation Service. Having Lived Experience Charter 'status' demonstrates that an organisation has quality standards, best practices, and a commitment to improving the inclusive recruitment and retention practices of people with lived experience. We were delighted to be awarded Gold for our Birmingham service.

2024/25 Target

To maintain a high level of activity in all reception prisons, focusing on areas where infection/reinfection is more prominent.

2,162

prisoners supported to be tested who had previously refused

1,675

prisoners supported through treatment

14

prison sites achieved micro elimination

Story of Impact:

Working in Partnership

“At the beginning of the year, we decided to focus on my local remand prison, HMP Preston, to help them achieve micro-elimination. Since then, partnership working and care pathways have improved.

I have trained all the nurses on blood-borne viruses (BBVs). This has helped to increase understanding—but it has also given me the opportunity to explain to staff what we want to achieve and what help we can offer. Following on from this training, I began to support the prison in engaging people who refused their BBV test at reception.

I've worked with the prison's Patient Engagement Lead to train all Prison Information Desk (PID) workers. These roles are staffed by prisoners who work to provide information to other residents in the prison. This training is really important as PID workers support me when I'm working on the wings.

The BBV lead provides me with the list of people who refused a test at reception. I then create a list for each wing and ask PID workers to encourage them to take a test. This means that when I go back on the wing, we know who's willing and we can test them. I will go and speak to those who still refuse and see why they don't want to be tested, then provide relevant information to try and overcome any concerns.

I run regular Hepatitis C Awareness training sessions on the recovery wing, and I recruit peers with lived experience to assist me during these sessions, as well for offering support to those on treatment on that wing. I also attend weekly clinics with the community nurses and help them complete 'Follow Me's' to ensure the necessary medication is being issued to the patients.

I've also begun inviting the liver and specialist nursing teams to 'well men's' sessions to offer liver fibr scans to the residents, as well as staff. Educating staff on their own health allows them to better support residents, but it also allows me to build a rapport with them—strengthening our partnership working.”

Story of Impact:

Follow Me Improvement Yorkshire & Humberside

“We’ve been working closely with our remand sites to improve testing uptake and continuity of care through our ‘Follow Me’ programme.

This is designed to support people through the entirety of their treatment, even if they’re released from custody during the process. Previously, we’d refer clients being released whilst still on treatment (or requiring follow up) to our community team, but we were finding that many were not engaging

I looked back at my own personal recovery and treatment journey, and reflected on the times I wa passed from key worker to key worker at different stages of methadone detox. It made it difficult fo me to trust and form relationships with new people. Basically, I didn’t like change!

With this in mind, I decided to trial working with the patient through to the end of treatment where possible. At an initial meet and greet upon release, I’d provide them with a feature phone and loaded sim card.

I would often give the patient a lift to their local drug service or probation appointments, in turn strengthening the relationship we had already built before their release. I would then follow up a week later with a call to check in to see if they were still taking their medication as prescribed, if they knew when their next appointment was and if they’d like a lift, and how they were doing more generally.

I’ve found that through this approach, we’ve had more success getting our clients to attend appointments and carry through with their treatment. Whilst doing this, I’ve also managed to help get people access to local rehabs, mutual aid recovery groups and more—directly from release.

This has been a really fulfilling part of my job and w now do this where possible across the Yorkshire and Humberside area.”

2025/26 Priority

To work with NHSE, UKHSA, HMPPS and Health care providers to embed a sustainable service into each prison to ensure elimination can/is maintained within the prison setting.



Training

We continue to prioritise all staff and volunteer training, ensuring that those delivering front line services are equipped with the skills they need to carry out their roles successfully in both community and prison settings.

This year, the training team focused on developing materials that upskill our staff and support our efforts to diversify the organisation's service offer as we continue to evolve to meet local needs across the UK.

We have provided general liver health training, including our 'Looking After Your Liver (LAYL)' course. Raising awareness around the three most common types of liver disease in the UK, this short session is aimed primarily at those at risk from liver disease but can also be delivered to professionals.

We continue to develop our harm reduction work and have created 'Safer Injecting Training,' which aims to help people who inject drugs to do so more safely by learning correct injecting techniques and harm reduction methods. The session was developed by a working group to support our wider NSP work.

We still continue to deliver and improve our hepatitis C training offer, providing Hepatitis C Awareness Training (HAT), as well as our 3 R's course: Remember, Reinfection, Resistance. The latter session seeks to raise awareness of hepatitis C reinfection and the subsequent possibility of treatment resistance. The session is aimed at those at risk and service providers to support with managing reinfection at a local level.

Our Peer Induction programme has also been reviewed and improved to include more training on boundaries and safeguarding. This will better equip volunteers to manage both their own safety, and that of the vulnerable clients they work with. We have also expanded our equality and diversity portion of the induction to include more content on neurodiversity and preventing sexual harassment in the workplace. We were delighted to deliver 23 Peer inductions for a total of 141 volunteers.

2024/25 Target

To review and enhance the staff induction and training with a focus on safeguarding, boundaries and neurodiversity.

317 HAT training sessions

26,708

hours contributed by peer volunteers

21 volunteers gaining paid employment

Story of Impact:

Feedback from our Volunteers

What we do well:

"Staff are very supportive and I like that the Trust focuses on the positives. We as peers get a lot of feedback on when we've done well. There's a lot of opportunities, such as training. I got my paid employment by going out with the Trust and networking. It's been a very positive experience as the Trust also gave me a purpose."

"The Trust has helped my personal growth and boosted my confidence. I've been given excellent support and it's helped to give me an understanding of where I was at."

"Helped me gain confidence and skill to secure employment. It's given me a chance and I now work in the social care setting."

What we could do better:

"Sometimes there's a lot of sitting around when we are out testing, which isn't the Trust's fault, but it's the only part of the role I found frustrating."

"The only thing I can say is making sure people are encouraged to talk about their own recovery in supervisions, especially if they're recently in recovery and are working in difficult situations, such as hostels where people are actively using."

"Maybe more opportunities for accredited training."

2025/26 Priority

To continue to help broaden the scope of services the organisation provides by developing new training material. The training team is working closely with HR to develop new modules requested through our staff surveys.



Our Helpline & Support for the Infected Blood Community

Our helpline offers vital support to those who have or have had hepatitis C. In the last year, we received and responded to 10,741 calls and emails, well over twice compared to the year prior. The majority of this contact has come from individuals (and their loved ones) who had received infected blood. As well as offering emotional support and information, we have also helped hundreds of people navigate the application process for the UK infected blood support schemes.

The build up to the launch of the Infected Blood Inquiry’s report (in May 2024) resulted in unparalleled media attention on the subject of hepatitis C, the history of the infected blood scandal and in turn, a huge surge in public awareness.

Queries are often complex and require us to look through medical information and piece together people’s stories, as well as explain the history of the infected blood scandal and the eligibility for support and compensation schemes. Calls have come from around the world from those infected and their family members, some realising for the first time that their or their loved ones’ infections were a result of transfusions decades ago.

We’ve held 15 support groups this year—all fully attended (in total by 170 people) by both those infected and affected, including people infected with HIV and hepatitis B.

With the Government beginning to announce its plans for the Infected Blood Compensation Scheme, we also hosted two webinars to explain the compensation process. We also held multiple focus groups for the community to contribute their views and concerns on the proposed scheme, as well as three smaller Q&A groups with representatives from the Infected Blood Compensation Authority (IBCA)—the arm’s length body set up to deliver compensation. The sessions provided a more personal forum for the community to engage with IBCA and voice their concerns.

2024/25 Target

To increase support for the infected blood community following the publication of the final report of the Infected Blood Inquiry and the implementation of new financial support schemes.

10,741

calls and emails received and responded to

15

support groups sessions held for the infected blood community

3,500

people either attended or watched back our infected blood compensation webinars

Helpline Story of Impact:

Hearing from People we've Supported

Helpline Callers

“You’ve been there throughout all of this for all of us—and you still are. Thank you from the bottom of my heart.”

“Thank you for your updates, your time, and compassion to all, (whether) in the group or in follow ups for individuals. I love how you encourage us on with the forthcoming events in our lives.”

Support Groups

“The (helpline staff) have always been extremely helpful, empathetic, and I feel I can trust them. A trust I find difficult to find with the government and their officials. I’m truly grateful.”

“I really feel the need for these meetings. It helps me understand things better seeing faces and listening to people who are, and have been going through the same or similar situations.”

Helpline Story of Impact:

Advice, Advocacy and Finding Records

Karen’s father Graham died in 2006, as a result of receiving infected blood in 1978 from a transfusion.

Despite not being in touch with us back then, Karen and her family made a donation to the Hepatitis C Trust in memory of Graham, as we were (and still are) the only organisation that specifically supports people with hepatitis C.

Many years later, Karen became aware of the support scheme payments but unable to find Graham’s medical records, her claim was rejected due to a lack of evidence. She contacted us for help in 2024 feeling despondent, but after hearing her father’s story, we encouraged her that an application could still be made.

We then recommended that she evidence and substantiate the claim in different ways, and we helped her work with hepatology consultants to find additional information and records to illustrate that on the balance of probabilities, a blood transfusion was given to Graham. We also contacted the support scheme directly on her behalf to help advocate for her. The appeal was reviewed after our intervention and was successfully accepted. This will also make Karen and her family’s pathway to accessing the new compensation scheme more straightforward.

“Never in my wildest dreams did I think I would benefit from this charity. And it really pains me to call you a charity, because your vital service is a lifeline to so many. It escapes me as to why you are not funded by the Government, especially since so many recipients of infected blood were let down by past governments. Since the Inquiry’s report was published, you’ve been the only lifeline for people like me.

“I have learned so much in recent months and some of it has been really hard and painful to deal with, but you were there for me. I feel truly humbled by the actions of people like you and reminded, at a time when I needed reminding, that there are amazing humans in this world who go above and beyond when it comes to generosity, kindness, compassion and genuine care”.

“Since the Inquiry’s report was published, you’ve been the only lifeline for people like me.”

2025/26 Priority

To continue to provide support for the infected blood community with a focus on helping people navigate the Infected Blood Compensation Scheme.

Making Change

We work across research and policy to ensure that people affected by hepatitis C and wider social exclusion are not overlooked or forgotten. By continuing to develop the evidence base for lived-experience roles and highlighting the value in involving communities in decisions that affect them, we keep hepatitis C firmly on the public and political agenda.



The Infected Blood Inquiry & the Government's Response

This financial year has been incredibly important for the victims of the infected blood scandal—the greatest treatment disaster in the history of the NHS.

20 May 2024 saw what should have been a significant step towards justice with the publication of the Infected Blood Inquiry's Report. Comprehensively documenting the decades of mistakes, unethical experiments, and cover-ups, the report also made twelve key recommendations to the government.

It was a deeply moving day where the community came together to recognise the Inquiry's outstanding work. On the eve of the Report's publication, we held a vigil in Parliament Square for people to remember everyone affected, including those we had lost. We were joined by more than 150 community members and campaigners.

We're proud to have our work directly acknowledged in the Report, and are also grateful to be recommended for funding from the Government.

"[The Hepatitis C Trust's] ability to help people to understand that they are not alone, to help them access support and treatment and to understand it, and to speak for them has drawn almost unanimous unstinting praise across, and for the duration of, the Inquiry."
The Inquiry Report, Volume 1 p273

Following the publication and its news coverage, we were inundated with enquiries and for the first time in our history, had to commandeer staff and volunteers from elsewhere in the organisation to help our small, but dedicated helpline team to respond to every call and email. Many of those who got in touch were people who had received a blood transfusion decades ago (before effective screening was introduced in 1996), but had never been aware that they were at risk. We continue to receive an average of two calls a month from people newly diagnosed.

The Government at last made a full apology and confirmed that a compensation scheme would be established. Any hopes from this momentous day, however, were then immediately dashed by the announcement of a general election, leaving those whose suffering had finally been acknowledged in complete uncertainty as to when, and whether, they would receive any compensation.

A change of government sadly failed to bring a change in approach. The Infected Blood Compensation Scheme was developed with minimal community input and as a result, is deeply flawed, failing to reflect the experiences of far too many people. The rate at which people are being paid is also not acceptable, with many still uncertain as to when they will be able to make their claim.

We have made significant efforts to support this process. We've met with officials and ministers from the Cabinet Office to voice our concerns, and we have briefed parliamentarians in both the House of Commons and the House of Lords.

Our focus has been to offer our expertise to help shape the Scheme's design, but we have not refrained from publicly highlighting the Government's failings.

2025/26 Priority

To work with the Government to resolve the issues in the Infected Blood Compensation Scheme and continue to urge them to deliver on the remaining twelve Infected Blood Inquiry recommendations.

“[The Hepatitis C Trust's] ability to help people to understand that they are not alone, to help them access support and treatment and to understand it, and to speak for them has drawn almost unanimous unstinting praise across, and for the duration of, the Inquiry.”

The Inquiry Report,
Volume 1 p273

Keeping Hepatitis C Elimination on the Political Agenda

We engage with politicians across the UK to secure ongoing support for eliminating hepatitis C and to promote planning and preparation at the central government level to ensure that elimination is sustainably maintained once achieved.

Our engagement with the Conservative Government led to then-Public Health Minister Dame Andrea Leadsom establishing a constructive meeting between The Hepatitis C Trust and the UK Health Security Agency's Chief Medical Adviser to discuss the measures needed to achieve and maintain hepatitis C elimination in England.

Ahead of the general election in July, we developed and published a 'hepatitis C manifesto', outlining requirements of the next Government to deliver justice and equity for people affected by hepatitis C.

Following the election, we set about engaging with the new Government, exchanging letters with relevant ministers in the Department of Health and Social Care and Ministry of Justice, meeting with the new minister with responsibility for infected blood and providing a submission to the consultation on the new Government's 10-Year Plan for Health. We also held meetings with a cross-party group of new MPs, including Clive Jones (Liberal Democrat), Steve Race (Labour) and Seamus Logan (Scottish National Party), as well as returning Labour MP Charlotte Nichols, to brief them on our work and key priorities for those affected by hepatitis C.

In Scotland, we met with Scottish Labour Public Health Spokesperson Carol Mochan and Paul Sweeney MSP and subsequently supported them to raise important issues in the Scottish Parliament, including progress towards Scotland's elimination target, provision of harm reduction services and delivery of opt-out testing in prisons.

In Wales, we engaged with the new Cabinet Secretary for Health and Social Care Jeremy Miles and received assurances from him that work towards hepatitis C elimination continues to be a priority in Wales.

2024/25 Target

To ensure continued parliamentary support for the hepatitis C elimination programme and maintenance, and to increase focus on robust prevention policies.

We also worked with politicians from across the UK to show their support for World Hepatitis Day in July and World Hepatitis Testing Week in November. We secured statements of support for World Hepatitis Day from Health Ministers in Scotland, Wales and Northern Ireland (with UK Government Public Health Minister Andrew Gwynne showing his support with a post on X) and our template social media posts for both World Hepatitis Day and World Hepatitis Testing Week were shared by several MPs.

10

Written Parliamentary Questions tabled by MPs and MSPs after engaging with The Hepatitis C Trust

7

one-to-one meetings with MPs

2025/26 Priority

To ensure the Government continues its commitment to eliminating hepatitis C and begins to plan for how we will maintain this status once we've reached it.





Keeping Hepatitis C Professionals Connected

Alongside our patient-focused role, we coordinate HCV Action, the network for healthcare professionals with an interest in hepatitis C.

The main focus for HCV Action in 2024-25 was advancing planning and preparation to ensure that hepatitis C elimination is not only achieved, but also maintained on a long-term basis. This work built on a roundtable meeting we organised and hosted in October 2023. Chaired by Professor Kevin Fenton CBE and featuring 30 senior stakeholders, the meeting considered the key considerations for achieving sustained hepatitis C elimination.

After establishing a 'Hepatitis C Elimination Maintenance Strategy Group' in March 2024, we also instituted Working Groups to consider the required action in three areas – Prevention and Testing; Commissioning Treatment and Care; and Data, Surveillance and Oversight. Across the Strategy Group and the three Working Groups, over 80 expert stakeholders were feeding in their expertise and insights to the project.

Across the year, we organised regular meetings of the Working Groups where members undertook detailed consideration of what is needed to build robust and enduring systems for hepatitis C elimination. Working Group findings were reported back and discussed at quarterly meetings of the Hepatitis C Elimination Maintenance Strategy Group. We also carried out an exercise to evaluate the Operational Delivery Network (ODN) model of delivering hepatitis C treatment and care to inform consideration of future approaches. Towards the end of the year, we began to develop the final report from the hepatitis C elimination maintenance project, ready to publish in 2025/26.

In September, HCV Action took out a sponsorship package at the Royal College of General Practitioners (RCGP) Conference. This involved hosting a session for delegates, at which we arranged for the NHS England Hepatitis C Elimination Programme leadership team to present on the role of primary care in achieving and maintaining hepatitis C elimination.

2024/25 Target

To continue to support the hepatitis C professional community to achieve hepatitis C elimination by providing opportunities to discuss prevention, diagnosis and treatment of hepatitis C and ensure sustainable maintenance of elimination.

We also hosted a stall to engage with attendees about hepatitis C and HCV Action's work. Through this, we secured 70 contacts who signed up to receive ongoing updates from HCV Action. We also identified others interested in becoming a 'Hepatitis C GP Champion', who we referred on to the NHS England Hepatitis C Elimination Programme team.

80+

expert professionals who formed the membership for HCV Action's Hepatitis C Elimination Strategy Group and three Working Groups

19

meetings of HCV Action's Hepatitis C Elimination Strategy Group and three Working Groups across the year

70

delegates at the RCGP Conference who provided their details for further contact with HCV Action

Research

Our research continues to focus on the impact of lived experience, including evaluating and disseminating the many innovative approaches of our community and prison teams.

Partnerships remain central to the research programme. Working with our fantastic Research Advisory Group—a wider network of academics and partners—and our outstanding team of Peer Researchers, as well as growing our capacity to secure funding, has enabled our small research team to have an impact much beyond its means.

Working with the University of Bristol, we supported a Master's student to evaluate our programme delivering mass-testing in community pharmacy in the East Midlands. With colleagues from Glasgow Caledonian University, we evaluated peer-led outreach testing in hostels in the West Midlands. We interviewed Hepatitis C Trust staff and partners to evaluate the impact of a peer-led HCV elimination programme in the largest prison in the UK, and we worked with men of African and Caribbean heritage who were in prison to understand barriers to HCV testing and healthcare engagement.

Our Peer Research team, working with our Research Manager, conducted a mixed-methods evaluation of our community volunteer programme. Our volunteers are incredibly important to the delivery of our hepatitis C, cancer and needle exchange programmes, and we were delighted to see very positive feedback from volunteers about the work we do and the opportunities it brings. It also found that 49% of our volunteers go into employment, a powerful illustration of the wider value of peer-led services.

We have also taken our work to several national and international conferences. At the International Network on Health and Substance Use (INHSU), we presented projects including the development of a programme shifting HCV testing at prison reception from healthcare staff to prison residents' volunteers and our work delivering peer-led inclusion health designed specifically for women.

At the UK Health Security Agency Conference, we presented a qualitative study on the drivers of HCV reinfection and perceptions of HCV contact tracing; at the RCGP Health and Justice Summit, we spoke about peers in prisons; at the World Hepatitis Alliance conference, we led a workshop on peer-led services for hepatitis B and C; and at the European Public Health Association Health Workforce Conference, we presented key findings from the PEERs stud , examining how and why peer models are effective for tackling health inequalities.

“Stigma is a huge challenge for people who have hepatitis C...”

We have also continued to work with partners institutions on a range of studies. These include, with UCL, the EXHPOS Study to evaluate how much overall UK life expectancy and health is reduced by the very poor health of excluded populations, and with the University of Southampton on HELIXR, a programme supporting people with cirrhosis to engage with cancer screening services using an integrated peer support model. Our longstanding peer researcher Rebecca Bulmer was invited to be a co-applicant on a successful NIHR bid to explore how HCV reinfections can be prevented, working with the University of Bristol.

Stigma is a huge challenge for people who have hepatitis C, both in the UK and internationally. We partnered with the World Hepatitis Alliance, UKHSA, and European Centre for Disease Control to explore people's experiences of this stigma, a critical first step in beginning to measure its impact and, in time, identify the improvements we hope to make in this area.

World Hepatitis Day 2024

To mark World Hepatitis Day, we hosted a conference in Birmingham to spotlight our peer volunteers.

Our peer volunteer programme is a core and essential part of our work. The conference celebrated the incredible volunteers who work tirelessly to find, test, and support people throughout their treatment journey across the UK. 195 volunteers, staff members and NHS colleagues attended the event. It was a great opportunity to network and reflect upon just how far we've come on the road to elimination.

Attendees heard from two panels of peers about their experience of volunteering as well as from Mark Gillyon-Powell, Head of Programme for Hepatitis C Elimination at NHS England.



Art on a Postcard

Art on a Postcard (AOAP) began in 2014 as a one-off secret postcard auction—what was intended as a single fundraising event quickly captured public imagination, inspiring an ongoing initiative that has now supported The Hepatitis C Trust for more than a decade. Over 11 years, AOAP has grown into a vibrant programme of charity auctions, celebrated for bringing together postcard-sized works by some of Britain’s most acclaimed and influential contemporary artists.

In addition to its auctions, AOAP’s online shop continues to attract a loyal following, offering prints and artist-led merchandise that extend the project’s reach and impact throughout the year.

Highlights from 2024–25

The year saw a dynamic mix of themed auctions and creative collaborations. Our Spring Auction 2024, presented at the Fitzrovia Gallery in partnership with War Child, brought together a powerful collection of artworks. The event not only raised vital funds but also strengthened our relationship with War Child, with The Hepatitis C Trust receiving 30% of the proceeds.

As summer approached, AOAP worked closely with curators Hector Campbell (Soup Gallery) and Susan Davies (Art City Works) to shape an inspiring and diverse Summer Auction 2024. Their vision helped introduce new artists to the project while maintaining the high standard that supporters have come to expect.

Later in the year, we helped launch Sound & Vision for War Child, a new concept rooted in musical and artistic heritage. Named in homage to David Bowie—who curated War Child’s Little Pieces from Big Stars exhibition in 1994—the inaugural lyric-led auction invited artists to interpret lines from Bowie’s *Rebel Rebel*. These lyrics were used with permission from Warner Music and The David Bowie Estate, adding a meaningful cultural dimension to the project.

A major milestone followed with the Winter 2024 & Ten-Year Anniversary Auction, held at Gathering in London. This celebratory event featured six guest curators—India Rose James, Pallas Citroen (Bomb Factory), Ben Murphy, Nick S Thompson (Delphian Gallery), and Jealous Gallery—each bringing their own distinctive eye. The anniversary auction drew an exceptional audience and highlighted just how far AOAP has come since its early beginnings.

The year concluded with the International Women’s Day Auction 2025, held at The Bomb Factory, Marylebone. Curated by Mercedes Lucy (Tracey Emin Studio, TKE Margate), Gemma Padley (Women in Art), and Hannah Tilson, the exhibition showcased powerful contributions from women artists, reinforcing AOAP’s commitment to elevating diverse voices within the art world.



“Celebrated for bringing together postcard-sized works by some of Britain’s most acclaimed and influential contemporary artists.”

Governance and Management

Legal Entity

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

Charitable Objects

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

Our Trustees

(those who served during the year and/or were responsible for the annual report).

The Hon David Macmillan (Chair)
Mr Simon Lincoln (Treasurer) *[resigned 8th July 2024]*
Mr John Jolly (Treasurer)
Sir Adrian Baillie
Mr Peter Holt
Mr Edward Mead
Mr Charles Walsh

Our Patrons

Ms Emilia Fox
Ms Sadie Frost
Boy George
Mr Andrew Loog Oldham
The Lord Mancroft
Mr Alan McGee
Ms Justine Roddick
Mr Robbie Williams

Chief Executive

Rachel Halford

Recruitment and Appointment Of Trustees

The charity’s Trustees are also the company directors for the purposes of company law. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur, new Trustees are recruited through a variety of means including advertising. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees. Potential Trustees have an initial meeting with the Chief Executive who explains the Trust’s philosophy and how it works in practice. They are then asked to attend a Board meeting to get a better understanding. Newly appointed Trustees are sent briefing information about The Trust and their role as a trustee. They are then asked to spend a day at the Trust’s London offices, meeting the staff and learning more about each project and in particular financial oversight.

Key Management Personnel

The Trustees have determined that the Chief Executive and the Senior Directors, together with the Trustees themselves, are the key management personnel. The Trustees are not remunerated, and the pay of the Chief Executive and the Senior Directors has been set according to bands suggested by an independent consultant and by benchmarking against market rates.

Risk Assessment

The Trustees have prepared a risk assessment, examining the major risks which the charity faces and have set out the necessary steps that need to be taken to lessen any risks. This register is updated on a regular basis. The key risks and the actions to be taken to mitigate them in the latest risk assessment are set out in the table below.

Key Risks	Mitigating Action
Insufficient reserves	New fundraising strategy to broaden funding base
Failures/errors in planning	More resources devoted to planning/ forecasting
Adverse publicity	Media crisis planning

Financial Review

Funding

Following the successful delivery of our ongoing peer programmes, we received further investment under the NHS elimination initiative this year. As such our income has, once more, continued to significantl increase, allowing us to maintain a secure financia position for the Trust. At £8,692,298 our income has slightly increased from that of the previous year £8,603,045, while our expenditure at £8,509,397 increased by £357,279. This increase in expenditure is in line with additional costs incurred through building our core team and the implementation and running of our extended peer programme service delivery.

With the continued successful delivery of our peer programmes, we remain confident in our financi position. In relation to our raising funds, please see our costs in the financial statements at the back of th report, mainly in regard to income generation from Art on a Postcard (see page 41). We do not engage external professional fundraisers or commercial participators to carry out our fundraising activities and we do not engage in face-to-face or telephone fundraising. All our approaches to fundraising take account of the Code of Fundraising Practice issued by the Fundraising Regulator. We have received no complaints about our fundraising activities either during the financial year or subsequentl .

Reserve Policy

The policy of the Trustees is to hold a reserve of three months’ costs, amounting to £2,127,349. Our total unrestricted reserves for this year are £3,284,991; this includes £901,429 which has been designated for future redundancy costs in line with the completion of NHS England’s funded elimination programme. Alongside this are our current restricted reserves of £224,445 to fund activities in the year 31 March 2026.

The Trustees are committed to raising core reserves through our fundraising strategy involving broadening our base of possible trust funders by demonstrating that addressing hepatitis C has broader social benefits, not just positive health outcomes; engaging with corporate donors; moving our focus towards longer term statutory funding.

Statement of Trustees’ Responsibilities

The Trustees (who are also directors of The Hepatitis C Trust for the purposes of company law) are responsible for preparing The Trustees’ Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and 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 goin concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company’s auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

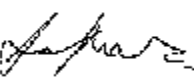
Auditors

Nordens Audit Limited have indicated their willingness to continue in office. A resolution proposing their re-appointment will be submitted at the Annual General Meeting.

Small Company Rules

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP FRS 102) issued in January 2015.

This report was approved by the Board of Trustees and signed on its behalf by:



The Hon David Macmillan

Date: 19.12.2025

Financial Statement

Financial Statements for the Year Ended 31 March 2025

Registered in England and Wales Charity Number: 1104279

Registered in Scotland Charity Number: SCO39914

Registered Company Number: 5069924

Independent Auditors’ Report to Members of the Hepatitis C Trust

Opinion

We have audited the financial statements of The Hepatitis C Trust (the ‘charitable company’) for the year ended 31 March 2025 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accountin policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company’s affairs as at 31 March 2025, and of its incoming resources and application of resources, including its income and expenditure, for the year 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.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor’s responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC’s Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating 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 charitable company’s ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorized 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 trustee’s annual report, other than the financial statements and our audito’s report thereon. The trustees are responsible for the other information contained within the annual report. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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.

Independent Auditors’ Report to
Members of the Hepatitis C Trust

Opinions on other matters prescribed by the
Companies Act 2006

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

- the information given in the trustees’ report (incorporating the directors’ report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors’ report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by
exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors’ report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies’ regime and take advantage of the small companies’ exemptions in preparing the directors’ report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees’ responsibilities statement, 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 true and fair view, and for such internal control as the trustees determine 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 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 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

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.

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 specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud, is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the company through enquiry and inspection;

Independent Auditors’ Report to
Members of the Hepatitis C Trust

- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Due to the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

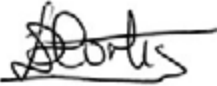
A further description of our responsibilities is available on the Financial Reporting Council’s website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>.

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. Our audit work has been undertaken so that we might state to the charitable company’s members 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 and the charitable company’s members as a body, for our audit work, for this report, or for the opinions we have formed.



Lorraine Curtis ACA BFP FCCA
(Senior Statutory Auditor)

For and on behalf of Nordens Audit Limited
Statutory Auditor

The Retreat
406 Roding Lane South
Woodford Green
Essex IG8 8EY

Date: 22.12.2025

Nordens Audit Limited is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

Statement of Financial Activities
Incorporating an Income and Expenditure Account
For the year ended 31 March 2025

	Note	Unrestricted Funds £	Restricted Funds £	Total 2025 £	Total 2024 £
Income from:					
Donations	2	259,509		259,509	337,029
Investments	3	85,347		85,347	70,060
Charitable activities	4	4,926,533	3,420,909	8,347,442	8,195,956
Total		<u>5,271,389</u>	<u>3,420,909</u>	<u>8,692,298</u>	<u>8,603,045</u>
Expenditure on:					
Raising funds	5	257,235		257,235	292,754
Charitable activities	6	4,793,612	3,458,550	8,252,163	7,859,364
Total		<u>5,050,847</u>	<u>3,458,550</u>	<u>8,509,397</u>	<u>8,152,118</u>
Net income for the year before transfers					
		220,542	(37,641)	182,901	450,927
Transfers	11	(26,338)	26,338	-	
Net income		<u>194,205</u>	<u>(11,304)</u>	<u>182,901</u>	<u>450,927</u>
Fund balances at 1 April 2024	11	2,866,341	235,749	3,102,091	2,651,164
Fund balances at 31 March 2025	11	<u>3,060,546</u>	<u>224,445</u>	<u>3,284,991</u>	<u>3,102,091</u>

All gains and losses arising in the year have been included in the Statement of Financial Activities and arise from continuing operations

The notes on pages 53 to 64 form part of the financial statements.

Balance Sheet as at
31 March 2025

	Note	2025 £	2024 £
Current Assets			
Debtors	10	1,914,531	1,209,246
Cash at bank and in hand		<u>3,693,010</u>	<u>3,751,509</u>
		5,607,541	4,960,755
Creditors: Amounts falling due within one year			
	11	<u>(2,322,550)</u>	<u>(1,858,664)</u>
Net Current Assets		3,284,991	3,102,091
Total Net Assets		<u>3,284,991</u>	<u>3,102,091</u>
Funds			
Unrestricted funds	12	2,159,118	2,045,891
Designated funds	12	901,429	820,450
Restricted funds	12	<u>224,445</u>	<u>235,750</u>
		<u>3,284,991</u>	<u>3,102,091</u>

The accounts have been prepared in accordance with FRS 102.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The financial statements were approved by the Board of Trustees and authorised for issue on 19.12.2025 and signed on their behalf by:


.....
Hon David Macmillan

Registered Company Number: 5069924

The notes on pages 53 to 64 form part of the financial statements.

Statement of Cash Flows
For the year ended 31 March 2025

		£	£
Cash generated from operating activities:			
Net cash provided by operating activities	see below	143,846	1,142,862
Cash flows from investing activities:			
Interest income	3	85,347	70,060
Net cash provided by investing and operating activities		(58,499)	1,212,922
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		3,751,509	2,538,587
Cash and cash equivalents at the end of the reporting period		3,693,011	3,751,509
Reconciliation of net expenditure to net cash flow from operating activities			
		2025	2024
		£	£
Net expenditure (as per the statement of financial activities)	SOFA	450,927	450,927
Adjustments for:			
Investment income	3	(85,347)	(70,060)
Increase in debtors	10	(705,285)	573,852
Increase in creditors	11	463,886	188,143
Net cash provided by operating activities		(143,846)	1,142,862
Analysis of cash and cash equivalents			
		2025	2024
		£	£
Cash in hand		3,693,010	3,751,509
Total cash and cash equivalents		3,693,010	3,751,509

Notes to the Financial Statements
For the year ended 31 March 2025

1. Accounting Policies

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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The financial statements are prepared in Sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound.

The financial statements are prepared under the historical cost concept.

The principal accounting policies adopted in the preparation of the financial statements are set out below.

Going Concern Basis

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has sufficient resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going-concern basis in preparing its financial statements.

Income

Income is recognised in the period to which it relates, when the criteria of entitlement, measurable and probable receipt are met.

Deferred income is income which is received in respect of a future accounting period and is deferred to that period.

Gifts in kind are valued and brought in as income and the appropriate resources expended when the items are used/distributed. The values attributable to gifts in kind are an estimate of the gross value to the organisation, usually the market cost. Where this intangible income relates to project activities it is included as an activity in furtherance of the charity's objects.

Expenditure

Direct charitable expenditure comprises all expenditure relating to the activities carried out to achieve the objectives.

Governance costs include those costs incurred in the governance of the charity and are primarily associated with constitutional compliance and statutory requirements.

Expenditure is allocated directly to the expenditure headings as far as practically possible to reflect the activities of the charity. Support costs have been allocated to the activities based on employee time spent on that activity.

Notes to the Financial Statements
For the year ended 31 March 2025

1. Accounting Policies (continued)

Expenditure is included in the Statement of Financial Activities on an accrual basis, inclusive of any VAT which cannot be recovered. Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

Fund accounting

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 12.

Unrestricted funds are those which are not subject to restrictions, and any surpluses may be applied in furtherance of any of the organisation's objectives.

Cash and Cash Equivalents

Cash and cash equivalents include cash at banks and in hand and short-term deposits with a maturity date of three months or less.

Debtors and creditors

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Pension

The charity operates a defined contribution stakeholder pension scheme. The assets of the scheme are held separately from the charity.

Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

Notes to the Financial Statements
For the year ended 31 March 2025

2. DONATIONS

Year to 31 March 2025	Unrestricted Funds 2025 £	Restricted funds 2025 £	Total 2025 £
Donations	33,159	-	33,159
Art on a Postcard	226,350	-	226,350
	<u>259,509</u>	<u>-</u>	<u>259,509</u>

Year to 31 March 2024	Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Donations	9,373	-	9,373
Art on a Postcard	327,656	-	327,656
	<u>337,029</u>	<u>-</u>	<u>337,029</u>

3. INVESTMENT INCOME

Year to 31 March 2025	Unrestricted Funds 2025 £	Restricted funds 2025 £	Total 2025 £
Bank interest	85,347	-	85,347
	<u>85,347</u>	<u>-</u>	<u>85,347</u>

Year to 31 March 2024	Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Bank interest	70,060	-	70,060
	<u>70,060</u>	<u>-</u>	<u>70,060</u>

4. INCOME FOR CHARITABLE ACTIVITIES

Year to 31 March 2025	Unrestricted Funds 2025 £	Restricted funds 2025 £	Total 2025 £
Grants	4,926,533	3,420,909	8,347,442
	<u>4,926,533</u>	<u>3,420,909</u>	<u>8,347,442</u>

Year to 31 March 2024	Unrestricted Funds 2025 £	Restricted funds 2025 £	Total 2025 £
Grants	4,325,068	3,870,888	8,195,956
	<u>4,325,068</u>	<u>3,870,888</u>	<u>8,195,956</u>

Notes to the Financial Statements

For the year ended 31 March 2025

4a. GRANTS	Unrestricted	Restricted	
	Funds	funds	Total
Year to 31 March 2025	2025	2025	2025
	£	£	£
AbbVie Ltd	-	600,000	600,000
Barts Health NHS Trust	155,511		155,511
Betsi Cadwaladr University Local Health Board	-	2,895	2,895
Birmingham and Solihull Mental Health NHS Foundation	-	18,720	18,720
Brighton and Sussex University Hospitals NHS Foundation Trust	145,171		145,171
Bristol University	-	5,550	5,550
Cambridge University Hospitals NHS Foundation Trust	165,112	1,551	166,663
Cardiff & Vale APB	-	129,881	129,881
Change Grow Live	75,000		75,000
City of Doncaster Council	4,700		4,700
Cranstoun	-	37,627	37,627
Devon County Council	-	6,000	6,000
East Lancashire Hospitals NHS Trust	172,699	-	172,699
Gilead HITT	-	96,480	96,480
Gilead Event Sponsorship	-	20,000	20,000
Guys and St Thomas' NHS Foundation Trust	60,000		60,000
Hull University Teaching Hospitals	227,511	-	227,511
Imperial College Healthcare NHS Trust	158,478		158,478
James Cook University Hospital	8,000		8,000
Kings College Hospital	318,375	35,600	353,975
Lancashire & South Cumbria Cancer Alliance	52,266	-	52,266
Leeds Teaching Hospitals NHS Trust	233,801	-	233,801
Liverpool University Hospitals NHS Foundation Trust	22,009	29,996	52,005
London Joint Working Group on Substance Use and Hepatitis C	-	107,514	107,514
Manchester University NHS Foundation Trust	215,218	-	215,218
Mary Kinross Charitable Trust	-	38,000	38,000
MSD	-	826,900	826,900
MSD – HCV Action	-	30,000	30,000
NHS England	-	218,750	218,750
NHS Lancashire and South Cumbria ICB	74,044		74,044
NHS Lothian	-	1,932	1,932
NHS North East London ICB	60,000		60,000
NHS Forth Valley	-	57,500	57,500
NHS Scotland	-	4,205	4,205
Northamptonshire Healthcare NHS Trust	-	20,525	20,525
Nottingham University Hospitals NHS Trust	212,037	-	212,037
Nottinghamshire Healthcare NHS Foundation Trust	-	111,355	111,355

Notes to the Financial Statements

For the year ended 31 March 2025

	Unrestricted	Restricted	
	Funds	funds	Total
	2025	2025	2025
	£	£	£
Other	4,977	467	5,444
Oxleas NHS Foundation Trust	-	223,332	223,332
Oxford University Hospitals NHS Foundation Trust	172,072	151	172,223
Practice Plus Group Health and Rehabilitation Services Limited	-	381,804	381,804
Royal Surrey NHS Foundation Trust	121,370		121,370
Sheffield Teaching Hospitals NHS Foundation Trust	235,000	6,000	241,000
Spectrum	-	244,780	244,780
St George's University Hospitals NHS	138,858		138,858
The Newcastle upon Tyne Hospitals NHS Foundation Trust	119,577	-	119,577
UK HSA	2,610		2,610
University College London	-	155,000	155,000
University Hospital Southampton NHS Foundation Trust	255,685	2,769	258,454
University Hospitals Birmingham NHS Foundation Trust	725,261	-	725,261
University Hospitals Bristol & Weston NHS Foundation Trust	173,845	-	173,845
University Hospitals of Leicester NHS Trust	282,031	-	282,031
University Hospitals Plymouth NHS Trust	278,361	-	278,361
University of York	-	5,625	5,625
We Are With You	56,956	-	56,956
	4,926,533	3,420,909	8,347,442

Notes to the Financial Statements

For the year ended 31 March 2025

4a. GRANTS (continued)	Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Year to 31 March 2025			
AbbVie Ltd	-	675,000	675,000
AbbVie Ltd (HCV Action)	-	20,000	20,000
Barts Health NHS Trust	90,117	-	90,117
Betsi Cadwaladr University Local Health Board	-	49,138	49,138
Birmingham and Solihull Mental Health NHS Foundation	-	36,000	36,000
Brighton and Sussex University Hospitals NHS Foundation Trust	164,377	-	164,377
Cambridge University Hospitals NHS Foundation Trust	182,772	3,637	186,409
Cardiff & Vale APB	-	150,845	150,845
Change Grow Live	50,000	-	50,000
City of Doncaster Council	5,999	-	5,999
Cranstoun	-	11,288	11,288
East Lancashire Hospitals NHS Trust	170,901	660	171,561
EPIC	5,000	-	5,000
Gilead HITT	-	168,700	168,700
Guys and St Thomas' NHS Foundation Trust	5,000	-	5,000
HMP Elmley	-	2,357	2,357
Hull University Teaching Hospitals	236,579	2,666	239,245
Imperial College Healthcare NHS Trust	200,000	-	200,000
Kings College Hospital	255,000	2,584	257,584
Leeds Teaching Hospitals NHS Trust	154,986	1,427	156,413
Liverpool University Hospitals NHS Foundation Trust	12,500	67,490	79,990
London Joint Working Group on Substance Use and Hepatitis C	-	69,249	69,249
London School of Hygiene & Tropical Medicine	2,530	400	2,930
Manchester University NHS Foundation Trust	149,258	8,966	158,224
Mary Kinross Charitable Trust	-	38,000	38,000
MSD	-	1,075,860	1,075,860
MSD – HCV Action	-	7,500	7,500
NHS Birmingham	40,000	-	40,000
NHS England	10,000	390,519	400,519
NHS Lancashire and South Cumbria ICB	65,333	-	65,333
NHS North East London ICB	60,000	-	60,000
NHS Forth Valley	-	72,374	72,374
Northamptonshire Healthcare NHS Trust	-	7,486	7,486
Nottingham University Hospitals NHS Trust	253,987	11,455	265,442
Nottinghamshire Healthcare NHS Foundation Trust	-	83,474	83,474
Other	131	1,645	1,514
Oxleas NHS Foundation Trust	-	40,956	40,956
Oxford University Hospitals NHS Foundation Trust	128,574	-	128,574
Practice Plus Group Health and Rehabilitation Services Limited	-	363,628	363,628
Royal Free London NHS Trust	-	3,883	3,883
Royal Surrey NHS Foundation Trust	120,000	-	120,000
Sheffield Teaching Hospitals NHS Foundation Trust	177,375	-	177,375
Spectrum	-	287,860	287,860
St George's University Hospitals NHS	138,859	-	138,859
The Newcastle upon Tyne Hospitals NHS Foundation Trust	138,686	3,973	142,659
UK HAS	5,000	-	5,000
University College London	-	181,132	181,132
University Hospital Southampton NHS Foundation Trust	245,192	11,217	256,409
University Hospitals Birmingham NHS Foundation Trust	525,100	11,149	536,249
University Hospitals Bristol & Weston NHS Foundation Trust	263,193	1,179	264,372
University Hospitals of Leicester NHS Trust	277,206	2,549	279,755
University Hospitals Plymouth NHS Trust	191,675	4,642	196,317
	<u>4,325,068</u>	<u>3,870,888</u>	<u>8,195,956</u>

Notes to the Financial Statements

For the year ended 31 March 2025

5. COST OF RAISING FUNDS

Year to 31 March 2025	Unrestricted Funds 2025 £	Restricted funds 2025 £	Total 2025 £
Staff Costs	68,679	-	68,679
Direct Costs	145,382	-	145,382
Support Costs	<u>43,173</u>	<u>-</u>	<u>43,173</u>
	<u>257,235</u>	<u>-</u>	<u>257,235</u>
Year to 31 March 2024	Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Staff Costs	124,397	-	124,397
Direct Costs	<u>168,380</u>	<u>-</u>	<u>168,380</u>
	<u>292,754</u>	<u>-</u>	<u>292,754</u>

6. ANALYSIS OF CHARITABLE EXPENDITURE BY TYPE

Year to 31 March 2025	Staff Cost 2025 £	Direct Cost 2025 £	Support Cost 2025	Total Cost 2025 £
Advocacy and Drug Services	4,228,162	944,328	1,223,081	6,395,571
Consulting	45,576	761	13,501	59,838
Gilead Sponsorship Events	-	18,804	1,196	20,000
Helpline	39,895	6,105	-	46,000
National Volunteer & Trainer	91,637	51,485	1,037	144,159
HCV Action	-	117,974	-	117,974
NHS Health & Justice Prison Peers	983,557	227,730	40,585	1,251,871
Research	-	7,106	13,060	20,166
Scotland Peer Project	48,307	12,316	-	60,624
Women's Prisons	94,595	29,610	5,041	129,246
World Hepatitis Day	-	6,714	-	6,714
	<u>5,531,729</u>	<u>1,422,932</u>	<u>1,297,502</u>	<u>8,252,163</u>

Notes to the Financial Statements
For the year ended 31 March 2025

6. ANALYSIS OF CHARITABLE EXPENDITURE BY TYPE
(continued)

Year to 31 March 2024	Staff	Direct Cost 2024 £	Support Cost 2024 £	Total Cost 2024
Advocacy and Drug Services	3,734,986	992,418	992,508	5,719,912
Consulting		712	3,763	4,475
HCV Action and Parliamentary Work		64,038	-	64,038
Helpline	16,882	4,150	-	21,032
National Volunteer & Trainer	93,073	44,825	14,284	152,182
NHS Health & Justice Materials		51,600	-	51,600
NHS Health & Justice Prison Peers	1,107,962	338,468	77,037	1,523,467
Research		79,403	-	79,403
Scotland Peer Project	66,850	19,183	-	86,033
Women's Prisons	88,107	28,661	6,764	123,533
World Hepatitis Day		23,690	10,000	33,690
	5,107,860	1,647,124	1,104,356	7,859,364

7. SUPPORT COSTS

	Total 2025 £	Total 2024 £
Staff costs	668,329	532,844
Staff training	16,820	1,203
Staff support costs	49,344	20,106
Rent, rates, light and heat	134,033	161,109
Travel and subsistence	20,806	30,073
Charitable activities	153,990	79,987
Fundraising	14,858	-
Insurance	32,940	30,812
Office move	-	1,560
Office supplies and maintenance	85,519	32,164
Telephone	66,267	63,292
Computer Costs	28,504	14,772
Sundry costs	-	20,688
Legal and professional costs	44,072	86,721
Audit and accountancy	20,120	28,353
Governance	4,215	284
Bank charges	859	388
	1,340,675	1,104,356

All support costs were proportionally allocated to funders and core.

Notes to the Financial Statements
For the year ended 31 March 2025

8. STAFF COSTS	2025 £	2024 £
Wages and salaries	5,532,474	5,087,265
Social Security costs	555,394	507,452
Pension costs	180,868	170,384
	6,268,737	5,765,101

	Number	Number
Average number of employees during the year	169	156
Average number of volunteers during the year	159	159

One employee was paid in the range £60,000 to £69,999 in the year (2024: 3).
Three employees were paid in the range £70,000 to £79,999 in the year (2024: 1).
One employee was paid in the range £80,000 to £89,999 in the year (2024: nil)

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers' national insurance contributions of the charity's key management personnel were £322,984 (2024: £316,788). Four employees (2024: four) were considered to be key management personnel during the year.

9. TRUSTEES AND RELATED PARTIES

No remuneration was paid to any trustee for services as a trustee and no expenses were reimbursed.

Trustees participated in the Art on a Post Card auction on an arms-length basis.

10. DEBTORS

	2025 £	2024 £
Trade debtors	1,873,146	1,180,590
Other debtors	5,865	5,521
Prepayments	35,520	23,135
	1,914,531	1,209,246

11. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

	2025 £	2024 £
Trade creditors	26,319	19,852
Tax and social security costs	130,734	119,913
Sundry creditors	2,566	27,206
Income received in advance	2,039,255	1,536,263
Accruals	123,676	155,430
	2,322,550	1,858,664

Income received in advance is funding for project work to be completed in the year 2025-26.

Notes to the Financial Statements

For the year ended 31 March 2025

12. STATEMENT OF FUNDS

	Funds at 31 March 2024 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2025 £
Unrestricted funds	2,045,891	5,271,389	(5,050,847)	(107,316)	2,159,117
Designated fund	<u>820,450</u>	<u>-</u>	<u>-</u>	<u>80,979</u>	<u>901,429</u>
	<u>2,866,342</u>	<u>5,271,389</u>	<u>(5,050,847)</u>	<u>(26,338)</u>	<u>3,060,546</u>
Restricted funds					
Advocacy and Drug Services	114,303	2,127,086	(2,084,479)	(10,979)	139,927
Consulting	7,525	11,288	(3,763)	-	-
Gilead sponsorship Events	-	26,000	(20,000)	-	6,000
HCV Action & Parliamentary Work	46,431	30,000	(113,298)	41,542	4,676
NHS Health & Justice Prison Peers	67,492	1,269,869	(1,256,547)	(7,349)	73,465
Research	-	20,166	(20,166)	-	-
Scotland Peer Project	-	57,500	(60,624)	3,124	-
Women's Prisons	<u>-</u>	<u>129,625</u>	<u>(129,246)</u>	<u>-</u>	<u>379</u>
	<u>235,751</u>	<u>3,420,909</u>	<u>(3,458,550)</u>	<u>26,338</u>	<u>224,447</u>
	<u>3,102,092</u>	<u>8,692,298</u>	<u>(8,509,397)</u>	<u>-</u>	<u>3,284,993</u>
	Funds at 31 March 2023 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2024 £
Unrestricted funds	1,624,026	4,732,157	(3,983,621)	(326,672)	2,045,890
Designated fund	<u>560,932</u>	<u>-</u>	<u>-</u>	<u>259,519</u>	<u>820,451</u>
	<u>2,184,958</u>	<u>4,732,157</u>	<u>(3,983,621)</u>	<u>(67,153)</u>	<u>2,866,341</u>
Restricted funds					
Advocacy and Drug Services	86,695	2,127,086	(2,084,479)	(15,000)	114,303
Consulting	-	11,288	(3,763)	-	7,525
HCV Action & Parliamentary Work	52,969	57,500	(64,038)	-	46,431
National Volunteer & Training	147,836	7,500	(152,181)	(3,155)	-
NHS Health & Justice Materials	51,238	-	(51,600)	362	-
NHS Health & Justice Prison Peers	119,882	1,446,207	(1,523,468)	24,871	67,492
Research	-	25,400	(79,403)	54,003	-
Scotland Peer Project	7,586	72,374	(86,032)	6,072	-
Women's Prisons	<u>-</u>	<u>123,533</u>	<u>(123,533)</u>	<u>-</u>	<u>-</u>
	<u>466,206</u>	<u>3,870,888</u>	<u>(4,168,497)</u>	<u>67,153</u>	<u>235,751</u>
	<u>2,651,164</u>	<u>8,603,045</u>	<u>(8,152,118)</u>	<u>-</u>	<u>3,102,091</u>

Designated Fund

The Trustees have agreed to designate funds for future redundancies in line with the completion of NHS England's elimination programme

A transfer of £26,338 (2024: £18,155) was made from the restricted fund to the unrestricted funds to cover budgeted core spending provided for within the agreed budget.

A transfer of £44,666 (2024: £85,308) was made from unrestricted funds to restricted funds for the overspend on a restricted project that will not be reimbursed next financial year.

Notes to the Financial Statements

For the year ended 31 March 2025

12. STATEMENT OF FUNDS

Restricted Funds

The nature and purpose of each of the funds is as follows:

Advocacy and Drug Services: includes peer-to-peer education and awareness programmes, delivering key messages about hepatitis C prevention, diagnosis, treatment and care to people attending community drug services, hostels and homeless shelter; this includes a bespoke South Asian peer programme. Staff training is carried out within all the programmes and is delivered to those staff working in services with people who are at risk of hepatitis C. We also have mobile outreach programmes which provide testing and raise awareness, especially amongst high prevalence communities and populations that are difficult to engage, such as the homeless

HCV Action: a very useful vehicle for collecting and disseminating best practice in hepatitis C care and treatment, and for supporting Hepatitis C as the patient voice.

National Volunteer and Training Service: The National team operates through two strands:

The delivery and oversight of core mandatory training and development of our staff including induction. Hepatitis C training to professionals and other service providers.

The delivery of the Hepatitis C Trust volunteering programme which includes supporting our volunteers across different areas of our work and ensuring that all are provided with opportunity to access training and development to both support them in their roles and further their employment opportunities.

NHS Health and Justice Prison Peers: The Hepatitis C Trust engages in peer-to-peer and awareness raising activities across UK prisons in order to: 1) Provide information about hepatitis C to those at risk and who are often hard to engage 2) Encourage and support people in prisons to get tested and to access treatment and care 3) Train people in prison to become Hepatitis C peers.

Scotland Peer Project: Peer-to-peer awareness and education project that provides key messages about hepatitis C prevention, diagnosis treatment and care to people attending recovery cafes, homeless hostels, shelters as well as people in prison. Our Voices group brings together people affected by hepatitis C, building their knowledge and awareness and supporting them in having their voices heard.

Women's Prisons: Women specific hepatitis C peer programme working across the female prison estate educating, raising awareness, changing the conversation, reducing stigma and supporting women to get tested and treated.

Research: Working with UKHSA/UCL looking at the potential for inclusion health services in England, undertaking a series of workshops with HCT staff and volunteers. HCT completed two reports feeding into a larger inclusion health national evaluation.

Consultancy: Secondment of staff member salary costs

Notes to the Financial Statements
For the year ended 31 March 2025

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

Year to 31 March 2025	Unrestricted Funds 2025 £	Designated Funds 2025 £	Restricted Funds 2025 £	Total 2025 £
Current assets	4,481,667	901,429	224,445	5,607,541
Current liabilities	(2,322,550)	-	-	(2,322,550)
	<u>2,159,118</u>	<u>901,429</u>	<u>224,445</u>	<u>3,284,991</u>

Year to 31 March 2024	Unrestricted Funds 2024 £	Designated Funds 2024 £	Restricted Funds 2024 £	Total 2024
Current assets	3,904,555	820,450	235,750	4,960,755
Current liabilities	(1,858,664)	-	-	(1,858,664)
	<u>2,045,891</u>	<u>820,450</u>	<u>235,750</u>	<u>3,102,091</u>

14. OPERATING LEASE COMMITMENTS

	Equipment		Land and buildings	
	2025 £	2024 £	2025 £	2024 £
Operating lease which expires:				
Less than 1 year	-	3,096	78,983	62,655
Within 2-5 years	-	3,096	195,000	-
	<u>-</u>	<u>6,192</u>	<u>273,983</u>	<u>62,655</u>

Thank You

We would like to take this opportunity to thank our funders, from individual donors to large statutory and trust funders, with who we would not be able to achieve the work we have reported on this year.

We greatly appreciate their commitment to our cause and the resources they provide in order for us to reach our goals.

We would like, in particular, to thank:

- AbbVie Ltd
 - Barts Health NHS Trust
 - Betsi Cadwaladr University Local Health Board
 - Birmingham and Solihull Mental Health NHS Foundation
 - Bournemouth Christchurch and Poole Council
 - Brighton and Sussex University Hospitals NHS Foundation Trust
 - Cambridge University Hospitals NHS Foundation Trust
 - Cardiff & Vale APB
 - Devon County Council
 - East Lancashire Hospitals NHS Trust
 - Falkirk Council
 - Gilead
 - Hull University Teaching Hospitals
 - Kings College Hospital
 - Leeds Teaching Hospitals NHS Trust
 - London Joint Working Group on Substance Use and Hepatitis C
 - London School of Hygiene & Tropical Medicine
 - Mary Kinross Charitable Trust
 - MSD
 - NHS England and NHS Improvement – East Midlands (H & J)
 - NHS North East London ICB
 - NHS Thames Valley
- NHS Forth Valley
 - NHS West London
 - NHS Tayside
 - Newcastle Track and Trace
 - Nottingham University Hospitals NHS Trust
 - Oxleas NHS Foundation Trust
 - Practice Plus Group Health and Rehabilitation Services Limited
 - Public Health Wales NHS Trust
 - Royal Surrey NHS Foundation Trust
 - Sheffield Teaching Hospitals NHS Foundation Trust
 - Spectrum
 - St George’s University Hospitals NHS
 - The National Health Service Commissioning Board (NHS England)
 - The Newcastle upon Tyne Hospitals NHS Foundation Trust
 - University Hospital Southampton NHS Foundation Trust
 - University Hospitals Birmingham NHS Foundation Trust
 - University Hospitals Bristol & Weston NHS Foundation Trust
 - University Hospitals of Leicester NHS Trust W
 - University Hospitals Plymouth NHS Trust

The Hepatitis C Trust
Annual Reports & Accounts
2024—2025

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SCO39914

Registered Company
Number: 5069924



THE HEPATITIS C TRUST

England & Wales - Charity number 1104279

Accounts



THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

ANNUAL REPORT & ACCOUNTS 2024

THE HEPATITIS  TRUST

WHAT IS HEPATITIS C?

**HEPATITIS C (HCV) IS A VIRUS
PASSED VIA BLOOD-TO-BLOOD
CONTACT THAT INFECTS THE
LIVER. IF LEFT UNTREATED,
IT CAN CAUSE CIRRHOSIS,
LIVER CANCER,
AND LIVER FAILURE.**

**WITH TREATMENT, 97% OF
PATIENTS ARE CURED OF
THE VIRUS AFTER JUST
A FEW MONTHS.**

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OUR FOCUS

The Hepatitis C Trust champions the right of every person at risk of hepatitis C in the UK to receive effective testing, treatment and care.

We achieve this by empowering people with lived experience, influencing policy and practice, and working with healthcare and treatment services to deliver support and raise awareness about hepatitis C.

The Hepatitis C Trust was founded in 2001 by four people who met while looking for ways to manage their condition. At that time, there was no effective treatment for hepatitis C and there was no central source for reliable information about the virus.

Determined to do something, these founders formed the UK's first and only dedicated hepatitis C charity.

More than 20 years later, we have grown from a small organisation to one of more than 160 permanent staff and more than 200 peer volunteers. This includes large on the ground peer programmes in both the community and prisons, working across 23 NHS Operational Delivery Networks (ODNs) and 128 prisons.

We remain a peer-led organisation, meaning that most of our staff and volunteers have been affected by hepatitis C. Our combined lived experience ensures that the patient's voice remains at the heart of everything we do.

OUR STRATEGY

Our strategy is focused around two strategic goals:

1. To see the elimination of hepatitis C in the UK by 2030
2. To evidence and prove the value of peer support in addressing both hepatitis C and health inequalities
3. To secure justice for the Infected Blood community

We deliver bespoke services to ensure the broadest reach in terms of raising awareness, preventing new infections, and engaging both those undiagnosed and those diagnosed but untreated. Alongside this, we lobby and advocate for systems and provisions to enable the maintenance of elimination.

We also research, document, and evidence the power and impact of a model of peer delivery to ensure it is better understood and is being applied across the health economy. By tackling health inequalities, we ensure that no one is left behind.

OUR MISSION

The Hepatitis C Trust is a charity dedicated to eliminating hepatitis C in the UK by 2030.

Working alongside our partners, we are committed to ensuring that no one is left behind on the road to elimination.

“

The Hepatitis C Trust provides a wealth of knowledge, experience and support to our outreach clinics. We would be lost without their support and advice.”

ZOE JENNINGS, VIRAL HEPATITIS CLINICAL NURSE SPECIALIST



LETTER FROM THE CEO & TRUSTEES

As we mark the end of this year and prepare our annual report we reflect on the last 5 years of NHS England's elimination programme, the journey and the role of peers and lived experience within this. Our staff and volunteer team have grown year on year due to the success of the programme with partners including NHS Trusts recognising the value of peer support and lived experience, within not only the HCV care pathway but also increasingly wider health pathways.

We are well on our way to elimination—a milestone recognised by the World Health Organization (WHO) last year when the UK was selected as a pilot country. However, significant work remains.

This year we have continued to reach the hardest to engage people at risk of hepatitis C both in local communities and across the prison estate. We have supported local drug services to reach micro elimination and continued to deliver whole prison testing events enabling individual prisons to secure micro elimination.

Volunteers remain essential to our programme's success. The dedication and enthusiasm of more than 250 volunteers in local communities and prisons makes our work possible. We prioritise training and support for all volunteers, enabling many to secure qualifications for the first time and, in some cases, move into employment—47% of our volunteers transitioned into jobs this year, with a large percentage joining HCT as paid employees.

Partnerships are at the heart of our approach; it is the unique joint working that allows our peer

programme to flourish, reach the undiagnosed and provide support through the treatment pathway. This year we have expanded our outreach services with two new outreach vans bringing our fleet to four.

Our research efforts also grew, with partnerships and HCT-led initiatives yielding valuable insights. This year researchers from Glasgow Caledonian University continued to study the efficacy of our peer model through the PEERs study, presenting preliminary findings at the International Network on Health and Substance conference in Geneva in October. Our peer research team has also been busy this year conducting interviews as part of an evaluation of our volunteer programme. Evidencing and understanding the success of the peer programme are key as we broaden our work across inclusion health populations.

The addition of a Head of Communications last year has been invaluable, helping us develop a new website, refresh branding, streamline materials, and strengthen communications, especially on social media, with a focus on the Infected Blood Inquiry.

Our Information and Support Team has managed increased demand, delivering support and information to those affected by hepatitis C. Most of our calls this year came from individuals who had received infected blood, or from their loved ones. As well as offering emotional support and information, we have also helped hundreds of people navigate the application process for the UK Infected Blood Support Schemes.

In addition, we have continued to facilitate online support and information groups for the infected

blood community, these have been especially significant over the past year, following the "official" end of the Infected Blood Inquiry in the Spring and the subsequent delays in their reporting. Activities this year have reached beyond our information and support service as we attended and supported several campaign events including a mass lobby at Westminster. This event brought together individuals affected and campaign groups to lobby and urge the Government to act on compensation for people affected by infected blood.

Our policy work expanded across the devolved nations, focused on achieving and maintaining elimination targets. For Autumn European Testing Week, we hosted a parliamentary testing event, attracting MPs and Peers from across the House. Our written submission to the Home Affairs Select Committee's inquiry into drugs was highlighted in their final report, which underscored the importance of lived experience in peer support.

In Scotland we contributed to the new Scottish Government Sexual Health and Blood Borne Virus Action Plan and met with the Public Health Minister. While in Wales we worked with supportive MSs to scrutinise the Welsh Government on issues including progress towards the 2030 elimination target and testing in Welsh prisons.

Through HCV Action, we hosted best-practice webinars and brought together 120 hepatitis C

professionals at our annual conference at the University of Warwick, marking our largest in-person attendance to date.

This has been a pivotal year, collaboratively driving forward our goal to reach elimination across England and the devolved nations ahead of 2030. Moving ahead our focus will not only include reaching elimination and 'leaving no-one behind', but also on how we can maintain elimination once this has been reached. And of course, our peer programme, which we will continue to adapt alongside our new inclusion health work, liver surveillance and Peer led NSP.

Rachel Halford
CEO



THE YEAR IN NUMBERS

37,178

people in the community
tested for hepatitis C

58,339

people engaged through hepatitis C
awareness sessions or conversations
in the community

16,022

people in prison tested for
hepatitis C at High Intensity
Test and Treat events

16

prison sites achieved micro
elimination

575

days contributed by peer
volunteers

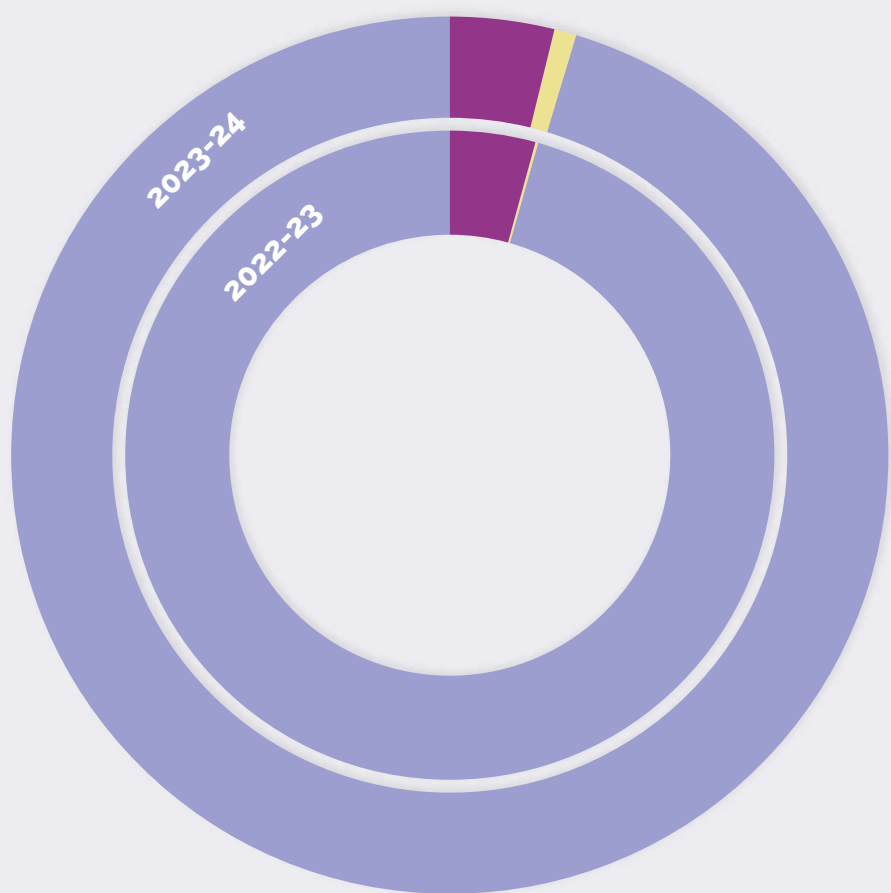
4,013

contacts via the
helpline

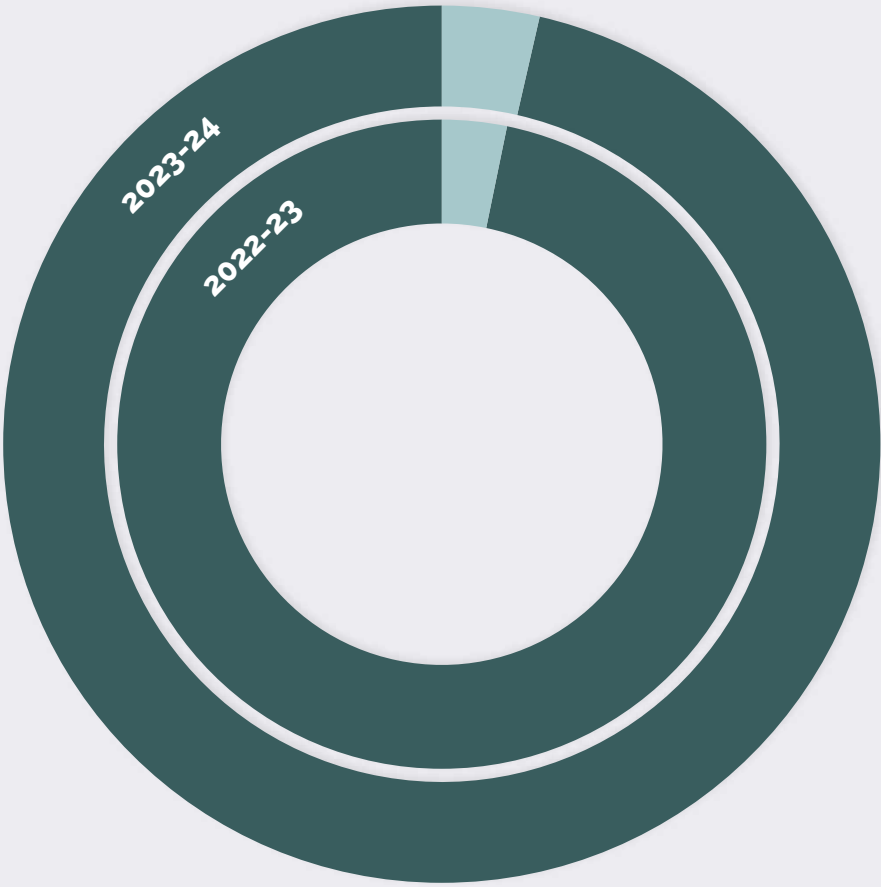
FINANCIAL OVERVIEW

An overview of our total income and expenditure for this year, with a comparison to that of last year.

TOTAL INCOME



	2022-23	2023-24
 Donations	£0.32M	£0.33M
 Investments	£0.01M	£0.07M
 Charitable activities	£6.97M	£8.2M
Total	£7.3M	£8.6M



TOTAL EXPENDITURE

	2022-23	2023-24
Raising funds	£0.22M	£0.3M
Charitable activities	£6.3M	£7.8M
Other income	-	-
Total	£6.52M	£8.1M



LEAVING NO ONE BEHIND IN THE COMMUNITY

2022-23 TARGET

To increase our reach beyond drug services, delivering targeted testing and support for groups not yet reached, alongside expanding the role of peers across wider liver health.

Our community peer programmes continued to expand and adapt beyond our usual scope of practice to address the growing needs of patients, involving a range of Inclusion health activities.

New focus areas of work have included Hepatocellular carcinoma (HCC). Early detection of HCC can vastly improve a patient's outcome. Our work encompasses two distinct programmes:

1. HCC early detection interventions - our peers support and deliver mobile community fibro-scan clinics to identify at risk patients who are referred and supported to access further investigation in hospital settings.
2. Liver surveillance support - currently delivered in Wessex and SE London peers provide support for those already identified at elevated risk of developing liver cancer. Here we work closely with hospital teams, and, by way of honorary contracts, we access lists of historical 'lost to follow up' patients and re-engage them into surveillance programmes.

Our fleet of HCT mobile clinic vans has increased to four. We continue to expand the services available on the vans to include HCC early detection fibro-scan clinics and Needle and Syringe provision.

We conducted a national survey of Needle and Syringe Programmes (NSP) in June 2023. The research revealed a significant decrease in access to injection equipment nationwide. We are now collaborating with UKHSA to further investigate the decline of this vital service, which is not only essential for individuals injecting drugs to keep them safe but also vital for maintaining elimination.

Our national teams have supported the micro-elimination efforts of local drug service providers. Alongside supporting the recruitment of participants in year 2 of NHS England's needs assessment which aims to follow 10,000 clients and try to establish HCV incidence in this population.

We continue to play a key role in the HCV testing conducted in Emergency Departments. Planning has already started to expand the program into Birmingham and beyond this year. This coincides with the proposed additional peer workers for Birmingham. We have opened an office in Birmingham to accommodate new staff as our West Midlands team grows.

58,339	people engaged through hepatitis C awareness sessions or conversations
37,178	people in the community tested for hepatitis C
3,842	individuals supported to access hepatitis C treatment

NEVER GIVE UP: OUR SUPPORT FOR JENNY

We first met Jenny* at a drug service in Carlisle where she would access the needle exchange.

Jenny had been in and out of drug treatment for over 30 years. She had been an opiate user, but like many people we support she had begun injecting cocaine.

Jenny always said she refused to have a hepatitis C test when accessing the needle exchange because she was always in a hurry. But after spending some time getting to know Jenny, our Peer Support Lead Jane realised that Jenny was fearful of finding out her diagnosis because of stigma and she worried about treatment.

We lost touch with Jenny for about a year but then Jane saw her again at an outreach event. Jenny took Jane aside and told her that she knew she had hepatitis C for years but hadn't done anything about it. Jane asked her to complete another test

to confirm the diagnosis but Jenny refused – she didn't want anyone to see her and think she had the virus.

Jane struggled to find Jenny again, but she wouldn't give up. 18 months later, she reached out to Jenny via her support worker. Jenny was finally in stable accommodation and Jane managed to arrange a hepatitis C test to be completed at Jenny's home; away from prying eyes.

The test came back positive. To support Jenny through treatment, Jane arranged to have her medicine delivered to Jenny. This extra support tackled the barrier of stigma that had prevented Jenny from getting help for so long.

Jenny said: "I can't thank Jane enough for caring and for not giving up on me. I'm so grateful."

*This name has been changed

“

I can't thank Jane enough for caring and for not giving up on me. I'm so grateful.”

STORY OF IMPACT

ABOVE AND BEYOND: SUPPORT THROUGH TREATMENT

Matt* faced a number of challenges while undergoing hepatitis C treatment. He was in and out of hospital with other conditions and struggled with homelessness and addiction.

Matt's details were passed on to Tommy, one of our Peer Support Workers, who was able to arrange a meeting over a coffee. Matt's mother, who was extremely worried about her son's situation, was able to join them.

Tommy arranged to meet Matt weekly and to support him at his medical appointments. He also arranged to collect parcels for him from the local food bank.

It took weeks of help and encouragement but eventually, Matt began having periods where he had some stability and was taking his treatment

regularly. Despite a few bumps along the way, with Tommy's support, Matt cleared the hep C infection.

Sometime later, Tommy received a call from Matt's mother who wanted to let him know that her son was doing well and had stopped using drugs. With his life back on track, Matt has even saved up enough money to go on holiday.

Matt's mother said she now hardly worries about her son. Not only did Tommy's support of Matt change his life, but it has improved the well-being of those around him.

Tommy said: "Wins like this make me happy to get up and go to work every day."

*This name has been changed



Despite a few bumps along the way, Matt cleared the hep C infection."

2024-25 PRIORITY

- › To continue to increase our reach and use innovation to ensure no one is left behind and to continue to expand the role of peers across wider liver health.
-



LEAVING NO ONE BEHIND IN PRISONS

2022-23 TARGET

To increase our reach across the criminal justice system and ensure that all people with hepatitis C within custodial settings have access to testing and treatment.

This year we continued with our peer work across English prisons and offered support to our colleagues in the criminal justice system in Wales, Scotland and Northern Ireland. Our team completed a staggering 3,000 prison visits – increasing hepatitis C awareness and encouraging testing.

Our High-Intensity Test and Treat (HITT) programme continued to deliver great outcomes; testing over 16,000 people in prison and supporting those who needed it through treatment.

There has been lots of innovation across the prison team as we seek to find new ways to engage with residents who refuse testing. We were able to pilot a scheme at HMP Birmingham where prison peers were supported to test fellow residents. Previously, just 5% of residents at the prison were being tested for hepatitis C and other BBVs on arrival; to tackle this issue, a completely new approach was needed. With the support of the prison's Healthcare Manager, we helped train four residents to screen for hepatitis C at reception. This group of resident peers, called the Expectation Team, now complete all reception testing for hepatitis C using mouth swabs.

This innovative approach has meant that between 80 and 90% of people consent to be tested on arrival every week.

We are proud of our Follow Me programme, a true 'Through the Gate' service, ensuring we support people who have been on treatment, still need treatment or just completed when they leave prison. This has helped many people complete treatment and be cured of hepatitis C.

We have made inroads to working with police custody suites, where we have delivered awareness training to officers.

We continue to support our colleagues in probation, providing support through literature, referral pathways and testing events. This engagement enabled us to find more cases of hepatitis C within the criminal justice setting, as well as raising awareness of the virus among people who historically may not have engaged with health care services.

556	Hepatitis awareness training sessions delivered in UK prisons
16,022	people tested for hepatitis C at HITT events
16	prison sites achieved micro elimination

CHRIS' PEER JOURNEY

We first met Chris* at a hepatitis C awareness training session at his prison.

He didn't seem to want to be there – struggling to make eye contact with anybody and not contributing to the discussion at all. But at the end of the session, he approached the trainer and thanked him for speaking so honestly about his story.

A few weeks later, Chris' support worker got in touch and said that he was interested in becoming a prison volunteer peer.

We spent the next few weeks hearing about Chris' story and training him up. Over a period of a couple of months, Chris found his voice and began speaking with the other men about hepatitis C. It was a transformation – his self-esteem began to flourish.

Chris became a valuable asset to our work at the prison. Not only did he run awareness sessions but

he also took part in healthcare promotions and World Hepatitis Day events.

After 23 years inside, Chris was finally granted parole. He expressed a desire to continue volunteering for us in the community and so our prison team was able to link him up with the community peer manager in the area he was living in.

Due to the nature of his life licence, it has taken time to work with his probation worker and attain his DBS but six months on he has now started working with us in the community. He also has his own flat and has started driving again.

Volunteering for the Trust has been a catalyst for change and has helped Chris to get his life on track again.

*This name has been changed

//

Chris found his voice and began speaking with the other men about hepatitis C. It was a transformation."

STORY OF IMPACT

TACKLING STIGMA AT HMP BERWYN

Our collaboration with HMP Berwyn, the largest prison in the UK, involved our team conducting testing events on the wings and providing awareness training to the healthcare teams.

After months of planning, The Hepatitis C Trust peer project launched with two full-time members of staff to support a newly appointed BBV nurse.

To complement the work, Public Health Wales established a rapid pathway to expedite testing times and introduced a Cepheid rapid PCR testing machine.

Hepatitis C was heavily stigmatised at the prison when the project first started. To help change attitudes to the virus, our team carried out 1,540 brief interventions with residents.

We also recruited 18 prison volunteer peers and with their support, the team encouraged over

300 men who initially declined testing to put themselves forward.

HMP Berwyn has now reached micro-elimination; surpassing Welsh Government targets for over six months. There are now robust systems in place to monitor the testing and screening pathways.

The multi-disciplinary team involved in the project has reached the finals of the NHS Wales Team of the Year Awards. We are honoured to have contributed to this achievement.

Louise Davies from Public Health Wales said: "Achieving this accomplishment in HMP Berwyn has been a complete multidisciplinary team effort and work will continue to maintain the micro-elimination status going forward."

*This name has been changed

//

We carried out 1,540 brief interventions with residents at the prison."

2024-25 PRIORITY

- › To maintain a high level of activity in all reception prisons, focusing on areas where infection/reinfection is more prominent.



TRAINING TO ENSURE NO ONE IS LEFT BEHIND

2023-24 TARGET

To continue increasing our numbers of peer volunteers and supporting them through their development journey.

We continue to prioritise all staff and volunteer training, ensuring that all those delivering front-line services are equipped with the skills they need to carry out their roles successfully in both community and prison settings.

It has been a busy year; we delivered 25 peer volunteer inductions which were attended by 159 volunteers.

We have developed a more streamlined training pathway that provides peer volunteers with the opportunity to gain two professional accreditations at their 3-day induction. This has had a positive impact on our volunteers' confidence and encourages them to seek further training opportunities.

The training team has been instrumental in developing a novel harm reduction service in partnership with the London Joint Working Group and Commissioners in the Borough of Hackney. With 43% of injecting drug users reporting having shared needles in the past month, there is clearly a need for renewed investment, innovation and prioritisation of harm reduction services.

This new service is a Needle and Syringe Provision project co-delivered with both lived and living experience peers. It aims to reduce the stigma that prevents some drug users from accessing needle exchanges at pharmacies. It was launched in March 2024 with funding confirmed for the next year.

One of the hurdles we faced this year was the funding stream for volunteer accreditations being removed from the workforce development fund. Our response to this was to source alternative training materials to ensure the quality of the volunteers' training did not diminished in any way.

We recruited a London Volunteer Manager to our team to provide extra support to London-based volunteers. This has allowed an on-request support mechanism which not only supports staff with volunteers' management through increased 1-1 sessions but also additional holistic support for volunteers.

We have also continued to review and make improvements to our volunteer programmes, including updating our volunteer management system and developing a new peer management DBS guide.

We're pleased to report that 53% of volunteers who left the volunteer programme went on to find paid employment – a testament to the success of the programme and their own hard work and dedication.

234	HAT training sessions delivered
575	days contributed by peer volunteers
159	new peer volunteers received induction training

TOMMY'S PEER STORY

I started using cannabis and solvents when I was about 11 years old.

By the time I was 16, I had tried most drugs and I got spiked with heroin in a spliff. I didn't know what heroin was at the time but I liked the effect and carried on using it for a couple of years.

I joined the armed forces when I was 18 and did tours in Northern Ireland. I became hooked on pain killers after an injury and was drinking every day.

Eventually, I started using heroin again. A random drug test picked it up when I was on leave and I was discharged after seven years of service.

From then my drug use spiralled. I started injecting and selling drugs, moving around a lot before ending up back in my hometown of Liverpool.

I was living in a hostel and was introduced to NA fellowship. I tried to stop taking drugs but I kept relapsing. During this time, I was tested for hepatitis C and was positive. I had interferon treatment in 2009 and it was a success.

Two years ago I did an inpatient detox, and I haven't used drugs or alcohol since. It was around this time I started volunteering for The Hepatitis C Trust. I am passionate about hepatitis C because I know the stigma and shame attached to this illness prevents people from having the treatment.

Volunteering for the Trust has helped me massively. It has given me purpose. Darren, my peer support lead, has given me lots of support. Volunteering gives me structure, routine and helps me stay connected to people. I enjoy giving something back as I get a lot from it.



Volunteering for the Trust has given me purpose."

STORY OF IMPACT

CHELSEA'S PEER STORY

I grew up in a family that struggled with addiction.

I always felt different as child with my family life being the way it was. One of my earliest memories was of my dad doing the interferon treatment because he had contracted hepatitis C. I thought he was dying as the side effects were so severe.

When I was 15, I started smoking crack cocaine and never thought I would go on to use heroin. Sadly at 17, I did. It was all fun at first, but then as my addiction progressed, so did the consequences. I had a lot of health issues and I was in and out of prison.

Sometimes I would use intravenously with my dad. I didn't know that sharing paraphernalia was a way to catch hepatitis C.

Whenever I got tested for the virus, I was always negative. I began to believe that I was immune.

Towards the end of my using things were so bad that, I didn't care whose equipment I used. Eventually, I tested positive for hepatitis C but quickly completed treatment.

I lost my dad two years ago when he was 54. He died from cirrhosis and hepatitis C after being reinfected many times. That's why I am passionate about volunteering for The Hepatitis C Trust.

The Trust supported me and helped me with the stigma and shame. They guided me when telling family and friends about my hepatitis C. I never felt like I was being judged – even when I went back many times for tests when I was using.

Since volunteering for the Trust, I have grown so much. I'm more confident, have a purpose and feel proud that I can give something back. I was unemployable because of my past but now I have a lot of hope. I am proud of how far I've come on my journey.

“

I was unemployable because of my past but now I have a lot of hope.”

OUR 2024-25 PRIORITY

- To review and enhance the staff induction and training with a focus on safeguarding, boundaries and neurodiversity.
-



**JUSTICE
DELAYED IS
JUSTICE
DENIED**

#CONTAMINATEDBLOOD

THE HEPATITIS  TRUST

SUPPORT FOR THE INFECTED BLOOD COMMUNITY

2023-24 TARGET

To continue to represent and support those infected and affected by infected blood and widen our resource within this support.

Our helpline remains an essential resource for many people who have or have had hepatitis C.

Between April 2023 and March 2024, we took 4,013 contacts via the helpline. Most of these calls came from individuals who had received infected blood, or from their loved ones. As well as offering emotional support and information, we have also helped hundreds of people navigate the application process for the UK infected blood support schemes.

Managing the volume of calls has been challenging, but the recent addition of helpline volunteer Bob to our team has been a great help.

Our online support and information groups for the infected blood community have remained crucial for bringing people together to learn and to support one another. This has been especially significant over the past year, following the "official" end of the Infected Blood Inquiry in the spring and the subsequent delays in their reporting, which were pushed from autumn to spring (and then further delayed until the end of May 2024). These delays heightened anxiety and stress within the community, making it more important than ever to offer a space for open communication and up-to-date information.

In July 2023, Sir Brian Langstaff called the Prime Minister Rishi Sunak and senior government ministers to a week of special hearings to directly answer the lack of response on initiating compensation. We attended these sessions to support the community.

Over the past year, we have also supported several campaign events, including a mass lobby at Westminster in February. This event brought together various campaign groups to urge the government to take action on compensation for people affected by infected blood.

18	support group sessions held for the infected blood community
4,013	contacts via the helpline
30	MPs met with campaigners at the mass lobby in Westminster

BOB'S STORY: FROM CALLER TO VOLUNTEER

When Bob was five years old, he was playing outside his house when he suffered a serious head injury. Years of painful facial reconstruction surgeries followed and he was given a blood transfusion as part of a particularly difficult operation.

Decades later, Bob began to experience chronic pain and lost a lot of weight. His doctor diagnosed him with hepatitis C - 49 years after receiving infected blood and now lives with cirrhosis.

He first got in touch with us by writing a letter to our office when he felt he had nowhere left to turn. Our helpline manager, Sam, was able to call Bob

and give him reassurances about the effectiveness of modern treatment. Bob was cured of hepatitis C in 2022.

In 2023, Bob decided that he wanted to give back to the Trust and to help support others. He trained as a volunteer for our helpline and now sits alongside Sam in our office every Wednesday. He has also helped raise awareness of infected blood in the media and has supported other events such as joining our stall at London Pride.

Bob says: "Finding out you have hepatitis C can be terrifying. The Hepatitis C Trust was there for me when I needed it most – I hope that I can do the same for other people."

“

His doctor diagnosed him with hepatitis C - 49 years after receiving infected blood.”

STORY OF IMPACT

DEMANDING ACTION FROM WESTMINSTER

On 28 February 2024, there was an incredible turnout for the mass lobby to demand that the government take action on compensation for people infected and affected by the contaminated blood scandal.

The lobby, organised by the All-Party Parliamentary Group on Haemophilia and Contaminated Blood in conjunction with campaign groups, was an opportunity to lobby MPs to help force government action.

The day began with a photo call on College Green where participants from several campaign groups stood together to demand justice. Many people had the opportunity to share their stories with journalists and the lobby made the headlines on ITV, Channel 5 and Sky news shows.

Campaigners then moved on to Westminster Hall where many had arranged to speak with their MPs. The event attracted strong support from MPs from across the House, with more than 30 politicians meeting with their constituents.

After Prime Minister's Questions, Sir Keir Starmer, leader of the opposition, also headed to Westminster Hall to engage with campaigners. When asked whether a potential future Labour government would provide compensation, he said "yes", but added he hoped the matter would be resolved before then.

Our helpline team was on hand throughout the day to provide emotional support as well as to lobby their own MPs to take action on the issue.

“

The event attracted strong support from MPs from across the House, with more than 30 politicians meeting with their constituents.”

2024-25 PRIORITY

- To increase support for the infected blood community following the publication of the final report of the Infected Blood Inquiry and the implementation of new financial support schemes.
-





WORLD HEPATITIS DAY 2023: DON'T MISS THE TARGET

66

events held in
partnership with
services and charities
across the UK

1,882

people engaged.

786

people tested.



KEEPING HEPATITIS C ELIMINATION ON THE POLITICAL AGENDA

We engage with politicians across the UK to secure ongoing support for eliminating hepatitis C and to promote planning and preparation at the central government level to ensure that elimination is sustainably maintained once achieved.

In Westminster, we organised and hosted a drop-in event in Parliament to mark Autumn European Testing Week which attracted a range of MPs and peers from across the House. As part of the event, we offered parliamentarians the chance to get tested for hepatitis C and other blood-borne viruses and speak to our staff and volunteers about their work.

Across the year, we engaged with the UK Government and opposition health teams, including Health Minister Lord Markham and Shadow Health Secretary Wes Streeting's Political Advisor, around the importance of achieving and then maintaining elimination. We worked with MPs to table Written Questions to Government ministers and briefed MPs ahead of key debates in Parliament, including on infected blood.

Our written submission to the UK Parliament Home Affairs Select Committee's inquiry into drugs was cited throughout the committee's final report, including their support for the vital role of peers with lived experience.

2023-24 TARGET

To ensure parliamentarians are aware of the importance of preparing for maintaining hepatitis C elimination once achieved, and that there is a strategy in place for the maintenance phase.

In Scotland, we met with Public Health Minister Jenni Minto to provide our input to the new Scottish Government Sexual Health and Blood Borne Virus Action Plan. Following its publication, we worked with supportive MSPs to table Written Questions to Government seeking further detail about aspects of the Action Plan.

In Wales, we worked with supportive MSs including Plaid Cymru Leader Rhun ap Iorwerth and Welsh Liberal Democrats Leader Jane Dodds to scrutinise the Welsh Government on issues including progress towards the 2030 elimination target and testing in Welsh prisons.

For World Hepatitis Day, we secured statements of support from senior representatives of every main political party in the four UK nations, including the First Minister of Wales as well as UK and Scottish Government Health Ministers.

12	parliamentary supporters attended our Westminster drop-in event
49	UK politicians showed public support for World Hepatitis Day on social media
12	citations of our written submission in the UK Parliament Home Affairs Select Committee's report on drugs

PARLIAMENTARY DROP-IN EVENT

In November, we held a 'drop-in' event in the UK Parliament to mark Autumn European Testing Week.

At the event, clinically trained members of our peer support team offered MPs the opportunity to undergo a finger-prick test for hepatitis C, hepatitis B, syphilis and HIV. This was a great way to engage with parliamentarians and demonstrate the ease of testing.

Attendees were also able to speak with members of our community and prison peer teams about the work we do to raise awareness of hepatitis C and increase testing and treatment rates. This has led to ongoing contact between MPs and peers based in their constituency.

As European Testing Week is focused on testing for all blood-borne viruses, we invited representatives from the National AIDS Trust,

Terrence Higgins Trust and British Liver Trust, as well as the NHS England Hepatitis C Elimination Programme team, to join the event. We promoted our joint call for the expansion of opt-out blood-borne virus testing to more Emergency Departments in England. Shortly after the drop-in, the Government committed to expanding the opt-out testing scheme.

12 parliamentarians attended the event, including representatives from five political parties and an independent. Attendees included Dame Nia Griffith, the shadow minister leading on the Labour Party's response to infected blood issues, former UK Government Public Health Minister Maggie Throup and Father of the House of Commons Sir Peter Bottomley.

“

The Hepatitis C Trust's drop-in at Parliament today raised awareness of the brilliant work they are doing to eradicate the virus.”

PAULA BARKER MP

STORY OF IMPACT

HOME AFFAIRS SELECT COMMITTEE REPORT

In 2022/23, the UK Parliament's Home Affairs Select Committee – a group of cross-party MPs – conducted an inquiry into drug policy. We submitted evidence to the inquiry, outlining The Hepatitis C Trust's informed perspective on the current UK approach to drugs.

Our submission advocated a national approach that treats drug use as a health issue and not a criminal justice issue. We noted that the current approach greatly impedes the delivery of meaningful preventative interventions to address hepatitis C. Promoting health-based interventions, such as blood-borne virus (BBV) testing and treatment, mental health support and social

support, can lead to much greater engagement with services and recovery outcomes.

The Committee's final report, published in July 2023, featured 12 citations of The Hepatitis C Trust's evidence and contained a number of recommendations we strongly welcomed. These included calling for the piloting of drug consumption facilities, a move away from an abstinence-only approach towards harm reduction and for additional funding for drug services.

We were particularly pleased that the Committee cited our evidence to support the role of peers with lived experience in healthcare settings.

“

Peers - people with lived experience of using drugs - play a 'vital' role in engaging people who use drugs in treatment and recovery services, and in supporting their long-term recovery.”

HOME AFFAIRS SELECT COMMITTEE REPORT ON DRUGS

OUR 2024-25 PRIORITY

- › To ensure continued parliamentary support for the hepatitis C elimination programme and maintenance, and to increase focus on robust prevention policies.
-



KEEPING HEPATITIS C PROFESSIONALS CONNECTED

To complement our patient-focused work, we also coordinate HCV Action, a network of more than 1,000 healthcare professionals with an interest in hepatitis C.

Through HCV Action we continue to inform, inspire and connect the hepatitis C professional community as they work to eliminate hepatitis C in the UK.

Our annual conference attracted its largest in-person attendance to date in 2023, with 120 hepatitis C professionals gathering at the University of Warwick. Topics included Emergency Department blood-borne virus testing, the role of primary care in achieving elimination and examples of innovative practice.

Across the year, our webinar series attracted 286 attendees. The webinars create a space for

2023-24 TARGET

To support the hepatitis C professional community by providing a forum for the discussion of developments, challenges and opportunities in the elimination programme.

professionals to share best practice and building links between the hepatitis C network – for example, one ODN reported a change to their approach in providing medication to homeless people after attending one of our webinars.

We also developed an increasing focus on supporting the hepatitis C professional community to plan and prepare for maintaining hepatitis C elimination once it has been achieved. We organised and hosted a roundtable, chaired by Professor Kevin Fenton CBE and featuring 30 senior stakeholders, to discuss key considerations for transitioning to the elimination maintenance phase. Following this, we published a summary report of the roundtable and brought together and launched the HCV Action Hepatitis C Elimination Maintenance Strategy Group to take this work forward in 2024-25.

314	people attended the annual HCV Action conference in person and online.
313	attendees across three HCV Action webinars.
722	YouTube views of 2022-23 HCV Action webinars and event recordings.

OUR 2024-25 PRIORITY

- › To continue to support the hepatitis C professional community to achieve hepatitis C elimination by providing opportunities to discuss prevention, diagnosis and treatment of hepatitis C and ensure sustainable maintenance of elimination.



RESEARCH

This year, our peer research team has been busy conducting interviews as part of an evaluation of our volunteer programme.

Their work has explored the skills and experience that peer volunteers have gained in their time with us, highlighting the importance of the training and development opportunities we offer. The report will be published in 2024. The peer researchers have also been exploring language use in publications, particularly in relation to the use of stigma, and have conducted and written up a series of interviews for our 'Peer Support Means' blog.

Researchers from Glasgow Caledonian University (GCU) continue to explore how and why our peer model works through the PEERs study. The research team has been interviewing our staff and the clients we work with, with initial findings presented at the International Network on Health and Substance Use (INHSU) conference in Geneva in October. Our HITT programme and our women's criminal justice programme have also featured at national and international conferences this year.

We continue to explore the design of peer models in our work; with papers and a scoping review to be submitted for peer-reviewed publications in 2024, alongside a paper on the PEERs study by GCU.

Our research team has been commissioned by UCLH to develop two reports exploring how inclusive health services can be designed. Through focus groups with staff across the UK we were able to identify key principles and features of an effective inclusion health outreach service to address communicable diseases. The reports will inform ongoing inclusion health scoping work by the UKHSA and UCLH.

We have also begun working with researchers at other universities across the country. Bristol University has secured funds to conduct a cost-effectiveness evaluation of our prison HITT programme, which will be undertaken in 2024. We are working with the University of Southampton and University of Manchester on two further research funding proposals which will be submitted in in Autumn 2024.

“

To have my voice heard and know that my opinions really matter is truly golden.”

REBECCA BULMER, PEER RESEARCHER



ART ON A POSTCARD

Art on a Postcard (AOAP) raises funds for The Hepatitis C Trust through charity auctions and the sale of merchandise on their online shop.

Established in 2014, AOAP was intended to be a one-off secret postcard auction, its success led to the creation of an ongoing initiative.

Each AOAP auction showcases an outstanding collection of postcard-sized masterpieces, featuring works by some of Britain's most acclaimed artists.

SUMMER AUCTION 2023

The annual summer auction raised funds to help support the work of our helpline. It ran for two weeks online, showcasing over 350 curated artworks. It featured many up-and-coming artists, as well as Turner Prize winner Jeremy Deller. A private viewing was held at Hoxton Gallery, where stories from members of the infected blood community were also displayed. The auction raised £42,000.

GREETINGS CARDS RANGE

AOAP launched its first range of greeting cards to sell both wholesale and via the online shop. The range was done in partnership with a number of contemporary artists who had previously donated artwork to its auctions, including Ceal Warnants, Haus of Lucy and Ben Eine, with the potential for new designs being added to the selection in future. AOAP also helped spread the Christmas cheer with their selection of Christmas cards – available to buy in the online shop and via Cards for Good Causes

SUMMER AUCTION 2023

Teaming up with The Other Art Fair, AOAP raised £45,000 at this auction. The sale featured works by National Portrait Gallery BP Portrait Award-winner Ishbel Myerscough and Marina Abramović, alongside emerging artists such as Jade Montserrat, Tosin Kalejaye and Ruairi Fallon.

WINTER AUCTION 2023

Art on a Postcard's annual Winter Auction raised an astounding £98K for the Trust, their best auction to date. They had six wonderful guest curators who helped achieve this result: Ell Pennick, Verity Babbs, Ed Cross, Millie Foster, Katherine Kittoe, and Frankie Shea. The line-up of over 550 artworks were on view at Gathering, London for a Private View.

INTERNATIONAL WOMEN'S DAY AUCTION 2024

Spanning two weeks and encompassing International Women's Day on 8 March, six guest curators platformed a selection of female artists, reimagining their relative disciplines and unique thematic approaches to fit bespoke postcard-sized designs. The auction raised around £40,000.

GOVERNANCE AND MANAGEMENT

LEGAL ENTITY

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

CHARITABLE OBJECTS

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association

OUR TRUSTEES

(those who served during the year and/or were responsible for the annual report)

The Hon David Macmillan (Chair)

Mr Simon Lincoln (Treasurer)

Sir Adrian Baillie

Dr M F Bassendine

Resigned 31st December 2023

Mr Peter Holt

Mr Edward Mead

Mr Charles Walsh

Mr John Jolly

OUR PATRONS

Ms Emilia Fox

Ms Sadie Frost

Boy George

Mr Andrew Loog Oldham

The Lord Mancroft

Mr Alan McGee

Ms Justine Roddick

Mr Robbie Williams

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

The charity's Trustees are also the company directors for the purposes of company law. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur, new Trustees are recruited through a variety of means including advertising. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees. Potential Trustees have an initial meeting with the Chief Executive who explains the Trust's philosophy and how it works in practice. They are then asked to attend a Board meeting to get a better understanding. Newly appointed Trustees are sent briefing information about The Trust and their role as a trustee. They are then asked to spend a day at the Trust's London offices, meeting the staff and learning more about each project and in particular financial oversight.

KEY MANAGEMENT PERSONNEL

The Trustees have determined that the Chief Executive and the Senior Directors, together with the Trustees themselves, are the key management personnel. The Trustees are not remunerated, and the pay of the Chief Executive and the Senior Directors has been set according to bands suggested by an independent consultant and by benchmarking against market rates.

RISK ASSESSMENT

The Trustees have prepared a risk assessment, examining the major risks which the charity faces and have set out the necessary steps that need to be taken to lessen any risks. This register is updated on a regular basis. The key risks and the actions to be taken to mitigate them in the latest risk assessment are set out in the table below.

KEY RISKS	MITIGATING ACTION
Insufficient reserves	New fundraising strategy to broaden funding base
Failures/errors in planning	More resources devoted to planning/ forecasting
Adverse publicity	Media crisis planning

FINANCIAL REVIEW

FUNDING

Following the successful delivery of our ongoing peer programmes, we received further investment under the NHS elimination initiative this year. As such our income has, once more, continued to significantly increase, allowing us to maintain a secure financial position for the Trust. At £8,603,045 our income has significantly increased from that of the previous year £7,308,790, while our expenditure at £8,152,118 increased by £1,624,866. This increase in expenditure is in line with additional costs incurred through the implementation and running of our extended peer programme service delivery.

With the continued successful delivery of our peer programmes, we remain confident in our financial position. In relation to our raising funds, please see our costs in the financial statements at the back of the report, mainly in regard to income generation from Art on a Postcard (see page 39). We do not engage external professional fundraisers or commercial participators to carry out our fundraising activities and we do not engage in face-to-face or telephone fundraising. All our approaches to fundraising take account of the Code of Fundraising Practice issued by the Fundraising Regulator. We have received no complaints about our fundraising activities either during the financial year or subsequently.

RESERVE POLICY

The policy of the Trustees is to hold a reserve of three months' costs, amounting to £2,038,029. Our total unrestricted reserves for this year are £2,866,341, this includes £820,450 which has been designated for future redundancy costs in line with the completion of NHS England's funded elimination programme. Alongside this are our current restricted reserves of £235,750 to fund activities in the year 31 March 2025.

The Trustees are committed to raising core reserves through our fundraising strategy involving broadening our base of possible trust funders by demonstrating that addressing hepatitis C has broader social benefits, not just positive health outcomes; engaging with corporate donors; expanding Art on a Postcard; moving our focus towards longer-term statutory funding.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of The Hepatitis C Trust for the purposes of company law) are responsible for preparing The Trustees' Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and 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 charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the

Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

AUDITORS

Nordens have indicated their willingness to continue in office. A resolution proposing their re-appointment will be submitted at the Annual General Meeting.

SMALL COMPANY RULES

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP FRS 102) issued in January 2015. This report was approved by the Board of Trustees and signed on its behalf by:



The Hon David Macmillan

12th December 2024

FINANCIAL STATEMENT

FINANCIAL STATEMENTS FOR THE YEAR ENDED

31 MARCH 2024

Registered in England and Wales

Charity Number: 1104279

Registered in Scotland

Charity Number: SCO39914

Registered Company

Number: 5069924

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HEPATITIS C TRUST

OPINION

We have audited the financial statements of The Hepatitis C Trust (the 'charitable company') for the year ended 31 March 2024 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024, and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING 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 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 trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HEPATITIS C TRUST

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the directors' report and from the requirement to prepare a strategic report.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees' responsibilities statement, 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 determine 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 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 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

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.

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 specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the company through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

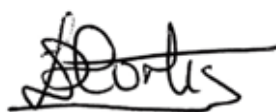
Due to the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>. 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. Our audit work has been undertaken so that we might state to the charitable company's members 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 and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Lorraine Curtis ACA BFP FCCA
(Senior Statutory Auditor)



For and on behalf of Nordens Audit Limited
Statutory Auditor
The Retreat
406 Roding Lane South
Woodford Green
Essex
IG8 8EY

12th December 2024

Nordens Audit Limited is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

The Hepatitis C Trust
Statement of Financial Activities
Incorporating an Income and Expenditure Account
For the year ended 31 March 2024

	Note	Unrestricted Funds £	Restricted Funds £	Total 2024 £	Total 2023 £
Income from:					
Donations	2	337,029	-	337,029	317,476
Investments	3	70,060	-	70,060	15,605
Charitable activities	4	4,325,068	3,870,888	8,195,956	6,975,709
Total		<u>4,732,157</u>	<u>3,870,888</u>	<u>8,603,045</u>	<u>7,308,790</u>
Expenditure on:					
Raising funds	5	292,754	-	292,754	218,657
Charitable activities	6	3,690,867	4,168,497	7,859,364	6,308,596
Total		<u>3,983,621</u>	<u>4,168,497</u>	<u>8,152,118</u>	<u>6,527,252</u>
Net income for the year before transfers		748,536	(297,609)	450,927	781,538
Transfers	12	(67,153)	67,153	-	-
Net income		<u>681,383</u>	<u>(230,456)</u>	<u>450,927</u>	<u>781,538</u>
Fund balances at 1 April 2023	12	2,184,958	466,206	2,651,164	1,869,626
Fund balances at 31 March 2024	12	<u>2,866,341</u>	<u>235,750</u>	<u>3,102,091</u>	<u>2,651,164</u>

All gains and losses arising in the year have been included in the Statement of Financial Activities and arise from continuing operations

The notes on pages 51 to 61 form part of the financial statements.

The Hepatitis C Trust

Balance Sheet as at 31 March 2024

	Note	2024 £	2023 £
Current Assets			
Debtors	10	1,209,246	1,783,098
Cash at bank and in hand		<u>3,751,509</u>	<u>2,538,587</u>
		4,960,755	4,321,685
Creditors: Amounts falling due within one year	11	<u>(1,858,664)</u>	<u>(1,670,521)</u>
Net Current Assets		3,102,091	2,651,164
Total Net Assets		<u>3,102,091</u>	<u>2,651,164</u>
Funds			
Unrestricted funds	12	2,045,891	1,624,026
Designated funds	12	820,450	560,932
Restricted funds	12	<u>235,750</u>	<u>466,206</u>
		<u>3,102,091</u>	<u>2,651,164</u>

The accounts have been prepared in accordance with FRS 102.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The financial statements were approved by the Board of Trustees and authorised for issue on and signed on their behalf by:



.....
Hon David Macmillan

Registered Company Number: 5069924

The notes on pages 51 to 61 form part of the financial statements.

The Hepatitis C Trust
Statement of Cash Flows
For the year ended 31 March 2024

	Notes	2024 £	2023 £
Cash generated from operating activities:			
Net cash provided by operating activities	see below	1,142,862	209,641
Cash flows from investing activities:			
Interest income	3	70,060	15,605
Net cash provided by investing and operating activities		1,212,922	225,246
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		2,538,587	2,313,341
Cash and cash equivalents at the end of the reporting period		3,751,509	2,538,587

Reconciliation of net expenditure to net cash flow from operating activities

		2024 £	2023 £
Net expenditure (as per the statement of financial activities)	SOFA	450,927	781,538
Adjustments for:			
Investment income	3	(70,060)	(15,605)
Increase in debtors	10	573,852	(1,062,217)
Increase in creditors	11	188,143	505,925
Net cash provided by operating activities		1,142,862	209,641

Analysis of cash and cash equivalents

	2024 £	2023 £
Cash in hand	3,751,509	2,538,587
Total cash and cash equivalents	3,751,509	2,538,587

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

Accounting Policies

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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound.

The financial statements are prepared under the historical cost concept.

The principal accounting policies adopted in the preparation of the financial statements are set out below.

Going Concern Basis

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has sufficient resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

Income

Income is recognised in the period to which it relates, when the criteria of entitlement, measurable and probable receipt are met.

Deferred income is income which is received in respect of a future accounting period and is deferred to that period.

Gifts in kind are valued and brought in as income and the appropriate resources expended, when the items are used/distributed. The values attributable to gifts in kind are an estimate of the gross value to the organisation, usually the market cost. Where this intangible income relates to project activities it is included as an activity in furtherance of the charity's objects.

Expenditure

Direct charitable expenditure comprises all expenditure relating to the activities carried out to achieve the objectives.

Governance costs include those costs incurred in the governance of the charity and are primarily associated with constitutional compliance and statutory requirements.

Expenditure is allocated directly to the expenditure headings as far as practically possible to reflect the activities of the charity. Support costs have been allocated to the activities based on employee time spent on that activity.

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

1. Accounting Policies (continued)

Expenditure is included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

Fund accounting

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 12.

Unrestricted funds are those which are not subject to restrictions, and any surpluses may be applied in furtherance of any of the organisation's objectives.

Cash and Cash Equivalents

Cash and cash equivalents include cash at banks and in hand and short-term deposits with a maturity date of three months or less.

Debtors and creditors

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Pension

The charity operates a defined contribution stakeholder pension scheme. The assets of the scheme are held separately from the charity.

Critical accounting estimates and areas of judgement

In the view of the trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2024

2. Donations

Year to 31 March 2024		Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Donations		9,373	-	9,373
Art on a Postcard		327,656	-	327,656
		<u>337,029</u>	<u>-</u>	<u>337,029</u>

Year to 31 March 2023		Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
Donations		17,665	-	17,665
Art on a Postcard		299,811	-	299,811
		<u>317,476</u>	<u>-</u>	<u>317,476</u>

3. Investment Income

Year to 31 March 2024		Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Bank interest		70,060	-	70,060
		<u>70,060</u>	<u>-</u>	<u>70,060</u>

Year to 31 March 2023		Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
Bank interest		15,605	-	15,605
		<u>15,605</u>	<u>-</u>	<u>15,605</u>

4. Income for Charitable Activities

Year to 31 March 2024		Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Grants	4a	4,325,068	3,870,888	8,195,956
		<u>4,325,068</u>	<u>3,870,888</u>	<u>8,195,956</u>

Year to 31 March 2023		Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
Grants	4a	3,201,982	3,773,727	6,975,709
		<u>3,201,982</u>	<u>3,773,727</u>	<u>6,975,709</u>

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

4a Grants

Year to 31 March 2024

	Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
AbbVie Ltd	-	675,000	675,000
AbbVie Ltd (HCV Action)	-	20,000	20,000
Barts Health NHS Trust	90,117	-	90,117
Betsi Cadwaladr University Local Health Board	-	49,138	49,138
Birmingham and Solihull Mental Health NHS Foundation	-	36,000	36,000
Brighton and Sussex University Hospitals NHS Foundation Trust	164,377	-	164,377
Cambridge University Hospitals NHS Foundation Trust	182,772	3,637	186,409
Cardiff & Vale APB	-	150,845	150,845
Change Grow Live	50,000	-	50,000
City of Doncaster Council	5,999	-	5,999
Cranstoun	-	11,288	11,288
East Lancashire Hospitals NHS Trust	170,901	660	171,561
EPIC	5,000	-	5,000
Gilead HITT	-	168,700	168,700
Guys and St Thomas' NHS Foundation Trust	5,000	-	5,000
HMP Elmley	-	2,357	2,357
Hull University Teaching Hospitals	236,579	2,666	239,245
Imperial College Healthcare NHS Trust	200,000	-	200,000
Kings College Hospital	255,000	2,584	257,584
Leeds Teaching Hospitals NHS Trust	154,986	1,427	156,413
Liverpool University Hospitals NHS Foundation Trust	12,500	67,490	79,990
London Joint Working Group on Substance Use and Hepatitis C	-	69,249	69,249
London School of Hygiene & Tropical Medicine	2,530	400	2,930
Manchester University NHS Foundation Trust	149,258	8,966	158,224
Mary Kinross Charitable Trust	-	38,000	38,000
MSD	-	1,075,860	1,075,860
MSD – HCV Action	-	7,500	7,500
NHS Birmingham	40,000	-	40,000
NHS England	10,000	390,519	400,519
NHS Lancashire and South Cumbria ICB	65,333	-	65,333
NHS North East London ICB	60,000	-	60,000
NHS Forth Valley	-	72,374	72,374
Northamptonshire Healthcare NHS Trust	-	7,486	7,486
Nottingham University Hospitals NHS Trust	253,987	11,455	265,442
Nottinghamshire Healthcare NHS Foundation Trust	-	83,474	83,474
Other	-131	1,645	1,514
Oxleas NHS Foundation Trust	-	40,956	40,956
Oxford University Hospitals NHS Foundation Trust	128,574	-	128,574
Practice Plus Group Health and Rehabilitation Services Limited	-	363,628	363,628
Royal Free London NHS Trust	-	3,883	3,883
Royal Surrey NHS Foundation Trust	120,000	-	120,000
Sheffield Teaching Hospitals NHS Foundation Trust	177,375	-	177,375
Spectrum	-	287,860	287,860
St George's University Hospitals NHS	138,859	-	138,859
The Newcastle upon Tyne Hospitals NHS Foundation Trust	138,686	3,973	142,659
UKHSA	5,000	-	5,000
University College London	-	181,132	181,132
University Hospital Southampton NHS Foundation Trust	245,192	11,217	256,409
University Hospitals Birmingham NHS Foundation Trust	525,100	11,149	536,249
University Hospitals Bristol & Weston NHS Foundation Trust	263,193	1,179	264,372
University Hospitals of Leicester NHS Trust	277,206	2,549	279,755
University Hospitals Plymouth NHS Trust	191,675	4,642	196,317
	4,325,068	3,870,888	8,195,956

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

4a Grants (Continued)

Year to 31 March 2023	Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
AbbVie Ltd	-	675,000	675,000
AbbVie Ltd (HCV Action)	-	25,000	25,000
Barts Health NHS Trust	127,295	-	127,295
Betsi Cadwaladr University Local Health Board	-	98,276	98,276
Birmingham and Solihull Mental Health NHS Foundation	-	25,361	25,361
Bournemouth Christchurch and Poole Council	-	2,000	2,000
Brighton and Sussex University Hospitals NHS Foundation Trust	134,947	-	134,947
Cambridge University Hospitals NHS Foundation Trust	161,206	-	161,206
Cheshire and Merseyside ODN	-	39,759	39,759
East Lancashire Hospitals NHS Trust	156,011	-	156,011
Gilead - Scotland Peer Project	-	47,755	47,755
Gilead - HCV Action & Parliamentary Work	-	42,500	42,500
Gilead HITT	-	130,000	130,000
Hull University Teaching Hospitals	201,141	-	201,141
Kings College Hospital	98,000	-	98,000
Leeds Teaching Hospitals NHS Trust	113,399	39	113,438
Mary Kinross Charitable Trust	-	38,000	38,000
Merseycare	37,500	-	37,500
MSD	-	944,715	944,715
MSD – HCV Action	-	75,000	75,000
NHS England	-	390,521	390,521
NHS England and NHS Improvement – East Midlands (H&J)	-	105,009	105,009
NHS Manchester	66,692	-	66,692
NHS Thames Valley	176,747	-	176,747
NHS Forth Valley	-	5,000	5,000
NHS West London – Imperial College NHS Trust	160,569	-	160,569
Nottingham University Hospitals NHS Trust	230,026	34,786	264,812
Other	38,692	24,077	62,769
Oxleas NHS Foundation Trust	-	50,000	50,000
Practice Plus Group Health and Rehabilitation Services Limited	-	301,557	301,557
Public Health Wales NHS Trust	-	2,940	2,940
Royal Surrey NHS Foundation Trust	110,000	-	110,000
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Education)	136,795	-	136,795
Sheffield Teaching Hospitals NHS Foundation Trust (T&V)	-	306,440	306,440
South Tees Hospitals NHS Foundation	9,661	-	9,661
Spectrum	-	259,992	259,992
St George's University Hospitals NHS	119,715	-	119,715
The Newcastle upon Tyne Hospitals NHS Foundation Trust	112,624	-	112,624
University College London	-	150,000	150,000
University Hospital Southampton NHS Foundation Trust	142,569	-	142,569
University Hospitals Birmingham NHS Foundation Trust	309,979	-	309,979
University Hospitals Bristol & Weston NHS Foundation Trust	163,468	-	163,468
University Hospitals of Leicester NHS Trust	241,299	-	241,299
University Hospitals Plymouth NHS Trust	153,647	-	153,647
	3,201,982	3,773,727	6,975,709

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2024

5. Cost of Raising Funds

Year to 31 March 2024	Unrestricted Funds 2024 £	Restricted funds 2024 £	Total 2024 £
Staff Costs	124,397	-	124,397
Direct Costs	168,380	-	168,380
	<u>292,777</u>	<u>-</u>	<u>292,777</u>
Year to 31 March 2023	Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
Staff Costs	86,477	-	86,477
Direct Costs	132,179	-	132,179
	<u>218,657</u>	<u>-</u>	<u>218,657</u>

6. Analysis of Charitable Expenditure by type

Year to 31 March 2024	Staff Cost 2024 £	Direct Cost 2024 £	Support Cost 2024 £	Total 2024 £
Advocacy and Drug Services	3,734,986	992,418	992,508	5,719,912
Consulting	-	712	3,763	4,475
HCV Action and Parliamentary Work	-	64,038	-	64,038
Helpline	16,882	4,150	-	21,032
National Volunteer & Trainer	93,073	44,825	14,284	152,182
NHS Health & Justice Materials	-	51,600	-	51,600
NHS Health & Justice Prison Peers	1,107,962	338,468	77,037	1,523,467
Research	-	79,403	-	79,403
Scotland Peer Project	66,850	19,183	-	86,033
Women's Prisons	88,107	28,661	6,764	123,533
World Hepatitis Day	-	23,690	10,000	33,690
	<u>5,107,860</u>	<u>1,647,148</u>	<u>1,104,356</u>	<u>7,859,365</u>

Year to 31 March 2023	Staff Cost 2023 £	Direct Cost 2023 £	Support Cost 2023 £	Total 2023 £
Advocacy and Drug Services	3,225,288	899,694	-	4,124,982
HCV Action and Parliamentary Work	-	131,884	-	131,884
Helpline	16,588	2,698	-	19,286
National Volunteer & Trainer	82,212	89,867	-	172,079
NHS Health & Justice Prison Peers	977,302	347,192	-	1,324,494
Scotland Peer Project	32,795	12,373	-	45,168
Women's Prisons	101,898	30,826	-	132,724
World Hepatitis Day	-	3,947	-	3,947
	<u>4,436,083</u>	<u>1,518,481</u>	<u>-</u>	<u>5,955,104</u>

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

7. Support Costs

	Total 2024 £	Total 2023 £
Staff costs	532,844	2,028
Staff training	1,203	17,316
Staff support costs	20,106	5,766
Rent, rates, light and heat	161,109	128,865
Travel and subsistence	30,073	10,123
Charitable activities	79,987	-
Insurance	30,812	23,080
Office move	1,560	24,376
Office supplies and maintenance	32,164	29,023
Telephone	63,292	31,828
Computer Costs	14,772	9,109
Sundry costs	20,688	483
Legal and professional costs	86,721	49,162
Audit and accountancy	28,353	22,500
Governance	284	-
Bank charges	388	373
	<u>1,104,356</u>	<u>354,032</u>

All support costs were proportionally allocated to funders according to operational delivery in the year to 31 March 2023.

8. Staff Costs

	2024 £	2023 £
Wages and salaries	5,087,265	3,989,050
Social Security costs	507,452	410,771
Pension costs	170,384	125,638
	<u>5,765,101</u>	<u>4,525,459</u>
	Number	Number
Average number of employees during the year	<u>156</u>	<u>124</u>
Average number of volunteers during the year	<u>159</u>	<u>150</u>

Three employees were paid in the range £60,000 to £69,999 in the year (2023: one).
One employee was paid in the range £70,000 to £79,999 in the year (2023: Nil).

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers' national insurance contributions of the charity's key management personnel were £316,788 (2023: £293,302). Four employees (2023: four) were considered to be key management personnel during the year.

9. Trustees and related parties

No remuneration was paid to any trustee for services as a trustee and no expenses were reimbursed.

Trustees participated in the Art on a Post Card auction on an arms-length basis.

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

10. Debtors

	2024 £	2023 £
Trade debtors	1,180,590	1,758,326
Other debtors	5,521	24,772
Prepayments	23,135	-
	<u>1,209,246</u>	<u>1,783,098</u>

11. Creditors: Amounts falling due within one year

	2024 £	2023 £
Trade creditors	19,852	5,614
Tax and social security costs	119,913	112,038
Sundry creditors	27,206	24,185
Income received in advance	1,536,263	1,454,235
Accruals	155,430	74,449
	<u>1,858,664</u>	<u>1,670,521</u>

Income received in advance is funding for project work to be completed in the year 2024-25.

12. Statement of Funds

	Funds at 31 March 2023 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2024 £
Unrestricted funds	1,624,026	4,732,157	(3,983,621)	(326,672)	2,045,890
Designated fund	560,932	-	-	259,519	820,451
	<u>2,184,958</u>	<u>4,732,157</u>	<u>(3,983,621)</u>	<u>(67,153)</u>	<u>2,866,341</u>
Restricted funds					
Advocacy and Drug Services	86,695	2,127,086	(2,084,479)	(15,000)	114,303
Consulting	-	11,288	(3,763)	-	7,525
HCV Action & Parliamentary Work	52,969	57,500	(64,038)	-	46,431
National Volunteer & Training	147,836	7,500	(152,181)	(3,155)	-
NHS Health & Justice Materials	51,238	-	(51,600)	362	-
NHS Health & Justice Prison Peers	119,882	1,446,207	(1,523,468)	24,871	67,492
Research	-	25,400	(79,403)	54,003	-
Scotland Peer Project	7,586	72,374	(86,032)	6,072	-
Women's Prisons	-	123,533	(123,533)	-	-
	<u>466,206</u>	<u>3,870,888</u>	<u>(4,168,497)</u>	<u>67,153</u>	<u>235,751</u>
	<u>2,651,164</u>	<u>8,603,045</u>	<u>(8,152,118)</u>	<u>-</u>	<u>3,102,091</u>

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

12. Statement of Funds (Continued)

	Funds at 31 March 2022 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2023 £
Unrestricted funds	883,410	3,535,063	(2,747,154)	(47,293)	1,624,026
Designated fund	307,424	-	-	253,508	560,932
	<u>1,190,834</u>	<u>3,535,063</u>	<u>(2,747,154)</u>	<u>206,215</u>	<u>2,184,958</u>
Restricted funds					
Advocacy and Drug Services	332,686	1,775,458	(1,973,749)	(47,700)	86,695
HCV Action & Parliamentary Work	42,353	142,500	(131,884)	-	52,969
National Volunteer & Training	13,475	306,440	(172,079)	-	147,836
NHS Health & Justice Materials	51,238				51,238
NHS Health & Justice Prison Peers	232,487	1,373,804	(1,324,494)	(161,916)	119,882
Scotland Peer Project	-	52,755	(45,169)	-	7,586
Women's Prisons	6,552	122,771	(132,724)	3,401	-
	<u>678,792</u>	<u>3,773,728</u>	<u>(3,780,099)</u>	<u>(206,215)</u>	<u>466,206</u>
	<u>1,869,626</u>	<u>7,308,791</u>	<u>(6,527,253)</u>	<u>-</u>	<u>2,651,164</u>

Designated Fund

The Trustees have agreed to designate funds for future redundancies in line with the completion of NHS England's elimination programme

A transfer of £18,155 (2023: £209,616) was made from the restricted fund to the unrestricted funds to cover budgeted core spending provided for within the agreed budget.

A transfer of £85,308 (2023: £3,401) was made from unrestricted funds to restricted funds for the overspend on a restricted project that will not be reimbursed next financial year.

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

12. Statement of Funds (continued)

Restricted Funds

The nature and purpose of each of the funds is as follows:

Advocacy and Drug Services: includes peer-to-peer education and awareness programmes, delivering key messages about hepatitis C prevention, diagnosis, treatment and care to people attending community drug services, hostels and homeless shelter; this includes a bespoke South Asian peer programme. Staff training is carried out within all the programmes and is delivered to those staff working in services with people who are at a high risk of hepatitis C. We also have a mobile outreach programme which provides testing and raises awareness, especially amongst high prevalence communities and populations that are difficult to reach, such as the homeless

HCV Action: a very useful vehicle for collecting and disseminating best practice in hepatitis C care and treatment, and for supporting Hepatitis C as the patient voice.

National Volunteer and Training Service: The National team operate through two strands:
The delivery and oversight of core mandatory training and development of our staff including induction. Hepatitis C training to professionals and other service provider
The delivery of the Hepatitis C Trust volunteering programme which includes supporting our volunteers across different areas of our work and ensuring that all are provided with opportunity to access training and development to both support them in their roles and further their employment opportunities.

NHS Health and Justice Prison Peers and NHS Health and Justice Materials: The Hepatitis C Trust engages in peer-to-peer and awareness raising activities across UK prisons in order to: 1) Provide information about hepatitis C to those at risk and who are often hard to engage 2) Encourage and support people in prisons to get tested and to access treatment and care 3) Train people in prison to become Hepatitis C peers.

Scotland Peer Project: Peer-to-peer awareness and education project that provides key messages about hepatitis C prevention, diagnosis treatment and care to people attending recovery cafes, homeless hostels, shelters as well as people in prison. Our Voices group brings together people affected by hepatitis C, building their knowledge and awareness and supporting them in having their voices heard.

Women's Prisons: Women specific hepatitis C peer programme working across the female prison estate educating, raising awareness, changing the conversation, reducing stigma and supporting women to get tested and treated.

Research: Two bespoke pieces of work:

Working with UKHSA/UCL looking at the potential for inclusion health services in England, undertaking a series of workshops with HCT staff and volunteers. HCT completed two reports feeding into a larger inclusion health national evaluation.

Fees for participants and volunteers completing questionnaires for the Safe Inhalation Pipe Provision Study

Consultancy: Secondment of staff member salary costs

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2024

13. Analysis of Net Assets between Funds

Year to 31 March 2024	Unrestricted Funds 2024 £	Designated Funds 2024 £	Restricted Funds 2024 £	Total 2024 £
Current assets	3,904,555	820,450	235,750	4,960,755
Current liabilities	(1,858,664)	-	-	(1,858,664)
	<u>2,045,891</u>	<u>820,450</u>	<u>235,750</u>	<u>3,102,091</u>
 Year to 31 March 2023	 Unrestricted Funds 2023 £	 Designated Funds 2023 £	 Restricted Funds 2023 £	 Total 2023 £
Current assets	3,294,547	560,932	466,206	4,321,685
Current liabilities	(1,670,521)	-	-	(1,670,521)
	<u>1,624,026</u>	<u>560,932</u>	<u>466,206</u>	<u>2,651,164</u>

14. Operating Lease Commitments

	Equipment		Land and buildings	
	2024 £	2023 £	2024 £	2023 £
Operating lease which expire:				
Less than 1 year	3,096	3,096	62,655	-
Within 2-5 years	-	3,096	-	91,250
	<u>3,096</u>	<u>6,192</u>	<u>62,655</u>	<u>91,250</u>

THANK YOU

We would like to take this opportunity to thank our funders, from individual donors to large statutory and trust funders, with who we would not be able to achieve the work we have reported on this year. We greatly appreciate their commitment to our cause and the resources they provide in order for us to reach our goals.

We would like, in particular, to thank:

AbbVie Ltd
Barts Health NHS Trust
Betsi Cadwaladr University Local Health Board
Birmingham and Solihull Mental Health NHS Foundation
Bournemouth Christchurch and Poole Council
Brighton and Sussex University Hospitals NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Cardiff & Vale APB
Coventry City Council
Crossroads Care South East London
East Lancashire Hospitals NHS Trust
Falkirk Council
Gilead
Hull University Teaching Hospitals
Kings College Hospital
Leeds Teaching Hospitals NHS Trust
London Joint Working Group on Substance Use and Hepatitis C
London School of Hygiene & Tropical Medicine
MSD
NHS England and NHS Improvement – East Midlands (H & J)
NHS Thames Valley
NHS Forth Valley
NHS West London
NHS Tayside
Newcastle Track and Trace
Nottingham University Hospitals NHS Trust
Oxleas NHS Foundation Trust
Pilgrims Trust
Practice Plus Group Health and Rehabilitation Services Limited
Public Health Wales NHS Trust
Royal Surrey NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
St George's University Hospitals NHS
The National Health Service Commissioning Board (NHS England)
The Newcastle upon Tyne Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Bristol & Weston NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals Plymouth NHS Trust

THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SCO39914

Registered Company
Number: 5069924

THE HEPATITIS C TRUST

England & Wales - Charity number 1104279

Accounts



THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

THE HEPATITIS  TRUST

ANNUAL REPORT & ACCOUNTS 2023

THE HEPATITIS C TRUST
IS DEDICATED TO
ELIMINATING
HEPATITIS C IN
THE UK BY 2030 ●

WORKING ALONGSIDE
OUR PARTNERS, WE
ARE COMMITTED TO
ENSURING THAT NO
ONE IS LEFT BEHIND
ON THE ROAD TO
ELIMINATION ●

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OUR FOCUS

The Hepatitis C Trust is a charity dedicated to eliminating hepatitis C in the UK by 2030.

We champion the right of every person at risk of hepatitis C in the UK to receive effective testing, treatment and care.

We achieve this by empowering people with lived experience, influencing policy and practice, and working with healthcare and treatment services to deliver support and raise awareness about hepatitis C.

The Hepatitis C Trust was founded in 2001 by four people who met while looking for ways to manage their condition. At that time, there was no effective treatment for hepatitis C and there was no central source for reliable information about the virus.

Determined to do something, these founders formed the UK's first and only dedicated hepatitis C charity.

More than 20 years later, we have grown from a small organisation to one of more than 150 permanent staff and more than 150 peer volunteers. This includes large on the ground peer-to-peer programmes in both the community and prisons, working across 23 NHS Operational Delivery Networks (ODNs) and 128 prisons.

We remain a peer-led organisation, which means that the majority of our staff and volunteers have been affected by hepatitis C. Our combined lived experience ensures that the patient's voice remains at the heart of everything we do.

OUR STRATEGY

Our strategy is focused around the pillars of better prevention and more diagnosis and treatment for all. With an elimination deal in place with UK governments, and our peer programmes reaching across communities and prisons in the UK, we are currently working to identify and engage both those undiagnosed and those diagnosed but untreated.

“We couldn't do what we do without The Hepatitis C Trust and our peer volunteers. Through lived experience, they are able gain the patient's trust and help them to engage with our service.”

EMMA ARNOLD, LEAD CLINICAL NURSE SPECIALIST, LEICESTER'S HOSPITALS



WHAT IS HEPATITIS C?

Hepatitis C (HCV) is a virus passed via blood-to-blood contact that infects the liver. If left untreated, it can cause cirrhosis, liver cancer, and liver failure.

With treatment, 97% of patients are cured of the virus after just a few months.

FOREWORD

LETTER FROM THE CEO & TRUSTEES ●

As we reflect over the past year, we're both proud of our achievements and enthused by the NHS England announcement that we're set to reach the World Health Organization (WHO) elimination targets ahead of 2030. Alongside these encouraging outcomes, the UK applied to and was accepted by WHO to become a pilot elimination country, one of only 10 across the world.

Seeing COVID-19 restrictions subside this year and the reintroduction of face-to-face meetings and larger events has offered a new invigorated energy. Internally we have strengthened our core structure bringing in a new Head of Communications role which has allowed us to increase our social media visibility and develop an exciting new website.

Our focus on reaching those hardest to engage and ensuring no one is left behind has remained at the centre of our work, along with maintaining a high level of awareness raising and proactively driving harm reduction; particularly the availability of adequate needle and syringe provision for all.

Building on the reputation and success of our peer programme, new funding opportunities, including with NHS Cancer Alliances, have allowed the Community Peer Programme to continue to grow and expand its reach. This year we worked within or led on several new innovative programmes including Liver Surveillance, Emergency Department testing and a national South Asian programme.

Partnership working has once more been key to achieving our outcomes. An example of which has been our partnership work with drug services and pharmacies across England to support NHS England Needs Assessment, with over 10,000 people being tested within these services. A focused piece of work to demonstrate the rate of new HCV infections, this will need to be completed again next year as part of the WHO criteria for elimination.

Although continued restrictions posed some challenges across the prison estate, we still managed to maintain a high level of peer programme activities, including the delivery of High Intensity Test and Treat programmes across 19 prisons – testing on average 95% of each individual prison population. Our work within the wider criminal justice system has continued to reach beyond the prison gate with the prison peer programme expanding to the community including in approved premises and probation services.

We broadened our Information and Support services offer this year by holding regular online support groups for members of the infected blood community, alongside our national helpline.

It has been a challenge for our small but dedicated team to keep up with the volume of calls we receive, particularly from those impacted by the infected blood scandal. The publication of the second interim report, which focused on the framework for compensation, significantly increased the need for support.

To ensure best practice and for our resources to meet demand we have continued to invest in our incredible pool of volunteers through our training programmes. To date more than 33% of our new staff recruitment comes from our volunteer pool; something we're very proud of.

We launched an exciting new work stream, HCT Research, at the beginning of the year. The Trust has long been an active partner in academic research into hepatitis C, as well as a key organisation in developing new models of diagnosis, treatment, and care. Our goal is to bring these parts of our work more closely together, strengthen them, and take a more active role in setting and delivering the hepatitis C research agenda. Our work has included both taking part and leading on core pieces of research including looking at the Community peer model how and why it works. Our submission of abstracts to conferences on our unique peer programmes has led to recognition and presentations by our staff team both local and globally.

We maintained our policy and parliamentary work across the devolved nations throughout the year. Engaging with ministers in Scotland, organising a Senedd (Welsh Parliament) drop-in event and providing briefings and Written Questions in support of parliamentary activity to keep hepatitis C elimination firmly on the agenda. We also hosted a World Hepatitis Day parliamentary reception, which brought together 120 people, including staff, NHS workers and others to meet with parliamentarians to celebrate all that has

been achieved so far in tackling hepatitis C, and to galvanise those involved to continue to work towards the target of eliminating hepatitis C by NHS England's 2025 target.

With the prominent recognition of the elimination programme achievements, we worked in partnership with HCV Action to publish the report, 'Taking the initiative: how England is eliminating hepatitis C'. The report explores the development of England's hepatitis C elimination programme since 2019.

As we look forward to next year, which is the final year of NHS England's five year elimination programme, we are mindful that there is still much to be done if we're to reach elimination and ensure maintenance is in place once it's achieved. We're hopeful that there will be an extension to this unique programme which will allow the UK to not only reach elimination but to ensure 'No one is left behind'.

We hope you enjoy reading the rest of our report, particularly the impact stories.

THE YEAR IN NUMBERS

30,904

people in the community
tested for hepatitis C

49,239

people engaged through hepatitis C
awareness sessions or conversations
in the community

14,749

people in prison tested for
hepatitis C at High Intensity
Test and Treat events

1,200

people supported to start
treatment while in prison

45

external blood-borne
virus professional training
events

116

peer volunteers
completed induction
training

5,007

contacts via
the helpline

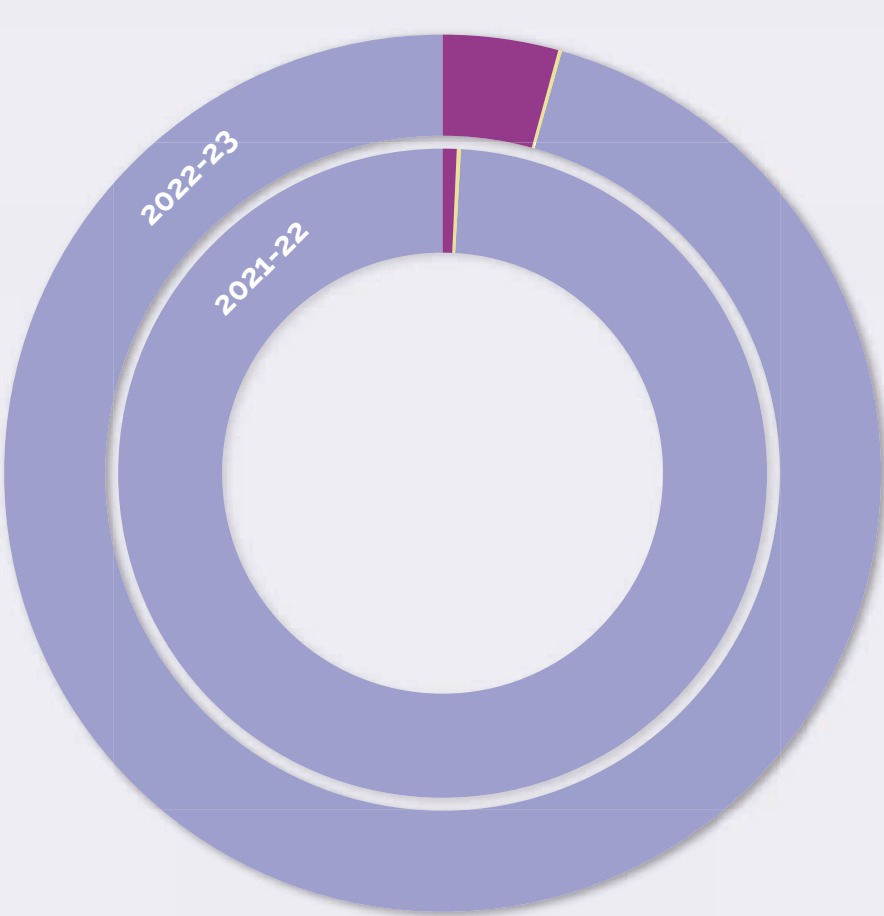
314

people attended the
HCV Action conference
in person and online

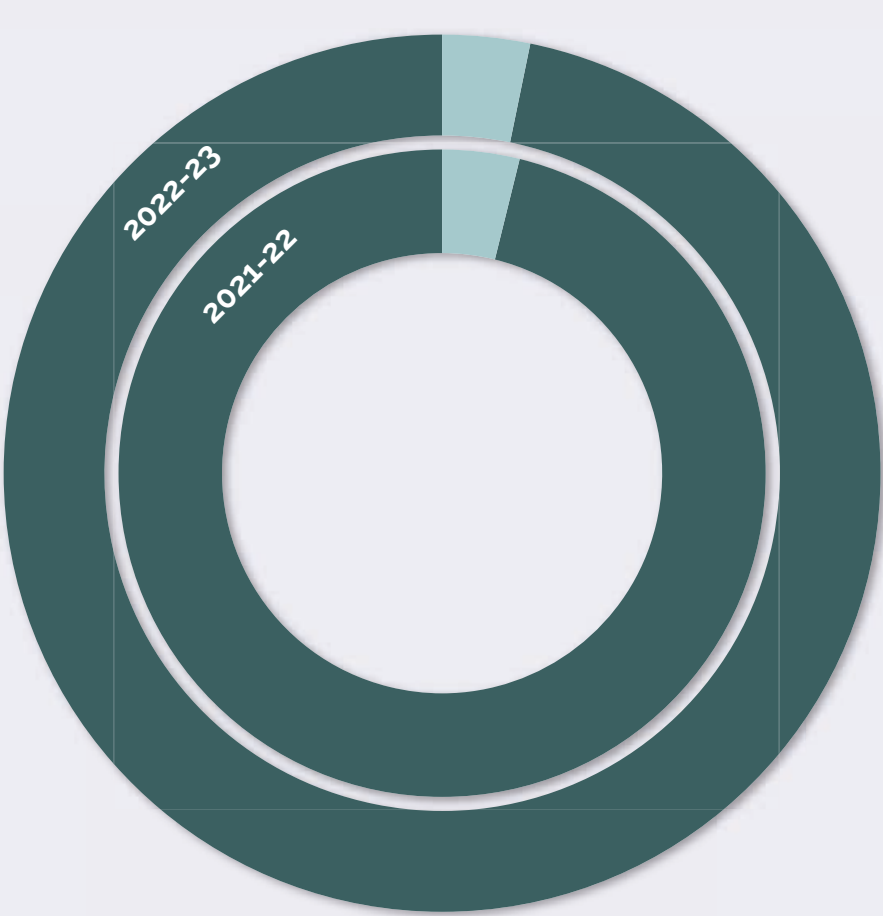


FINANCIAL OVERVIEW

An overview of our total income and expenditure for this year, with a comparison to that of last year.



TOTAL INCOME



TOTAL EXPENDITURE

	2021-22	2022-23
Donations	£0.21M	£0.31M
Investments	£336	£0.01M
Charitable activities	£4.78M	£6.97M
Total	£4.99M	£7.3M

	2021-22	2022-23
Raising funds	£0.17M	£0.21M
Charitable activities	£4.24M	£6.3M
Other income	-	-
Total	£4.44M	£6.52M



LEAVING NO ONE BEHIND IN THE COMMUNITY

2022-23 TARGET
To increase our reach to ensure no one is left behind, while working with partners to gather strong data to support elimination.

Our community peer programmes continue to build their reputation as a valued part of NHS care pathways.

The year saw further expansion of our staff teams and, although recruitment has been a challenge in some areas, we have managed to fill all posts. Our two new vans took to the open road delivering mobile clinics across Oxfordshire and Leicester and we also provided staff support to several other ODN van clinics. We have a dedicated van team working across North East and South East London to deliver early diagnosis of liver cancer screening programmes. Variations of this model are also being delivered in Wessex and Nottingham. Our South Asian Project team also expanded this year, with additional funding from MSD, enabling us to reach across England. Strong partnership working led to microelimination being achieved at various substance use services. Our team was key in delivering NHS England's Needs Assessment where 10,000 patients were tested within these services. These same individuals will need to be found next year and tested again so that NHS England can demonstrate the rate of new infections as part of the WHO criteria for elimination.

INNOVATION
As a result of the success of our programmes, new opportunities arose from funders in 2022. This included NHS Cancer Alliances which support our growing liver cancer work, statutory government sources such as drug and alcohol service commissioners, and individual health boards in Wales.

These are welcome new avenues of work, for which our peer model has a proven record of achievement.

EMERGENCY DEPARTMENT TESTING
We played a key role in the establishment of optout blood-borne virus (BBV) testing in Emergency Departments (ED) across London. This has been a huge development. Now, almost all ED settings in London – as well as Manchester, Blackpool, and Sussex - test everyone requiring blood samples, whatever their reason for their ED visit. Almost 1,700 people were found who had either HIV, hepatitis B or hepatitis C in the first 10 months of this three-year programme.

49,239	people engaged through hepatitis C awareness sessions or conversations.
30,904	people in the community tested for hepatitis C this year.
3,240	individuals supported to access hepatitis C treatment.

STORY OF IMPACT

BRINGING TREATMENT TO PEOPLE IN NORTH DEVON

Our work in North Devon has always faced

a number of challenges, including poor public transport systems, staff vacancies at local hospitals and the limited capacity of drug and treatment services.

When we met Dave*, he told us that he knew that he had hepatitis C for a long time but had not been turning up to his hospital appointments.

We retested him to confirm the diagnosis and had a conversation with him about the hurdles he faced. From speaking to him, we knew that attending hospital appointments was an impractical option for him. This meant we had to think outside of the box to make sure he could complete treatment.

We decided to bring treatment to Dave. We loaded a van with nurses and equipment and went to meet him. Dave was so grateful that we had addressed his challenges. He started treatment within two weeks and is now cured of the virus. He now hopes to join the team as a peer.

We now use this approach in other areas where we have struggled to find venues for testing, or where limited public transport makes treatment a challenge.

FROM REHAB TO EMPLOYMENT

Our peer volunteer Kevin* found out that he had hepatitis C while he was in rehab for drug addiction.

We supported him through his treatment and once he was cured, he decided that he wanted to give something back to the Trust.

Kevin was extremely motivated by the difference he could see his work was making in people's lives.

Having previously been in active addiction in the area where he was working, Kevin knew exactly where we needed to go to find people who needed testing.

After volunteering for 11 months, he applied for a peer job with the NHS.

Kevin's life has been totally turned around since he entered rehab. He loves the work he does and continues to make an invaluable contribution to the NHS team.

* The names in these stories have been changed

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We decided to bring treatment to Dave."

STORY OF IMPACT

GOING THE EXTRA MILE: OUR SUPPORT FOR SAM

On a visit to A&E, a routine blood test was also screened for hepatitis C. This test revealed that Sam* had hepatitis C.

Following several failed attempts to contact Sam by St. George's Hepatology Department, he was referred to us.

Sam lived at a London hotel that provides housing to local authority adult social services. Our staff and a nurse visited this hotel with the mobile outreach clinic and met with Sam to inform him of the test result.

Sadly, our team discovered that Sam was living in such abject conditions at the hotel that a safeguarding concern for self-neglect needed to be raised with the local authority. Sam gave consent for our staff to contact other organisations that were involved with his case. A meeting was set up with local authority adult social care and others to discuss Sam's housing needs. Sam was then moved to more suitable temporary accommodation and a package of care was put in place that included daily visits from a care worker.

A local authority referral has since been accepted by a housing provider that delivers round the clock on-site support.

Shortly after an initial medical assessment Sam was approved for treatment, although there were some concerns about his ability to comply with the treatment plan. The extent of Sam's daily alcohol intake is such that no expectation could be placed on him to adhere to the medication regimen alone. It was decided that a peer would take guardianship of Sam's medication and locate him in the community throughout the week to hand out the doses.

This was labour intensive work, more often than not resulting in multiple trips around the boroughs of London in a single day to locate Sam. The hard work ultimately paid off as Sam was able to complete the treatment – something which would have been almost impossible for him without support.

* The names in these stories have been changed

OUR 2023-24 PRIORITY

- To increase our reach beyond drug services, delivering targeted testing and support for groups not yet reached, alongside expanding the role of peers across wider liver health.

LEAVING NO ONE BEHIND IN PRISONS

2022-23 TARGET
To maintain our case-finding capacity, and increase our reach across the criminal justice system.

This year we maintained our peer work across 104 English prisons, as well as many prisons in Scotland and Wales. To do this we work in partnership with HM Prison and Probation Service, UKHSA, the NHS, health care providers and other charities. Together, we raise awareness, educate and test people at risk of hepatitis C and support those who need it through treatment.

We have continued to coordinate High-Intensity Test and Treat (HITT) programmes in individual prisons. These whole prison testing events offer all prisoners the opportunity to be tested for hepatitis C and, where available, other blood-borne viruses. This year, we supported just under 15,000 people across 19 prisons to be tested at HITT events, testing on average 95% of each individual prison population.

16 prisons have now reached and maintained micro elimination*, including one premises that holds over 1,200 people.

Supporting individual prisons to increase their hepatitis C reception testing has proven very successful this year, with 72% of prisoners agreeing to be tested on arrival.

Following our work with approved premises last year we widened our criminal justice reach within community settings. Building on existing partnership work with local probation services we delivered education and awareness raising

to encourage testing and reduce stigma, alongside offering and delivering testing events across England. In addition, education awareness and testing took place in both immigration centres and forensic service settings.

This engagement enabled us to find 1,200 more cases of hepatitis C within the criminal justice setting, as well as raising awareness of the virus among people who historically may not have engaged in health care services.

** The requirement for micro elimination is that 95% of people in the prison population have been tested within the last 12 months; that 90% of people who have tested positive have started treatment within the last 12 months; that a process is in place for a quarterly review of testing and treatment uptake; and that there is reception testing and direct outreach.*

396	Hepatitis awareness training sessions delivered for people in prison and staff
14,749	people tested for hepatitis C at HITT events
1,200	people supported to start treatment while in prison



STORY OF IMPACT

LUCY'S HEPATITIS C STORY

Lucy* was diagnosed with hepatitis C following a High Intensity Test and Treat (HITT) event at HMP Styal.

She was one of nine women who tested positive, all of whom were able to start treatment three days later.

Our Prison Peer Lead held a support clinic with all of the women. It was here where she met Lucy.

Lucy was from Skelmersdale. She began using drugs in her late teens, starting with amphetamines before moving on to heroin.

Having used IV drugs for eight years, Lucy said she had struggled to stay connected with the local drug services.

With only two weeks left of her sentence, we wanted to make sure that Lucy would be able to complete her treatment once she returned to Skelmersdale.

After talking Lucy through our Follow Me programme and the support The Hepatitis C Trust could offer her in the community, Lucy was pleased to stay in contact with us.

Since Lucy had tested positive, she knew it was really important that her partner get tested too. However, she confided with us that her partner would not attend any appointments at the local drug service for testing.

Our Prison Peer Lead made contact with our Community Coordinator for the Merseyside area, explaining the situation. Together, they arranged for the community team to visit Lucy's home the day after she was released.

The community team completed a Dry Blood Spot Test (DBST) on Lucy's partner and sent it off to the hospital for the results. The test came back positive and less than three weeks later he started his own course of treatment.

Having built up a relationship with our Community Coordinator, Lucy helped two more of her friends get tested. One friend was also found to have hepatitis C and was supported onto treatment by our team.

* The names in these stories have been changed

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Having built up a relationship with our Community Coordinator, Lucy helped two more of her friends get tested."

STORY OF IMPACT

SEAN'S PEER JOURNEY

It is always challenging to get prison peers involved in our work at high security prisons.

But Sean was a passionate advocate for hepatitis C awareness after being diagnosed and cured of the virus himself. He successfully completed peer mentoring training in a one-to-one session.

His prison recently went paperless so we were unable to provide Sean with any literature to pass out and security measures mean that he is not able to host any group sessions on his wing.

To get round these challenges, we worked with the prison to create a podcast which could be accessed via laptops in people's cells.

Sean was able to tell his story on the podcast and share his experiences of homelessness, substance use and the criminal justice system.

He described how he felt being diagnosed with hepatitis C whilst in a high security prison and how lonely and scared he felt until he started treatment. He reassured listeners that they could be cured by taking a simple course of tablets.

This story really resonated with listeners and encouraged people to get tested ahead of our HITT event.

Sean is someone who always thinks outside the box and is full of ideas about other ways we can raise awareness despite security restrictions. He has really contributed to the work of our prisons team.

* The names in these stories have been changed

OUR 2023-24 PRIORITY

- To increase our reach across the criminal justice system and ensure that all people with hepatitis C within custodial settings have access to testing and treatment.
-

TRAINING TO MAKE SURE NO ONE IS LEFT BEHIND

2022-23 TARGET
To increase our reach to ensure no one is left behind, while working with partners to gather strong data to support elimination

We are proud to be a peer-led organisation; with around a third of our staff starting their journey with us via our volunteer programme.

Personal experience of hepatitis C or drug use gives our volunteers a unique understanding of the wider issues that affect many of the people we support. This common ground helps patients to engage with us and overcome barriers to starting treatment.

Every volunteer receives comprehensive training including a three-day residential training course and induction, regular line management meetings and ongoing support, and access to a range of accredited training courses.

Around 65% of people who have volunteered with us have moved on to paid employment either within the Trust or further afield.

In recognition of all the hard work our volunteers do on behalf of the Trust, we organised two national volunteer away days. This involved coordinating over 100 volunteers to attend events in Brighton and Sheffield from all corners of the UK. The volunteers enjoyed overnight stays in hotels, an awards ceremony for qualifications obtained with the Trust, a quiz with prizes, sing a longs and other fun-filled activities.

This year we also recognised the urgent need to ensure our team on the ground is equipped with knowledge of first aid in case of a medical emergency. Our volunteers and staff meet with people who use drugs every day and sadly, the risk of overdose remains high in this community.

In response to this need, staff from our training team are now qualified first aid trainers and have started to roll out a Level 3 emergency first aid at work programme to all staff and volunteers.

We have also updated our safeguarding training to help build our staff and volunteers' confidence in recognising when a patient is at risk. We have also appointed regional safeguarding officers across the Community and Prison programmes to support with this.

45	external BBV professional training events
105	accreditations awarded to staff and volunteers
116	new peer volunteers received induction training



DAMIAN'S PEER STORY

My family was pretty dysfunctional when I was growing up. My dad had issues with gambling and my mum with prescription drugs, hoarding and shopping. I ended up going into care.

When I was nine, I had my first taste of alcohol. I smoked weed at 17 and then the progression of my addiction happened really quickly.

Within two years I was using heroin. I first injected at 19, sharing the equipment with those present. I don't know how long I had hepatitis C but I found out I had it in 2009 after being admitted to hospital with breathing problems. I had interferon, cleared the virus and stopped injecting drugs. I continued to use alcohol and weed.

When I went into recovery 19 months ago, it was suggested I give something back.

I started volunteering for the Trust about a year ago. I quickly felt welcomed, supported and held by the team. They helped me through my induction training with Archie and Liz. The induction training was really good and made me realise that my past experience of drug use and hepatitis C could help others. I started to feel I had something to offer which improved my low self-worth and confidence.

The whole experience with the Trust has been amazing and I feel blessed for having the opportunity. When I was told I was ready to apply for a paid role it made me feel very emotional. I finally felt that I was contributing and had something to give and it was something I love doing. Working for the Trust has aligned with my recovery and given me a purpose. It has helped integrate me back into society. I feel very lucky to be part of the team.

“I started to feel I had something to offer which improved my low self-worth and confidence.”

DEB'S TRAINING STORY

Like many people, I always struggled in a classroom as a child and was worried about putting myself back into a learning environment. From day one, the Trust reassured us that we would be supported through any sort of training we took up with them. So many people who work at the Trust have been through the volunteer programme and have gone on to gain employment. This filled me with a confidence I never had before – if they could do it so could I.

One of the early qualifications I took up was called Supporting Individuals with Learning Disabilities Level 2. The Trust training team brought a group of us together for a two-day induction to the qualification. They went through what we needed to do to pass the course and we all spoke about previous barriers we faced in education and ways we could overcome them.

Support from the Trust and the other volunteers over the two days helped me understand what was expected of me and improved my confidence. Knowing we had shared similar backgrounds in life and education meant we were able to motivate and support each other in a way that we'd never experienced in school.

After the induction, we continued to meet up with and speak to other volunteers in study groups. If one of us was stuck on something or beginning to lose motivation, someone else would be able to help. It was wonderful when we completed the qualification – I felt not only proud of myself but the others in the group too.

Now I've moved on to a Level 2 Diploma in Adult Care. This time I feel even more motivated and my self-belief continues to grow. Now I know I can do anything I put my mind to.

OUR 2023-24 PRIORITY

- To continue increasing our numbers of peer volunteers and supporting them through their development journey while ensuring opportunity.

SUPPORT FOR THE INFECTED BLOOD COMMUNITY

2022-23 TARGET
To represent and support those infected and affected by infected blood, and widen our resource within this support.



Our helpline has been running since 2004 and has received around 63,000 contacts. It remains an essential resource for many people who have or have had hepatitis C, with the number of inquiries continuing to grow every year.

It has been a challenge for our small but dedicated team to keep up with the volume of calls, particularly from those impacted by the infected blood scandal. Training other office staff to support taking calls during busy periods has been an important way to adapt.

The helpline offers practical and emotional support to people who often feel like they have no place left to turn.

For those from the 'whole blood' community (who contracted hepatitis C after receiving a blood transfusion), there are no other designated support or information services they can access. Many report finding their GPs uninformed about hepatitis C and rarely see their specialists to discuss any ongoing concerns. Unfortunately for many, other health problems are more likely to develop as a result of having a long-term infection, so their journey does not end when hepatitis C treatment is completed. We have found that people from this community often return to our helpline over many months, years and even decades as a result.

As well as emotional support, we offer guidance to people making applications for financial support from the UK blood support schemes, which can be a complicated process to navigate.

This year, we broadened the services we offer by holding regular online support groups for members of the infected blood community. The groups have been a great success and offer people a place to connect and share their thoughts and feelings around the impact of the Infected Blood Inquiry.

We continued to attend the hearings of the Inquiry in person to provide emotional support to people who were taking part. This included people who had been recently diagnosed or who were attending the Inquiry on their own.

19	support group sessions held for people affected by infected blood
5,007	contacts via the helpline
23	hearings of the Infected Blood Inquiry attended

ONLINE SUPPORT FOR THE INFECTED BLOOD COMMUNITY

The long-running Infected Blood Inquiry

continued to receive evidence over the course of 2022-23. Because of this, there was an increased need for emotional support for the community that had been impacted.

In response, we began to schedule online support groups on a fortnightly basis. Groups are limited to 12 attendees so that everyone has the opportunity to share their thoughts and feelings. In all, 96 people whose lives had been impacted by the infected blood scandal attended the sessions over the year.

Once the group was established, it became clear that there were some subjects that people wanted to learn about or explore in more detail. We therefore decided to run occasional focus groups for the community centred around specific needs or interests. Topics in 2022 included the

Sir Robert Francis' compensation framework, challenges faced by people who are a part of the England Infected Blood Support Scheme and the psychological impact of hepatitis C via infected blood.

In addition to this, we continue to provide informal and friendly advice via the Contaminated Whole Blood UK Facebook group and its 550 members. Engaging with the community on social media has helped to build strong relationships and ensures that they have the most reliable and up to date information about the Inquiry.

“The meetings are reassuring, keep you updated about the hearings, treatment, ongoing topics and you feel part of a group with other survivors and family members.”

SUPPORT GROUP PARTICIPANT

HELPING PEOPLE ACCESS SUPPORT SCHEMES

Delilah* had been signposted to us by the Infected Blood Inquiry team for guidance in making an application to one of the UK Blood Support Schemes.

Since being diagnosed in 1991, Delilah had never spoken to anyone outside of her family about hepatitis C and was nervous about calling us. She felt reassured when our helpline staff said that they had their own experiences of the virus too.

Aside from the help we could practically offer her to ensure she would successfully access the UK Blood Support Scheme, we learnt that she had shunned all further medical care. She had declined the treatment that was available at the time of her diagnosis and disengaged from being further monitoring. Although Delilah was registered with a GP she told us that she had never been to see them.

By the time she spoke to us she had been living with hepatitis C for 40 years. We were able to answer all her questions and talk to her about the new treatments that were available. Although she was interested, her fear of doctors, medical treatments and disclosing her infection to anyone was still a major stumbling block.

“We arranged for someone to visit Delilah's home, get her on to treatment and get her cured of the virus.”

We arranged for someone to visit her home, get her on to treatment and get her cured of the virus.

Delilah said: “Without the support and patience of The Hepatitis C Trust I would still be hiding away, the team gave me the confidence and help to do this, and I will always be grateful to them”.

* The names in these stories have been changed

OUR 2023-24 PRIORITY

- To continue to represent and support those infected and affected by infected blood and widen our resource within this support.

WORLD HEPATITIS DAY 2022

189

events held in partnership with services and charities across the UK

4,019

people engaged

1,741

people tested

KEEPING HEPATITIS C ELIMINATION ON THE POLITICAL AGENDA

2022-23 TARGET

To ensure continued parliamentary support for the hepatitis C elimination programme and the elimination targets, and to increase focus on strong prevention policies and preparation for the maintenance phase of elimination.

Keeping hepatitis C elimination on the political agenda is one of our most important priorities. We work tirelessly to ensure that action is being taken at government level so that the UK achieves its elimination targets.

In England, we celebrated the progress that has been made as part of the hepatitis C elimination deal and galvanised support from MPs and decision makers at a World Hepatitis Day parliamentary reception.

We also successfully conducted meetings and hosted constituency visits for MPs including with Steve Brine, Chair of the Health and Social Care Committee. We supported a range of parliamentary activity by providing briefings for debates, supporting MPs to table Written Questions and submitting responses to parliamentary consultations.

In Scotland, we met with cross-party Members of the Scottish Parliament (MSPs) including Scottish Labour Party Leader Anas Sarwar and long-term

Hepatitis C Parliamentary Champions Miles Briggs and Rhoda Grant. We supported MSPs to table Written Questions highlighting areas of concern for meeting the 2024 elimination target.

In Wales, we organised a Senedd (Welsh Parliament) drop in event, where we engaged with Members of the Senedd (MSs), held meetings with MSs and provided briefings and Written Questions in support of parliamentary activity. This led to the Welsh Government setting out a new plan for getting on track for hepatitis C elimination by 2030.

We continued to lend our support to campaigners seeking justice for the infected blood scandal by providing briefings to MPs for a debate in Parliament on the issue.

26	politicians engaged with at one-to-one meetings and events.
15	Parliamentary Questions tabled on hepatitis C.
120	attendees at our World Hepatitis Day parliamentary reception.



STORY OF IMPACT

PARLIAMENTARY RECEPTION

For World Hepatitis Day, we organised and hosted a parliamentary reception in Westminster. The event brought together 120 people, including Hepatitis C Trust staff, NHS workers, other partner organisations and parliamentarians. We celebrated all that has been achieved so far in tackling hepatitis C and motivated all involved to continue working towards the target of eliminating the virus in England by 2025.

We were delighted to be joined by a cross-party group of politicians for the event, including Maggie Throup, the then Health Minister with responsibility for hepatitis C. Other MPs in attendance included: Dan Carden, Peter Dowd, Paulette Hamilton, Kate Hollern, Rachel Hopkins,

Diana Johnson, Naz Shah and Jeff Smith as well as Baroness Randerson.

The reception was hosted by Elliot Colburn MP and featured speeches from representatives from the World Health Organization and NHS England, as well as The Hepatitis C Trust.

The event helped to ensure hepatitis C remains a focus for parliamentarians, helping them to understand the specific challenges we face on the ground when working in their constituencies. Many MPs who attended went on to highlight hepatitis C in the House of Commons, table Written Questions and raise awareness via social media.

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We've made great progress in tackling hep C in recent years but more needs to be done."

MAGGIE THROUP MP

OUR 2023-24 PRIORITY

- To ensure parliamentarians are aware of the importance of preparing for maintaining hepatitis C elimination once achieved, and that there is a strategy in place for the maintenance phase.





KEEPING THE HEPATITIS C PROFESSIONAL COMMUNITY INFORMED AND CONNECTED

2022-23 TARGET
To support the hepatitis C professional community to achieve hepatitis C elimination across the UK by improving prevention, diagnosis and treatment, and to support a transition to new arrangements for hepatitis C services to ensure sustainable maintenance of elimination.

The vital role of HCV Action
To complement our patient-focused work, we also coordinate HCV Action, a network of more than 1,000 healthcare professionals with an interest in hepatitis C.

HCV Action's role as the voice of the hepatitis C professional community continued to strengthen in 2022-23. Our annual conference for hepatitis C professionals attracted its largest audience yet, with more than 100 attending in person and over 200 joining via live stream.

We also hosted three webinars for HCV Action members across the year, attracting larger audiences every time. These online sessions are a great way to keep momentum up as we near

elimination and for healthcare professionals to learn from each other.

Our report, 'Taking the initiative: how England is eliminating hepatitis C', provided an overview of England's hepatitis C elimination programme, documenting for the first time the various elimination initiatives that have helped England stay on track to achieve elimination by 2025.

HCV Action's ongoing core activity – including producing good practice case studies and monthly e-updates, gathering and distributing key resources, and providing updates via Twitter – help to ensure the hepatitis C professional community remains informed, inspired and connected throughout the year.

314	people attended the annual HCV Action conference in person and online.
313	attendees across three HCV Action webinars.
722	YouTube views of 2022-23 HCV Action webinars and event recordings.

TAKING THE INITIATIVE

In Spring 2023, we published our report,

'Taking the initiative: how England is eliminating hepatitis C'. The report explores the development of England's hepatitis C elimination programme since 2019, providing an overview of the main elimination initiatives to find and treat those living with hepatitis C.

To gather the information required for the report, we undertook desk research and conducted interviews with key stakeholders, including representatives from NHS England, The Hepatitis C Trust and the pharmaceutical industry.

The report outlines:

- how the elimination programme was developed
- how the elimination initiatives have evolved
- what lessons have been learned for combatting hepatitis C and other health challenges
- the next steps in the final period of the deal as it comes to an end in March 2024.

The report highlights that a new arrangement will be required to continue the work of at least some of these initiatives and keep up momentum towards the goal of elimination by 2025, and to ensure elimination is maintained in the long term.

Following publication, the report's findings and recommendations were raised with government ministers in Written Parliamentary Questions by supportive parliamentarians.

“
A very important piece of work with a robust assessment of what we have achieved.”

NHS ENGLAND HEPATITIS C ELIMINATION PROGRAMME TEAM

HCV ACTION ANNUAL CONFERENCE

This year, we were delighted to host the annual

HCV Action conference in person for the first time since 2019. The event programme explored emerging areas of interest and best practice, including planning for maintaining elimination, network-tracing approaches to treatment and hepatitis C testing in emergency departments and probation services.

To maximise the accessibility of the event, we also arranged for the event to be live streamed. The conference was attended by more than 100 people in person and the live stream attracted 214 views. 22 of the 23 hepatitis C Operational Delivery Networks (ODNs) had representation at the event.

The return to an in person format helped to increase the interactivity of the day and we were pleased to hear from delegates that new connections established were followed up afterwards. The vast majority of respondents to our feedback survey said that the conference made them feel more informed about the elimination programme and about how hepatitis C services will transition in the coming years. Attendees also expressed how useful the conference was in learning from examples of best practice elsewhere that can be replicated in their own ODNs.

“
All the sessions were invaluable in helping me to understand the pieces of the jigsaw and how they fit together.”

CONFERENCE ATTENDEE

OUR 2023-24 PRIORITY

- To support the hepatitis C professional community by providing a forum for the discussion of developments, challenges and opportunities in the elimination programme.

ART ON A POSTCARD

Art on a Postcard (AOAP) fundraises for The Hepatitis C Trust via charity auctions and the sale of merchandise on their online shop.

Established in 2014, AOAP was intended to be a one-off secret postcard auction, but it went so well it spawned a small industry.

Every AOAP auction features an impressive line-up of postcard-sized masterpieces which include works by Britain's most renowned artists.

MINI AUCTIONS

AOAP held several mini auctions to fundraise for our work in 2022. These were great opportunities for AOAP to engage with and feature the work of up-and-coming artists. Held at various locations across London, AOAP was able to raise £23,000 from these events.

AUCTION FOR UKRAINE

In April 2022, war broke out in Ukraine. We decided that it would be appropriate to ask AOAP to donate the funds raised at an auction curated by India Rose James to support the work of the charity Choose Love, who were helping to support Ukrainian refugees. The auction raised £22,000.

SUMMER AUCTION 2022

Teaming up with The Other Art Fair, AOAP raised £45,000 at this auction. The sale featured works by National Portrait Gallery BP Portrait Award-

winner Ishbel Myerscough and Marina Abramović, alongside emerging artists such as Jade Montserrat, Tosin Kalejaye and Ruairi Fallon.

WINTER AUCTION 2022

The annual winter auction was AOAP's most successful event to date. Partnering with Dreweatts, almost 600 pieces of incredible artwork were donated to the online auction. Contributors included Grayson Perry CBE RA, Clayton Schiff, Caroline Wong and Gavin Turk. A private viewing of the artwork was also held in London ahead of the sale. The auction raised an incredible £96,000.

INTERNATIONAL WOMEN'S DAY AUCTION 2023

For its International Women's Day Auction, AOAP invited seven female curators to organise a show featuring 25 women artists. The auction raised £41,000 with support from The Auction Collective and Fitzrovia Gallery who hosted the Private View.

ONLINE SHOP

The range on the AOAP website continued to grow, with art fans being able to order Christmas and greetings cards, prints, frames and box sets featuring popular designs from previous auctions on the website.

GOVERNANCE AND MANAGEMENT

LEGAL ENTITY

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

CHARITABLE OBJECTS

The objects of the Trust, as set out in the Memorandum and Articles of Association are:

1. The relief of persons suffering from hepatitis C and the provision of support to such persons and their families;
2. The advancement of education concerning hepatitis C; and
3. Research into all aspects of hepatitis C including (but not limited to) the causes, detection, transmission, prevention and treatment of hepatitis C and the publication and dissemination of the useful results of all such research.

OUR TRUSTEES

(those who served during the year and/or were responsible for the annual report)

The Hon David Macmillan (Chair)
Mr Simon Lincoln (Treasurer)
Sir Adrian Baillie
Dr M F Bassendine
Mr Peter Holt
Mr Edward Mead
Mr Charles Walsh
Mr John Jolly

OUR PATRONS

Ms Emilia Fox
Ms Sadie Frost
Boy George
Mr Andrew Loog Oldham
The Lord Mancroft
Mr Alan McGee
Ms Justine Roddick
Mr Robbie Williams

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

The charity's Trustees are also the company directors for the purposes of company law. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur new Trustees are recruited through a variety of means including advertising. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees. Potential Trustees have an initial meeting with the Chief Executive who explains the Trust's philosophy and how it works in practice. They are then asked to attend a Board meeting to get a better understanding. Newly appointed Trustees are sent briefing information about The Trust and their role as a trustee. They are then asked to spend a day at the Trust's London offices, meeting the staff and learning more about each project and in particular financial oversight.

KEY MANAGEMENT PERSONNEL

The Trustees have determined that the Chief Executive and the Senior Directors, together with the Trustees themselves, are the key management personnel. The Trustees are not remunerated and the pay of the Chief Executive and the Senior Directors has been set according to bands suggested by an independent consultant and by benchmarking against market rates.

RISK ASSESSMENT

The Trustees have prepared a risk assessment, examining the major risks which the charity faces and have set out the necessary steps that need to be taken to lessen any risks. This register is updated on a regular basis. The key risks and the actions to be taken to mitigate them in the latest risk assessment are set out in the table below.

FINANCIAL REVIEW

FUNDING

Following the successful delivery of our ongoing peer programmes, we received further investment under the NHS elimination initiative this year. As such our income has, once more, continued to significantly increase, allowing us to maintain a secure financial position for the Trust. At £4,988,926 our income has significantly increased from that of the previous year £3,632,826, while our expenditure at £4,411,630 increased by £1,374,365. This increase in expenditure is in line with additional costs incurred through the implementation and running of our extended peer programme service delivery.

With the continued successful delivery of our peer programmes, we remain confident in our financial position. In relation to our raising funds, please see our costs in the financial statements at the back of the report, mainly in regard to income generation from Art on a Postcard (see page 22). We do not engage external professional fundraisers or commercial participators to carry out our fundraising activities and we do not engage in face-to-face or telephone fundraising. All our approaches to fundraising take account of the Code of Fundraising Practice issued by the Fundraising Regulator. We have received no complaints about our fundraising activities either during the financial year or subsequently.

RESERVE POLICY

The policy of the Trustees is to hold a reserve of three months' costs, amounting to £1,470,543. Our total unrestricted reserves for this year are £1,190,834, this includes £307,424 which has been designated for future redundancy costs in line with the completion of NHS England's funded elimination programme. Alongside this are our current restricted reserves of £678,792 to fund activities in the year 31 March 2023.

The Trustees are committed to raising core reserves through our fundraising strategy involving: broadening our base of possible trust funders by demonstrating that addressing hepatitis C has broader social benefits, not just positive health outcomes; engaging with corporate donors; expanding Art on a Postcard; moving our focus towards longer term statutory funding.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of The Hepatitis C Trust for the purposes of company law) are responsible for preparing The Trustees' Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and 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 charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for

safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

AUDITORS

Azets Audit Services (formerly Wilkins Kennedy Audit Services) have indicated their willingness to continue in office. A resolution proposing their re-appointment will be submitted at the Annual General Meeting.

SMALL COMPANY RULES

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP FRS 102) issued in January 2015. This report was approved by the Board of Trustees and signed on its behalf by:



The Hon David Macmillan

22nd December 2023

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2023

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SCO39914

Registered Company
Number: 5069924

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HEPATITIS C TRUST

OPINION

We have audited the financial statements of The Hepatitis C Trust (the 'charitable company') for the year ended 31 March 2023 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements: give a true and fair view of the state of the charitable company's affairs as at 31 March 2023, and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING 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 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 trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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.

INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF THE HEPATITIS C TRUST

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the directors' report and from the requirement to prepare a strategic report.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees' responsibilities statement, 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 determine 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 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 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

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.

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 specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the company through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Due to the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's

website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>.

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. Our audit work has been undertaken so that we might state to the charitable company's members 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 and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Lorraine Curtis ACA BFP FCCA
(Senior Statutory Auditor)



For and on behalf of Nordens Audit Limited
Statutory Auditor
The Retreat
406 Roding Lane South
Woodford Green
Essex
IG8 8EY

22nd December 2023

Nordens Audit Limited is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

The Hepatitis C Trust
Statement of Financial Activities
Incorporating an Income and Expenditure Account
For the year ended 31 March 2023

	Note	Unrestricted Funds £	Restricted Funds £	Total 2023 £	Total 2022 £
Income from:					
Donations	2	317,476	-	317,476	210,443
Investments	3	15,605	-	15,605	336
Charitable activities	4	3,201,983	3,773,727	6,975,709	4,778,147
Total		<u>3,535,063</u>	<u>3,773,727</u>	<u>7,308,790</u>	<u>4,988,926</u>
Expenditure on:					
Raising funds	5	218,657	-	218,657	172,834
Charitable activities	6	2,528,497	3,780,099	6,308,596	4,238,796
Total		<u>2,747,154</u>	<u>3,780,099</u>	<u>6,527,252</u>	<u>4,411,630</u>
Net income for the year before transfers		787,910	(6,732)	781,538	577,296
Transfers	12	206,215	(206,215)	-	-
Net income		<u>994,124</u>	<u>(212,587)</u>	<u>781,538</u>	<u>577,296</u>
Fund balances at 1 April 2022	12	1,190,834	678,792	1,869,626	1,292,330
Fund balances at 31 March 2023	12	<u>2,184,958</u>	<u>466,205</u>	<u>2,651,164</u>	<u>1,869,626</u>

All gains and losses arising in the year have been included in the Statement of Financial Activities and arise from continuing operations

The notes on pages 48 to 61 form part of the financial statements.

The Hepatitis C Trust
Balance Sheet
as at 31 March 2023

	Note	2023 £	2022 £
Current Assets			
Debtors	10	1,783,098	720,881
Cash at bank and in hand		<u>2,538,587</u>	<u>2,313,341</u>
		4,321,685	3,034,222
Creditors: Amounts falling due within one year			
	11	<u>(1,670,521)</u>	<u>(1,164,595)</u>
Net Current Assets		<u>2,651,164</u>	<u>1,869,626</u>
Total Net Assets		<u>2,651,164</u>	<u>1,869,626</u>
Funds			
Unrestricted funds	12	1,624,026	883,410
Designated funds	12	560,932	307,424
Restricted funds	12	<u>466,206</u>	<u>678,792</u>
		<u>2,651,164</u>	<u>1,869,626</u>

The accounts have been prepared in accordance with FRS 102.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The financial statements were approved by the Board of Trustees and authorised for issue on 22 December 2023 and signed on their behalf by:



.....
Hon David Macmillan

Registered Company Number: 5069924

The notes on pages 48 to 61 form part of the financial statements.

The Hepatitis C Trust
Statement of Cash Flows
For the year ended 31 March 2023

	Notes	2023 £	2022 £
Cash generated from operating activities:			
Net cash provided by operating activities	see below	209,641	697,932
Cash flows from investing activities:			
Interest income	3	15,605	336
Net cash provided by investing and operating activities		225,246	698,268
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		2,313,341	1,615,073
Cash and cash equivalents at the end of the reporting period		2,538,587	2,313,341

Reconciliation of net expenditure to net cash flow from operating activities

		2023 £	2022 £
Net expenditure (as per the statement of financial activities)	SOFA	781,538	577,296
Adjustments for:			
Investment income	3	(15,605)	(336)
Increase in debtors	10	(1,062,217)	(145,498)
Increase in creditors	11	505,925	266,470
Net cash provided by operating activities		209,641	697,932

Analysis of cash and cash equivalents

	2023 £	2022 £
Cash in hand	2,538,587	2,313,341
Total cash and cash equivalents	2,538,587	2,313,341

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

1 Accounting Policies

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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2021, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound.

The financial statements are prepared under the historical cost concept.

The principle accounting policies adopted in the preparation of the financial statements are set out below.

Going Concern Basis

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has sufficient resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

Income

Income is recognised in the period to which it relates, when the criteria of entitlement, measurable and probable receipt are met.

Deferred income is income which is received in respect of a future accounting period and is deferred to that period.

Gifts in kind are valued and brought in as income and the appropriate resources expended, when the items are used/distributed. The values attributable to gifts in kind are an estimate of the gross value to the organisation, usually the market cost. Where this intangible income relates to project activities it is included as an activity in furtherance of the charity's objects.

Expenditure

Direct charitable expenditure comprises all expenditure relating to the activities carried out to achieve the objectives.

Governance costs include those costs incurred in the governance of the charity and are primarily associated with constitutional compliance and statutory requirements.

Expenditure is allocated directly to the expenditure headings as far as practically possible to reflect the activities of the charity. Support costs have been allocated to the activities based on employee time spent on that activity.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

1. Accounting Policies (continued)

Expenditure is included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

Fund accounting

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 12.

Unrestricted funds are those which are not subject to restrictions, and any surpluses may be applied in furtherance of any of the organisation's objectives.

Cash and Cash Equivalents

Cash and cash equivalents include cash at banks and in hand and short-term deposits with a maturity date of three months or less.

Debtors and creditors

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Pension

The charity operates a defined contribution stakeholder pension scheme. The assets of the scheme are held separately from the charity.

Critical accounting estimates and areas of judgement

The annual depreciation charge for property, plant and equipment is sensitive to change in useful economic life and residual values of assets. These are reassessed annually.

In the view of the trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

2. Donations

Year to 31 March 2023	Unrestricted Funds 2023	Restricted funds 2023	Total 2023
	£	£	£
Donations	17,665	-	17,665
Art on a Postcard	299,811	-	299,811
	317,476	-	317,476

Year to 31 March 2022	Unrestricted Funds 2022	Restricted funds 2022	Total 2022
	£	£	£
Donations	6,010	-	6,010
Art on a Postcard	204,433	-	261,772
	210,443	-	210,443

3. Investment Income

Year to 31 March 2023	Unrestricted Funds 2023	Restricted funds 2023	Total 2023
	£	£	£
Bank interest	15,605	-	15,605
	15,605	-	15,605

Year to 31 March 2022	Unrestricted Funds 2022	Restricted funds 2022	Total 2022
	£	£	£
Bank interest	336	-	336
	336	-	336

4. Income for Charitable Activities

Year to 31 March 2023	Unrestricted Funds 2023	Restricted funds 2023	Total 2023
	£	£	£
Grants	3,201,983	3,773,727	6,975,709
	3,201,983	3,773,727	6,975,709

Year to 31 March 2022	Unrestricted Funds 2022	Restricted funds 2022	Total 2022
	£	£	£
Grants	1,641,381	3,136,767	4,778,147
	1,641,381	3,136,767	4,778,147

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

4a Grants

Year to 31 March 2023

	Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
AbbVie Ltd	-	675,000	675,000
AbbVie Ltd (HCV Action)	-	25,000	25,000
Barts Health NHS Trust	127,295	-	127,295
Betsi Cadwaladr University Local Health Board	-	98,276	98,276
Birmingham and Solihull Mental Health NHS Foundation	-	25,361	25,361
Bournemouth Christchurch and Poole Council	-	2,000	2,000
Brighton and Sussex University Hospitals NHS Foundation Trust	134,947	-	134,947
Cambridge University Hospitals NHS Foundation Trust	161,206	-	161,206
Cheshire and Merseyside ODN	-	39,759	39,759
East Lancashire Hospitals NHS Trust	156,011	-	156,011
Gilead - Scotland Peer Project	-	47,755	47,755
Gilead - HCV Action & Parliamentary Work	-	42,500	42,500
Gilead HITT	-	130,000	130,000
Hull University Teaching Hospitals	201,141	-	201,141
Kings College Hospital	98,000	-	98,000
Leeds Teaching Hospitals NHS Trust	113,399	39	113,438
Mary Kinross Charitable Trust	-	38,000	38,000
Merseycare	37,500	-	37,500
MSD	-	944,715	944,715
MSD – HCV Action	-	75,000	75,000
NHS England	-	390,521	390,521
NHS England and NHS Improvement – East Midlands (H&J)	-	105,009	105,009
NHS Manchester	66,692	-	66,692
NHS Thames Valley	176,747	-	176,747
NHS Forth Valley	-	5,000	5,000
NHS West London – Imperial College NHS Trust	160,569	-	160,569
Nottingham University Hospitals NHS Trust	230,026	34,786	264,812
Other	38,695	24,077	62,772
Oxleas NHS Foundation Trust	-	50,000	50,000
Practice Plus Group Health and Rehabilitation Services Limited	-	301,557	301,557
Public Health Wales NHS Trust	-	2,940	2,940
Royal Surrey NHS Foundation Trust	110,000	-	110,000
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Education)	136,795	-	136,795
Sheffield Teaching Hospitals NHS Foundation Trust (T&V)	-	306,440	306,440
South Tees Hospitals NHS Foundation	9,661	-	9,661
Spectrum	-	259,992	259,992
St George's University Hospitals NHS	119,715	-	119,715
The Newcastle upon Tyne Hospitals NHS Foundation Trust	112,624	-	112,624
University College London	-	150,000	150,000
University Hospital Southampton NHS Foundation Trust	142,569	-	142,569
University Hospitals Birmingham NHS Foundation Trust	309,979	-	309,979
University Hospitals Bristol & Weston NHS Foundation Trust	163,468	-	163,468
University Hospitals of Leicester NHS Trust	241,299	-	241,299
University Hospitals Plymouth NHS Trust	153,647	-	153,647
	3,201,983	3,773,727	6,975,709

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

4a Grants (Continued)

Year to 31 March 2022

	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
AbbVie Ltd	-	674,346	674,346
AbbVie Ltd (HCV Action)	-	55,040	55,040
Barts Health NHS Trust	80,000	-	80,000
Birmingham and Solihull Mental Health NHS Foundation	-	14,484	14,484
Bournemouth Christchurch and Poole Council	-	2,000	2,000
Brighton and Sussex University Hospitals NHS Foundation Trust	85,000	-	85,000
Cambridge University Hospitals NHS Foundation Trust	76,142	366	76,508
Coventry City Council	15,000	-	15,000
Crossroads Care South East London	-	5,760	5,760
East Lancashire Hospitals NHS Trust	80,000	-	80,000
Falkirk Council	-	5,000	5,000
Gilead - Scotland Peer Project	-	4,996	4,996
Gilead - HCV Action & Parliamentary Work	-	52,500	52,500
Gilead HITT	-	130,000	130,000
Hull University Teaching Hospitals	40,000	-	40,000
Kings College Hospital	80,000	24,263	104,263
Leeds Teaching Hospitals NHS Trust	78,867	-	78,867
MSD	-	893,936	893,936
NHS England and NHS Improvement – East Midlands (H&J)	-	140,012	140,012
NHS Thames Valley	70,000	-	70,000
NHS Forth Valley	-	20,000	20,000
NHS West London	79,431	-	79,431
NHS Tayside	-	3,503	3,503
Newcastle Track & Trace	9,000	-	9,000
Nottingham University Hospitals NHS Trust	103,569	2,691	106,260
Other	4,834	546	5,380
Oxleas NHS Foundation Trust	-	50,000	50,000
Pilgrim Trust	-	15,000	15,000
Practice Plus Group Health and Rehabilitation Services Limited	-	730,882	730,882
Public Health Wales NHS Trust	500	150,000	150,500
Royal Surrey NHS Foundation Trust	83,000	546	83,546
Royal Surrey NHS Foundation Trust (HITT)	-	29,383	29,383
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Programme)	60,000	-	60,000
Sheffield Teaching Hospitals NHS Foundation Trust(Training and Volunteers)	-	75,000	75,000
St George's University Hospitals NHS	78,429	-	78,429
The National Health Service Commissioning Board (NHS England)	-	56,513	56,513
The Newcastle upon Tyne Hospitals NHS Foundation Trust	8,873	-	8,873
University Hospital Southampton NHS Foundation Trust	59,431	-	59,431
University Hospitals Birmingham NHS Foundation Trust	280,000	-	280,000
University Hospitals Bristol & Weston NHS Foundation Trust	66,227	-	66,227
University Hospitals of Leicester NHS Trust	121,077	-	121,077
University Hospitals Plymouth NHS Trust	82,000	-	82,000
	1,641,380	3,136,767	4,778,147

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

5. Cost of Raising Funds

Year to 31 March 2023	Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
Staff Costs	86,477	-	86,477
Direct Costs	132,179	-	132,179
	218,657	-	218,657
Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Staff Costs	44,676	-	44,676
Direct Costs	128,158	-	128,158
	172,834	-	172,834

6. Analysis of Charitable Expenditure by type

Year to 31 March 2023	Staff Cost 2023 £	Direct Cost 2023 £	Support Cost 2023 £	Total 2023 £
Advocacy and Drug Services	3,225,289	899,694	-	4,124,982
HCV Action and Parliamentary Work	-	131,884	-	131,884
Helpline	16,586	2,698	-	19,825
National Volunteer & Trainer	82,212	89,867	-	172,079
NHS Health & Justice Prison Peers	977,302	347,192	-	1,324,494
Scotland Peer Project	32,795	12,373	-	45,168
Women's Prisons	101,898	30,826	-	132,724
World Hepatitis Day	-	3,947	-	3,947
	4,436,083	1,518,481	-	5,954,564
Year to 31 March 2022	Staff Cost 2022 £	Direct Cost 2022 £	Support Cost 2022 £	Total 2022 £
Advocacy and Drug Services	2,266,691	565,409	92,009	2,924,109
HCV Action and Parliamentary Work	-	102,233	-	102,233
Helpline	7,964	1,491	-	9,455
National Volunteer & Trainer	70,537	70,441	1,297	142,275
NHS Health & Justice Prison Peers	698,954	190,879	27,837	917,670
Scotland Peer Project	48,242	19,578	-	67,820
Women's Prisons	48,489	26,682	-	75,171
World Hepatitis Day	-	63	-	63
	3,140,877	976,776	121,143	4,238,796

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

7. Support Costs

	Total 2023 £	Total 2022 £
Staff costs	2,028	22,383
Staff training	17,316	-
Staff support costs	5,766	-
Rent, rates, light and heat	128,865	57,839
Travel and subsistence	10,123	-
Insurance	23,080	3,353
Office move	24,376	-
Office supplies and maintenance	29,023	10,903
Telephone	31,828	6,464
Computer Costs	9,109	1,227
Sundry costs	483	778
Legal and professional costs	49,162	192
Audit and accountancy	22,500	17,580
Bank charges	373	360
	354,032	123,559

All support costs were proportionally allocated to funders according to operational delivery in the year to 31 March 2023.

8. Staff Costs

	2023 £	2022 £
Wages and salaries	3,989,050	2,815,087
Social Security costs	410,771	288,289
Pension costs	125,638	82,177
	4,525,459	3,185,553
	Number	Number
Average number of employees during the year	124	94
Average number of volunteers during the year	150	134

One employee was paid in the range £60,000 to £69,999 in the year (2022: one).

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers national insurance contributions of the charity's key management personnel were £293,302 (2022: £282,125). Four employees (2022: four) were considered to be key management personnel during the year.

9. Trustees and related parties

No remuneration was paid to any trustee for services as a trustee and no expenses were reimbursed.

Trustees participated in the Art on a Post Card auction on an arms-length basis.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

10. Debtors

	2023 £	2022 £
Trade debtors	1,758,326	714,615
Other debtors	24,772	2,933
Prepayments	-	3,333
	<u>1,783,098</u>	<u>720,881</u>

11. Creditors: Amounts falling due within one year

	2023 £	2022 £
Trade creditors	5,614	28,793
Tax and social security costs	112,038	80,121
Sundry creditors	24,185	5,347
Income received in advance	1,454,235	1,002,264
Accruals	74,449	48,070
	<u>1,1670,521</u>	<u>1,164,595</u>

Income received in advance is funding for project work to be completed in the year 2023-24

12. Statement of Funds

	Funds at 31 March 2022 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2023 £
Unrestricted funds	883,410	3,535,063	(2,747,154)	(47,293)	1,624,026
Designated fund	307,424	-	-	253,508	560,932
	<u>1,190,834</u>	<u>3,535,063</u>	<u>(2,747,154)</u>	<u>206,215</u>	<u>2,184,958</u>
Restricted funds					
Advocacy and Drug Services	332,686	1,775,458	(1,973,749)	(47,700)	86,695
HCV Action & Parliamentary Work	42,353	142,500	(131,884)	-	52,969
National Volunteer & Training	13,475	306,440	(172,079)	-	147,836
NHS Health & Justice Prison Peers	283,726	1,373,804	(1,324,494)	(161,916)	171,120
Scotland Peer Project	-	52,755	(45,169)	-	7,586
Women's Prisons	6,552	122,771	(132,724)	3,401	-
	<u>678,792</u>	<u>3,773,728</u>	<u>(3,780,099)</u>	<u>(206,215)</u>	<u>466,206</u>
	<u>1,869,626</u>	<u>7,308,791</u>	<u>(6,527,253)</u>	<u>-</u>	<u>2,651,164</u>

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

12. Statement of Funds (Continued)

	Funds at 31 March 2021 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2022 £
Unrestricted funds	468,076	1,852,159	(1,297,903)	(138,922)	883,410
Designated fund	-	-	-	307,424	307,474
	<u>468,076</u>	<u>1,852,159</u>	<u>(1,297,903)</u>	<u>168,502</u>	<u>1,190,834</u>
Restricted funds					
Advocacy and Drug Services	455,071	1,747,142	(1,808,558)	(60,969)	332,686
HCV Action & Parliamentary Work	37,046	107,540	(102,233)	-	42,353
National Volunteer & Training	74,990	80,760	(142,275)	-	13,475
NHS Health & Justice Prison Peers	247,636	1,095,614	(917,670)	(141,854)	283,726
Scotland Peer Project	-	33,499	(67,820)	34,321	-
Women's Prisons	9,511	72,212	(75,171)	-	6,552
	<u>824,254</u>	<u>3,136,767</u>	<u>(3,113,727)</u>	<u>(168,502)</u>	<u>678,792</u>
	<u>1,292,330</u>	<u>4,988,926</u>	<u>(4,411,630)</u>	<u>-</u>	<u>1,869,626</u>

Designated Fund

The Trustees have agreed to designate funds for future redundancies in line with the completion of NHS England's elimination programme

A transfer of £209,616 (2022: £202,823) was made from the restricted fund to the unrestricted funds to cover budgeted core spending provided for within the agreed budget.

A transfer of £3,401 (2022: £34,321) was made from unrestricted funds to restricted funds for the overspend on a restricted project that will not be reimbursed next financial year.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

12. Statement of Funds (continued)

Restricted Funds

The nature and purpose of each of the funds is as follows:

Advocacy and Drug Services: includes peer-to-peer education and awareness programmes, delivering key messages about hepatitis C prevention, diagnosis, treatment and care to people attending community drug services, hostels and homeless shelter; this includes a bespoke South Asian peer programme. Staff training is carried out within all the programmes and is delivered to those staff working in services with people who are at a high risk of hepatitis C. We also have a mobile outreach programme which provides testing and raises awareness, especially amongst high prevalence communities and populations that are difficult to reach, such as the homeless

HCV Action: a very useful vehicle for collecting and disseminating best practice in hepatitis C care and treatment, and for supporting Hepatitis C as the patient voice.

National Volunteer and Training Service:

The National team operate through two strands:

1. The delivery and oversight of core mandatory training and development of our staff including induction. Hepatitis C training to professionals and other service providers.
2. The delivery of The Hepatitis C Trust volunteering programme which includes supporting our volunteers across different areas of our work and ensuring that all are provided with opportunity to access training and development to both support them in their roles and further their employment opportunities.

NHS Health and Justice Prison Peers: The Hepatitis C Trust engages in peer-to-peer and awareness raising activities across UK prisons in order to: 1) Provide information about hepatitis C to those at risk an who are often hard to engage 2) Encourage and support people in prisons to get tested and to access treatment and care 3) Train people in prison to become Hepatitis C peers.

Scotland Peer Project: Peer-to-peer awareness and education project that provides key messages about hepatitis C prevention, diagnosis treatment and care to people attending recovery cafés, homeless hostels,shelters as well as people in prison. Our Voices group brings together people affected by hepatitis C,building their knowledge and awareness and supporting them in having their voices heard.

Women's Prisons: Women specific hepatitis C peer programme working across the female prison estate educating, raising awareness, changing the conversation, reducing stigma and supporting women to get tested and treated.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

13. Analysis of Net Assets between Funds

Year to 31 March 2023	Unrestricted Funds 2023 £	Designated Funds 2023 £	Restricted Funds 2023 £	Total 2023 £
Current assets	2,048,006	307,424	678,792	3,034,222
Current liabilities	(1,164,596)	-	-	(1,164,596)
	883,410	307,424	676,792	1,869,626

Year to 31 March 2022	Unrestricted Funds 2022 £	Designated Funds 2022 £	Restricted Funds 2022 £	Total 2022 £
Current assets	2,048,006	307,424	678,792	3,034,222
Current liabilities	(1,164,596)	-	-	(1,164,596)
	883,410	307,424	676,792	1,869,626

14. Operating Lease Commitments

	Equipment		Land and buildings	
	2023 £	2022 £	2023 £	2022 £
Operating lease which expire:				
Less than 1 year	-	-	-	14,104
Within 2-5 years	3,096	3,096	91,250	-
	9,288	12,384	91,250	14,104

THANK YOU

We would like to take this opportunity to thank our funders, from individual donors to large statutory and trust funders, with who we would not be able to achieve the work we have reported on this year. We greatly appreciate their commitment to our cause and the resources they provide in order for us to reach our goals.

We would like, in particular, to thank:

AbbVie Ltd
Barts Health NHS Trust
Birmingham and Solihull Mental Health NHS Foundation
Bournemouth Christchurch and Poole Council
Brighton and Sussex University Hospitals NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Coventry City Council
Crossroads Care South East London
East Lancashire Hospitals NHS Trust
Falkirk Council
Gilead
Hull University Teaching Hospitals
Kings College Hospital
Leeds Teaching Hospitals NHS Trust
MSD
NHS England and NHS Improvement – East Midlands (H & J)
NHS Thames Valley
NHS Forth Valley
NHS West London
NHS Tayside
Newcastle Track and Trace
Nottingham University Hospitals NHS Trust
Oxleas NHS Foundation Trust
Pilgrims Trust
Practice Plus Group Health and Rehabilitation Services Limited
Public Health Wales NHS Trust
Royal Surrey NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
St George's University Hospitals NHS
The National Health Service Commissioning Board (NHS England)
The Newcastle upon Tyne Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust
University Hospitals Birmingham NHS Foundation Trust
University Hospitals Bristol & Weston NHS Foundation Trust
University Hospitals of Leicester NHS Trust
University Hospitals Plymouth NHS Trust

THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SC039914

Registered Company
Number: 5069924

72 Weston Street
London
SE1 3QG

hepctrust.org.uk

THE HEPATITIS C TRUST

England & Wales - Charity number 1104279

Accounts

THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

ANNUAL REPORT AND ACCOUNTS 2022



OUR MISSION

The Hepatitis C Trust,
finding and
supporting those
living with,
affected by or at risk
of hepatitis C.
On a mission with
our partners to
eliminate hepatitis C
from the UK by 2030,
leaving no one
behind.

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OUR FOCUS

We are on track to eliminate the hepatitis C virus from the UK, but there is still a lot more work to be done.

Globally, there are roughly 1.5 million new infections of hepatitis C, a potentially cancer-causing virus, each year, and currently an estimated 3.2 million adolescents and children with chronic hepatitis C infection. The Hepatitis C Trust are part of a global initiative to eliminate hepatitis C by 2030.

We are the only organisation in the UK set up solely with the objective to eliminate hepatitis C.

We have been operational since 2001, and in this time have grown from a small organisation of two people to one of 93 permanent staff and 150 peer volunteers – this includes large on the ground peer-to-peer programmes in both the community and prisons, working across 23 NHS Operational Delivery Networks (ODNs) and 128 prisons. We are a patient-led and patient run organisation; a majority of

our employees and volunteers have lived experience of hepatitis C. We know that we will not achieve elimination unless we look at the area of reinfection and harm reduction. This is an area of increasing importance in our work.

Our strategy

Our strategy is focused around the pillars of better prevention and more diagnosis and treatment for all. With an elimination deal in place with UK governments, and our peer programmes reaching across communities and prisons in the UK, we are currently working to identify and engage both those undiagnosed and those diagnosed but untreated.

“People prefer to speak to someone who has lived experience, someone who knows what it’s like to be where they are.”

Jim, Peer Support Worker

Our vision is to stop people dying from hepatitis C and eliminate it from the UK by 2030



Hepatitis C is a blood-borne virus that predominantly infects liver cells. This can result in inflammation and significant damage to the liver. It can also affect the liver’s ability to perform its essential functions. Although it has always been regarded as a liver disease, recent research has shown that the hepatitis C virus (HCV) affects a number of other areas of the body. These can include the digestive system, the lymphatic system, the immune system and the brain.

MESSAGE FROM THE TRUSTEES' AND CEO

This year The Hepatitis C Trust celebrated 20 years as an organisation. Looking back on our defining moments and accomplishments we are excited and proud at how much we have achieved.

Over the past 20 years we have grown from a team of two to a team of 93 employees and 150 volunteers, working across the UK in both prisons and the community. We have seen the treatment for hepatitis C move from interferon and ribavirin in 1999/2001, a lengthy and difficult treatment with a low success rate, to the use of direct-acting antiviral (DAA) treatments providing a simple and effective cure with a 97% success rate.

As a key player in ensuring the cause of hepatitis C has been taken up at a global level, we have also been extremely pleased to see the global and UK government commitments towards the elimination of hepatitis C made in more recent years. There is a lot to celebrate. However, the Trust's focus is still firmly fixed on the years ahead and the importance of seeing that those hardest to engage are reached, while maintaining a high level of awareness around the causes of hepatitis C transmission to prevent new infections from arising and maintain elimination once it's been reached.

This year we maintained our focus within a landscape still dominated by Covid-19; in the remaining restrictions and shutdowns early in the year, and then in recovery from the impact later on.

During the pandemic our peer services, particularly in the community, adapted well to picking up gaps in hepatitis C service delivery on behalf of the NHS and third sector partners. This led to our having greater autonomy and innovation in terms of service delivery and the activities we were able to deliver – evidencing the great value our peer programme provides. This heightened recognition has been reflected in the continued growth of our staff team, and an increasing number of peer staff and new volunteers. The introduction of a National Volunteer Manager role has provided a more robust structure for all new volunteers and a pathway to education, securing qualifications and often employment.

Partnership working has remained central to how we work, with us having entered many new programme activities, including providing support to both cancer screening and A & E testing initiatives. Work across the UK prison estate has been difficult with prison staff shortages and the continued impact of Covid-19. Our national peer team has managed to maintain a strong presence and the national High Intensity Test and Treat (HITT) prison programme was able to be re-established, with us taking part in a high number of HITTs with our health and criminal justice partners.

Across the devolved nations we maintained our parliamentary and policy work, engaging with ministers in Scotland, garnering support and keeping hepatitis C elimination on the agenda. In Wales we engaged in a hepatitis C roundtable meeting with Members of the Senedd and subsequently contributed to a consensus



statement. A particular highlight and success was the launch of an initiative to link MPs to the community work of our local peer teams, so they could gain first-hand experience of our hepatitis C work on the ground to inspire them to take up our cause.

With harm prevention and reinfection high on our agenda, in partnership with HCV Action, we published a new report *Reframing Reinfections*. The report highlighted that the key issues identified at the root of reinfection reflect the most critical challenges faced by the UK hepatitis C elimination programme as a whole.

Our information and support service has continued to provide much needed support to those infected and affected by the infected blood scandal. This year we got the opportunity to present our own detailed witness statement, drawing on over 18 years' experience of support to those affected and infected. Having the opportunity to represent the individual voices of those who sit outside the established infected blood groups was very important to us.

It is incredible that an organisation set up as a place where people with hepatitis C could turn to get friendly and accessible information and support, at a time when neither of these were available, has grown to accomplish so much. However, there is still much more for us to do: finding those that are yet to be diagnosed, ensuring that the right data systems are in place to verify national hepatitis C prevalence, and making sure when we reach elimination that it can be maintained.

We look forward to the day that we can close our doors because hepatitis C has been eliminated and we are no longer needed.

We hope you enjoy the rest of the report.

Thank you

THE YEAR IN NUMBERS

2,202

staff working in community services trained in hepatitis C awareness

31,167

individual interventions provided to people with hepatitis C in the community

1000

people in prison supported through treatment

26,845

people in prison engaged through hepatitis C awareness outreach sessions

142

peer volunteers completed induction training

1,197

Metropolitan Police Officers trained in hepatitis C awareness

19,919

people in the community tested for hepatitis C this year

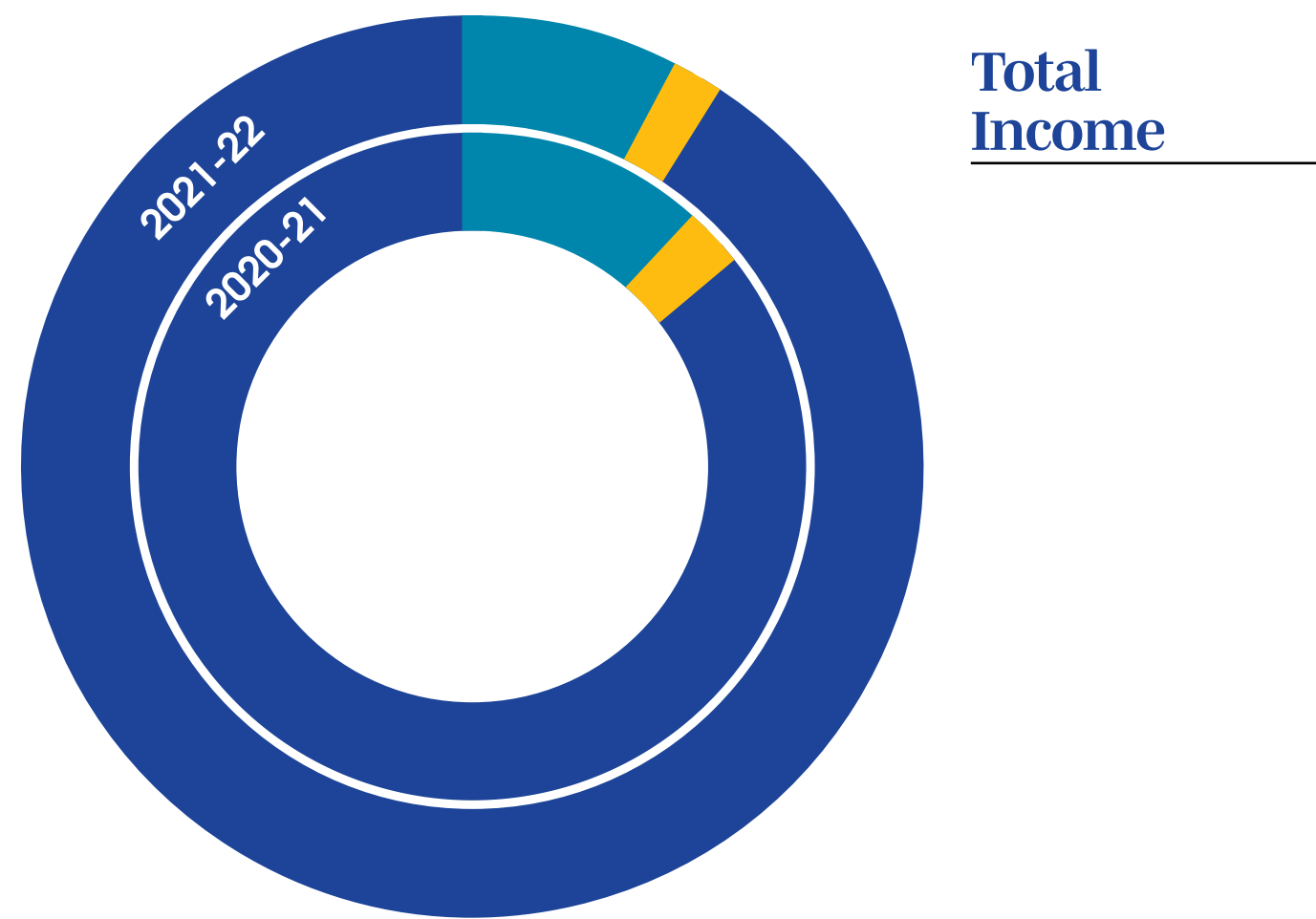
13,631

people in prison tested through HITTs*

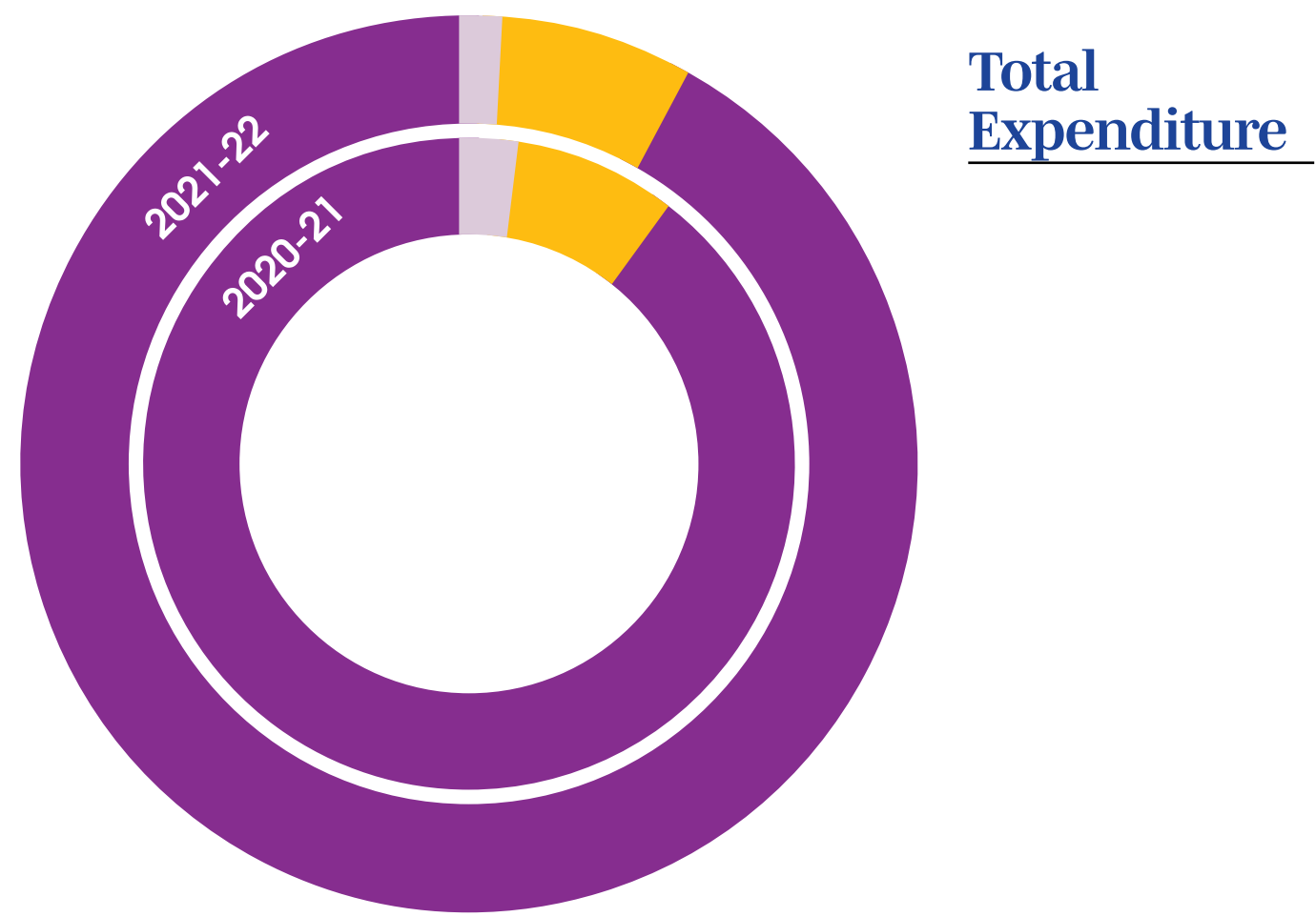
*High Intensity Test and Treat (HITTs) are whole prison testing events

FINANCIAL OVERVIEW

AN OVERVIEW OF OUR TOTAL INCOME AND EXPENDITURE FOR THIS YEAR, WITH A COMPARISON TO THAT OF LAST YEAR.



	2020-21	2021-22
Donations	£0.27M	£0.21M
Investments	£151	£336
Charitable activities	£3.34M	£4.78M
Rental Income	£0.02M	-
Total	£3.63M	£4.99M



	2020-21	2021-22
Raising Funds	£0.21M	£0.17M
Charitable Activities	£2.8M	£4.24M
Other Income	£0.02M	-
Total	£3.04M	£4.44M

More in-depth details can be found in our financial report available on pages 42-61. Amounts below £0.01M do not show in the pie charts, but are available in the table.

LEAVING NO ONE IN THE COMMUNITY BEHIND

2020-21 target

Increase our case finding capacity and play a role in supporting the NHS England hepatitis C elimination programme, while working with partners to better understand reinfection.



‘As part of the reinfection work we have found nine confirmed positives linked to one person across three different households.’

‘This is testament to an increased working relationship between our peers and NHS clinical teams.’

INCREASING OUR REACH

This year was generally viewed as a recovery year by many of the community services we work with, with testing numbers and client footfall having fallen significantly as a result of Covid-19. NHS clinics were also recovering to pre-pandemic levels.

COMMUNITY PEER ROLES IN NHS CLINICAL ACTIVITIES

The number of clinical activities our community peers were able to perform on behalf of our NHS partners increased significantly this year - a development on the greater autonomy afforded them while picking up service delivery gaps during Covid-19.

Our peers now complete the NHS paperwork required for patients to be presented for treatment consideration. They also operate various diagnostic equipment on behalf of the NHS, including Fibroscan tests to assess patient liver damage and Cepheid machine testing for rapid RNA results. This is testament to an increased working relationship between our peers and NHS clinical teams, and importantly has had a big impact on how quickly we have been able to get patients seen and treated.

GROWTH

With requests from ODNs for additional Trust staff to support existing work, and new initiatives funded by NHS England,

our community peer team continues to grow. We have created regional deputy manager roles to respond to this growth.

We increased our focus on ethnic minority groups this year, delivering a South Asian targeted hepatitis C campaign in partnership with NHS Reading and a new national South Asian programme. We also completed some focused awareness within Eastern European populations, such as testing within an Eastern European supermarket in Lincolnshire.

The expansion of our staff team has enabled us to network with more organisations, establishing clinics in homeless centres; drug and alcohol services; housing associations/hostels; street worker charities and voluntary organisations.

New programmes our peers are involved in this year:

- Specific peers to support pharmacy testing
- Probation and approved premises testing
- Cancer screening mobile clinics testing
- A & E department testing

19,919 people in the community tested for hepatitis C this year

31,167 individual interventions provided to people with hepatitis C

STORY OF IMPACT

SUPPORTING TOM INTO TREATMENT

Tom was diagnosed with the hepatitis C virus (HCV) in 2004, but didn't engage in treatment. His diagnosis was confirmed in May 2019 when he was tested for HCV at Change Grow Live (CGL), a substance misuse service, but again he declined a referral to the local ODN. Despite discussions with his CGL care-coordinator, he continued to decline treatment. In March 2021, Tom agreed to talk to someone who had themselves completed HCV treatment and was referred to one of our peer support workers.

Tom continued to decline a referral to his ODN despite our peer support, but agreed for our peers to stay in contact with him. Our peers continued to regularly call and text Tom over the next eight months, offering care, consistency and understanding.

In November 2021, Tom agreed to a joint meeting with our peer workers, CGL and the local hepatology nurse - with the understanding that there would be no commitment for him to start treatment. At the meeting Tom was reassured and agreed to have all the relevant tests, knowing that he remained in control and would be able to confirm if and when he would be ready to start treatment.

Our peers continued to support and motivate Tom, and in February 2022 he commenced an eight week course of hepatitis C treatment. Tom has since completed his end of treatment test which showed that he is RNA negative. He is very grateful for the support he received.



Hepatitis C testing

MAKING PROGRESS WITH THE BIRMINGHAM CEPHEID PROJECT

The Birmingham Cepheid project continues to impact positively on the ability of our peers to test and treat people quickly.

Since Covid-19 we have worked increasingly closely in delivering NHS services. Our peers now use Birmingham NHS's Cepheid machine, which tests for rapid RNA results. By delivering results within one hour of testing, it allows us to get patients started on pan genotypic medication within two weeks of testing.

This work has been presented at numerous conferences, such as the International conference on Hepatitis Care in Substance Users, the British Association for the Study of the Liver, and the Institute of Biomedical Science Congress.

OUR BIRMINGHAM OUTCOMES THIS YEAR:

- 596 people tested
- 225 people antibody positive
- 128 people RNA positive
- 117 treatment starts
- 61 Sustained Virologic Response (SVR) 12 weeks after treatment

STORY OF IMPACT

COMMUNITY SUBSTANCE MISUSE SERVICE VIEW

Our services works closely with The Hepatitis C Trust, and have the wonderful peer support worker Zoe with us each week. Zoe supports our work in hostels and other community recovery hubs to promote testing and help people engage in hepatitis C treatment.

Zoe attends appointments with our service users and supports them in preparing to begin treatment. We recently had a male service user who was identified as HCV positive, but kept disengaging from his Opioid Substitution Treatment (OST) programme. He found it difficult to attend his prescribing reviews as his life was too chaotic to allow for him to be compliant with his HCV treatment. Zoe collected him from his accommodation to bring him to his prescribing review to get him started back on OST, so he could begin his HCV treatment.

Zoe has also offered a Deliveroo-inspired testing service where she has taken a testing kit to someone's house, dropping it off and picking it up once completed. Zoe and her colleague Dawn also support staff who are unsure about testing, providing a bit of a refresher, or rebuilding their confidence.

Zoe attends a lot of our meetings to talk about HCV testing, treatment and available support. She also joins regular meetings with the HCV nurse and ourselves to support those who are positive into treatment and to target testing.



Zoe, Peer Support Worker

OTHER NOTABLE ACHIEVEMENTS

- Sefton & Coventry peers being commissioned by local authorities
- Supporting children in hepatitis C paediatric care at Birmingham Hospital
- Kent mobile testing van
- 'Deliveroo' testing on your doorstep in Sussex

'The possibilities are endless, and we are lucky to have Zoe.'

Community substance misuse service provider

OUR 2022-23 PRIORITY

To increase our reach to ensure no one is left behind, while working with partners to gather strong data to support elimination.

LEAVING NO ONE IN PRISONS BEHIND

2020-21 target

Increase our case finding capacity and play a role in supporting the NHS England hepatitis C elimination programme.



‘We delivered 19 High Intensity Test and Treat programmes, contributing to 35 prisons reaching micro elimination.’

EXTENDING OUR REACH

Our work across the prison estate continued to be affected by Covid-19 this year. Access to individual prisons fluctuated according to outbreaks. Our national network of prison peers did, however, maintain a strong presence and continue to raise awareness of hepatitis C, supporting people both into testing and treatment.

High Intensity Test and Treat (HITTs) initiatives producing collaborative working with full prison buy-in from residents and staff, leading to successful whole prison testing and access to a treatment pathway. HITTs not only allow us to find newly diagnosed cases, but also those re-infected, which is paramount if we are to reach elimination and deliver targeted harm prevention work.

We delivered 19 HITT events with our partners. These contributed to 35 prisons reaching micro elimination*, 14 of which have since maintained this.

**The requirement for micro elimination is that 95% of people in the prison population have been tested within the last 12 months; that 90% of people who have tested positive have started treatment within the last 12 months; that a process is in place for a quarterly review of testing and treatment uptake; and that there is reception testing and direct outreach.*

We worked in 93 prisons across England, re-establishing our core activities and interventions following Covid-19 prison lock downs. This included peer workshops; Hepatitis Awareness Training (HAT), to both residents and staff; one-to-one support for the newly diagnosed; and the running of testing campaigns.

Our highlights include the expansion of our prison peer programme to both Scotland and Wales. The full implementation of our from prison to the community Follow Me programme, creating a successful treatment pathway for people transitioning from prison to the community, or vice versa, preventing them from becoming lost to follow up.

‘We worked in 93 prisons across England, re-establishing our core activities and interventions.’

26,845 people in prison engaged through outreach sessions

1,000 people in prison supported through treatment

572 referrals made through our prison Follow Me programme

13,631 people in prison tested in HITTs this year

STORY OF IMPACT

PETER’S PEER JOURNEY

In early 2021 we began working with Peter* in HMP Dartmoor. He attended one of our Hepatitis Awareness Training sessions and showed a keen interest in becoming a volunteer peer worker.

We spoke to him about the recruitment process and he applied. During our risk assessment with staff at HMP Dartmoor, they told us Peter might not be suitable as they felt he didn’t engage well with officers. Applying our own recruitment criteria we deemed him to be low risk, and following a conversation with the substance misuse team in Dartmoor agreed that with careful monitoring this would present an opportunity for Peter to have a responsible role and make a difference.

Peter fitted the criteria of a typical ‘revolving door’ resident, who we thought was showing a real willingness to change. We used this opportunity not only to train him, but also to support him in moving away from a ‘revolving door’ cycle, and from the stigma of being ‘one of those men that’s never going to change’.

As part of our peer training we coach people in how to deliver a life story with hepatitis C key messages–Peter really excelled at this. He had a powerful story to share, which helped break down hepatitis C associated stigma for others. Over time he began to deliver interventions on the wing and became the go-to person for support. Despite a few issues in the early days, prison officers started to notice a change in Peter’s behaviour and through him became more educated about hepatitis C.

Peter was released into the Plymouth area just over three months ago. Our community workers met him immediately on his release, and he is now training to become a Trust community peer volunteer.

**Name changed to protect identity*



‘As part of our peer training we coach people in how to deliver a life story with hepatitis key messages - Peter really excelled at this.’

STORY OF IMPACT

HIGH INTENSITY TEST AND TREAT AT HMP HOLME HOUSE

HMP Holme House is a large Category C prison with around 1,170 prisoners. The conversation to carry out a HITT there started six months prior to the event.

The Trust held pre-planning meetings with local ODN representatives, HMP Holme House prison staff, Drug and Alcohol Recovery Team (DART) and healthcare managers, and put a plan of action in place. We already had a strong relationship with the non-clinical and clinical DART team at the prison, and our Peer Lead and team had been making regular visits to deliver peer stories; provide staff with Hepatitis C Awareness Training; and to identify and train prison peers.

We had four Trust peer workers, four ODN nurses, four prison nurses, DART workers and prison officers in the HITT team. The HITT was scheduled to last five to seven days, but with such a great team on board it was completed in just four. In the first two days we tested over 500 prisoners with Dry Blood Spot Tests, and in total we tested 95% of the whole prison population at HMP Holme House.

For those who tested positive, treatment starts were five to seven days after the HITT. Our prison peer team checked in regularly with these new patients to offer support throughout their treatment.

These collaborative, intensive testing events are really effective at micro-eliminating hepatitis C from prison communities, allowing us to reach those often hardest to access within the community. They also provide a great opportunity to reduce stigma, to provide both hepatitis C education and advice to people in prison and to prison staff, and to prove what we can achieve when we all work together in our drive to eliminate hepatitis C.



A prison HITT team

‘We tested 95% of the prison population at HMP Holme House.’

OUR 2022-23 PRIORITY

To maintain our case finding capacity, and increase our reach across the criminal justice system.

TRAINING TO ENSURE NO ONE IS LEFT BEHIND

2020-21 target

Increase our case finding capacity and play a role in supporting the NHS England hepatitis C elimination programme, while working with partners to better understand reinfection and further our harm prevention work.



‘Most of the people who work for the Trust have lived experience of hepatitis C.’

TRAINING TO CHANGE LIVES

We are strong advocates of using the personal experience of the patient to overcome barriers to getting people tested, diagnosed and treated.

Our story as an organisation began with two hepatitis C patient founders, today we have 93 permanent members of staff and 150 peer volunteers. Most of the people who work for the Trust have lived experience of hepatitis C. Many begin their journey as a volunteer peer support worker having already cleared hepatitis C. Others decide to become a volunteer peer support worker after being supported through the treatment pathway themselves by one of our peers – many volunteers go on to become permanent members of our team.

This is only made possible through the training we provide. Our training is integral to our work, who we are, and how we’ve built ourselves as an organisation.

Our peer induction and training programme sits alongside our staff training and development programmes. We support peers to gain experience and qualifications throughout their time with

us to help them move forwards positively with their lives. For some of our peers it will be their first job. These are often vulnerable people who might have felt ostracised by wider society. The active roles they take on as peers supporting others in the community helps to provide them with a sense of purpose, and for them to feel part of society.

Peers are trained to perform regulated activities and are essential in supporting the NHS in all its targets towards elimination.

Alongside this, we are also the main provider for Hepatitis Awareness Training in the UK. We train staff in prisons, drug services, homeless services, the police and probation services, as well as immigration centres and approved premises.

Our training department went through substantial change this year, with the addition of a senior trainer and a national peer volunteer manager. This led to our developing new monitoring systems and carrying out a review of the training packages we deliver across all our programmes.

‘Our training is integral to our work, who we are, and how we’ve built ourselves as an organisation.’

1,197 Metropolitan Police Officers trained in hepatitis C awareness

2,202 community service provider staff trained in hepatitis C awareness

142 new peer volunteers received induction training

34 peer volunteers enrolled in educational study programmes

4 prison peer volunteers currently enrolled in education programmes

STORY OF IMPACT

MY PEER TRAINING

KATE

I considered myself to have a relatively normal home life. Then there was my parents’ divorce and the loss of my grandparents. This was when I started using alcohol and drugs.

I moved on to using drugs in a risky manner - injecting. At the time I didn’t take into consideration hepatitis C or any other BBVs.

Living in a women’s refuge, I was trying to come off drugs and I had it in the back of my mind that I’d been at risk. It was the TV programme *It’s a Sin* about the HIV/AIDs crisis that got me thinking about getting tested. A drugs worker who had previously been a peer at The Hepatitis C Trust got their Peer Support Lead to give me an antibody test. It came back positive, which was pretty overwhelming.

I was interested in becoming a volunteer myself, so I started volunteering as a peer with the Trust. I enjoy loads of things about being a peer. For a start the team are fantastic and supportive of each other. No judgements, they allow you to be yourself and start making plans for the future.

I did online training and morning check-ins during Covid, connecting with people from all over. I then did face-to-face training in Sunderland. I had a little blip with drugs, but when I turned up again everybody cheered and said Kate’s back. I don’t think I’ll ever forget the feeling I got. The Trust made me feel like I didn’t need to feel shame, that I was welcome, and that I had support. It has given me something to look forward to—where else would I get the opportunity to use my lived experience to move forward and help others.

After 15 months of volunteering, I became an employee of the Trust. I’m now a Peer Support Lead with my own area. The Trust has literally given me the opportunity to turn my life around and to help others.



“I really struggled with a classroom environment as I left school not being able to read and write. Over the years I’ve been improving my literacy, but I feel I’ve made the most improvement having studying days with my fellow peers. Getting feedback when we’re out testing has also really helped build my self-confidence.”
Kate

‘Where else would I get the opportunity to use my lived experience to move forward and help others.’

STORY OF IMPACT

BECOMING A PEER:

MICHAEL’S STORY

I was first informed I had HCV in 1996 while in prison. This was done by having a piece of paper shoved under my cell door.

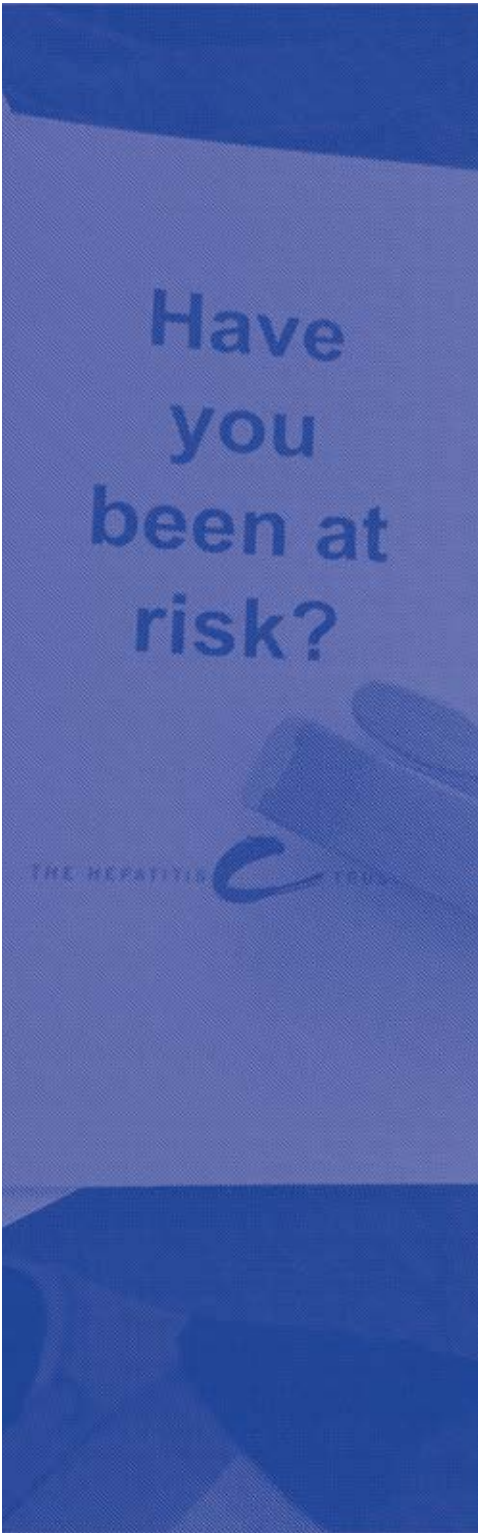
It wasn’t until 2021, when I was in a hostel, that I was approached by The Hepatitis C Trust peer worker Philippe Bonnet, who offered to test me again. The Trust’s Paddy Burke then arranged for me to finally access treatment on the ODN bus in Birmingham City centre.

He continued to call regularly to make sure I was alright. I eventually came out of rehab and went to get my SVR 12 test. Harm reduction advice was explained to me in detail and how not to get re-infected, particularly with sharing potentially contaminated water. I found the information really informative and it definitely stopped me sharing any injecting equipment.

When Paddy asked if I wanted to become a peer, I couldn’t believe someone wanted me to do something positive for them. I said yes, went through training and have been out weekly with the Trust since. I really enjoy helping others when it comes to HCV, spreading the message about the importance of being tested and treated. I could be in Ghana or anywhere in the world, and I would still knock on doors informing people about this virus.

- All our staff meet/receive national minimum standards training relating to core skills in Health and Social Care.
- Our peer volunteers all receive a training induction which includes components on communication skills, data regulations, equality & diversity, safeguarding vulnerable adults, health & safety and managing time & wellbeing. Volunteers can also access the same vocational training as contracted staff.
- 12 staff are currently enrolled in accredited Health & Social Care training, with three staff having already successfully completed it.
- We rolled out a Teacher Training Level 3 qualification; 13 staff enrolled and 10 have successfully completed that qualification.

OUR 2022-23 PRIORITY
To increase our reach to ensure no one is left behind, while working with partners to gather strong data to support elimination.



SUPPORTING THOSE AFFECTED BY INFECTED BLOOD AND BLOOD PRODUCTS

2020-21 target

Continue to represent and support those infected and affected by issues related to Infected blood, and act as an expert resource to the Infected Blood Inquiry.



REPRESENTING THE VOICES OF THOSE AFFECTED

The need for someone to take responsibility for the NHS administering infected blood and blood products in the 1970s and 80s, and to pay compensation, has never been more important. Some of those affected have been campaigning for over 30 years for this to happen.

The Infected Blood Inquiry hearings formally began in July 2018, and are still running today. Hundreds of testimonies have been heard from those infected or affected, government bodies, patient-led campaign groups, former and current Ministers, medical professionals, charities, The NHS Blood and Transplant Service and a wide range of researchers and other professionals.

This year we got the opportunity to present our own detailed witness statement, drawing on over 18 years' experience of supporting those affected and infected – since our helpline first launched in July 2004. It was hugely important for us to represent the voices of those who sit outside the infected blood groups; people who haven't necessarily been in contact with the Inquiry before, and who may not have accessed support elsewhere. It gave us the opportunity to talk about some of the issues and complexities these people have struggled with, so their voices could be heard.

We continue to provide direct support to those infected and affected (bereaved partners, grieving parents and other family members) at the Inquiry hearings. Most of those we support to tell their

stories are recently diagnosed, or have been greatly stigmatised and would otherwise be reluctant to take part.

We also provide support and guidance to those making applications for financial support from the UK blood support schemes, which can be a time consuming and complicated process to navigate, especially for the elderly and those with physical and mental health problems as a result of their infection. In some cases we are making people aware of these schemes for the first time.



The Infected Blood Inquiry: The Memorial

'It is estimated that someone is dying every 3 – 4 days as a result of having received infected blood before 1 September 1991, over 400 people since the Inquiry started.'

STORY OF IMPACT

OUR WITNESS STATEMENT

Samantha May, Helpline Information and Support Service Manager

I joined the helpline when it first launched in July 2004. In September 2021, on behalf of the Trust, I got the opportunity to submit The Hepatitis C Trust’s witness statement to the Infected Blood Inquiry.

Having spent years supporting the infected blood community to submit their statements, it was time to submit ours. It was a great opportunity to raise all the issues we have observed since the helpline first opened in 2004, representing the voices of those who have contacted the helpline, answering questions put forward by the Inquiry team and the legal teams of both the government and those affected by infected blood. The statement took us almost a year to complete and ran to 60 pages.

My response to the question of whether people had been informed about the risk of HCV at the time, was that I couldn’t recall a single caller who said they were given information from medical staff about the potential risk of HCV, or indeed any other blood borne viruses, in blood/blood products before they were administered. I also told the Inquiry that only a handful of our callers were officially identified in the NHS look-back, which asked people to come forward for testing if they’d had blood transfusions.

‘Thank you...You in one sense represent The Hepatitis C Trust, and you might like to know that long before people found comfort, or a sense of being listened to in respect here, what I have picked up in witness statements, is that a lot of people have had great support from The Hepatitis C Trust, from the helpline in particular, because it has been their point of contact. They speak of, I think universally, in glowing terms of The Hepatitis C Trust. And in this Inquiry, speaking universally well of something is something to be valued and remarked upon. So thank you again for reflecting that in what you have said.’

Sir Brian Langstaff, Chair of the Infected Blood Inquiry, March 2022



Samantha May submits the Trust’s witness statement

‘It was a great opportunity to raise all the issues we have observed since the helpline first opened in 2004.’

STORY OF IMPACT

ONLINE SUPPORT FOR THE INFECTED BLOOD COMMUNITY

In early 2021, we identified the need for an online support group for the infected blood community: a friendly, confidential and supportive platform for members to come together and keep up-to-date on Inquiry developments, the payment schemes and the proposed compensation framework.

Throughout this year we have worked with the support of Contaminated Whole Blood UK to shape this new forum. The support group successfully launched in March 2022 as a fortnightly meeting, hosted by members of our helpline team with additional support from Michelle Tolley from Contaminated Whole Blood UK. It was very well received.

We plan to continue to build on this success in the future, providing an ongoing forum and support for people as the Inquiry begins to wind down at the end of this year, and after it concludes.



OUR HELPLINE INFORMATION AND SUPPORT SERVICE

Our helpline received 3,112 contacts through telephone calls, emails, letters and social media this year, an increase of 340 on the previous year. A total of 1,597 of these were related to queries around the Inquiry, the blood support schemes, compensation, support with health concerns, and for guidance on being tested in light of a blood transfusion decades ago.

‘Thank you for all you do, you are always there to speak to and you always make time for everyone, nothing’s ever too large or small in all the years I’ve spoken to you and there’s never any judgment.’

Helpline caller

‘I was a person who felt alone, lost, and emotionally drained, until I found the group. As we are victims from all over the UK, meeting up is impossible. Supporting each other, knowing that others are going through the same journey, feeling like we are a community, and together we can address any concerns. I cannot think of a better group with genuine support from The Hepatitis C Trust team.’

Support group participant, March 2022

OUR 2022-23 PRIORITY

To continue to represent and support those infected and affected by infected blood, and widen our resource within this support.

KEEPING HEPATITIS C ELIMINATION ON THE POLITICAL AGENDA

2020-21 target

To ensure hepatitis C stays firmly on the agenda of UK governments/policy makers.



‘We have a strong record of keeping Hepatitis C elimination on the political agenda.’

‘We successfully secured statements of support... from leading politicians.’

BRINGING PARLIAMENTARIANS ON BOARD

We have a strong record of keeping hepatitis C elimination on the political agenda of UK governments to ensure action is being taken at a parliamentary level to support the elimination drive.

By engaging more parliamentarians in this we can ensure there is commitment to the NHS England elimination deal among parliamentarians, and an awareness of the remaining challenges to be overcome in achieving elimination.

In 2021/22, we successfully expanded our base of parliamentary supporters to an additional nine parliamentarians. Through meetings and constituency visits we brought these parliamentarians up-to-date on our work and policy suggestions, and in turn they undertook activities to support our agenda, including the tabling of Parliamentary Questions and letters to Government ministers.

In Scotland, we met with Scottish Public Health Minister Maree Todd to discuss Scotland’s progress towards elimination, securing commitments to hepatitis C elimination in the manifestos of the Scottish National Party, Scottish Labour Party and Scottish Green Party ahead of the 2021 Scottish Parliament elections. In Wales, as a first step to getting Hepatitis C back on the political agenda following the Covid-19 pandemic, we engaged in a hepatitis C roundtable meeting with Members of the Senedd and subsequently contributed to a consensus statement.

We successfully secured statements of support and social media activity on World Hepatitis Day from leading politicians, including: the Mayor of London Sadiq Khan, UK Government Public Health Minister Jo Churchill, Scottish Public Health Minister Maree Todd and First Minister of Wales Mark Drakeford.

9 Additional parliamentarians engaged to support the Trust

3 Scottish political parties took up our call to commit to hepatitis C elimination in their election manifestos

11 Parliamentary Questions tabled on hepatitis C by engaged politicians

10 political leaders provided a statement of support for World Hepatitis Day

6 briefings and parliamentary consultation responses produced by the Trust

A STORY OF IMPACT

VISITS TO OUR PROJECTS

In September 2021 we launched an initiative to link MPs to the community work of our local peer teams, so they could gain first-hand experience of our hepatitis C work on the ground to inspire them to take up our cause.

In November our parliamentary team joined with our South West London Peer Coordinator and the Lead Hepatology Pharmacist at St George’s Hospital to meet with Elliot Colburn MP for Carshalton and Wallington in Sutton, for a visit to Sutton Night Watch Shelter. Sutton Night Watch Shelter was set up to support and raise awareness for homeless people within the London Borough of Sutton and is used by our local peer team to find and treat people affected by Hepatitis C.

As a member of the All-Party Parliamentary Group on HIV and AIDS, which produced a report in 2021 calling for wider testing for blood-borne viruses, we were particularly keen to engage Colburn. During his visit he was able to observe some of the similarities between HIV/AIDS and hepatitis C in terms of stigma and overlaps on infection, and the need for testing. We were also able to explore with him how coordination with council street teams, probation and police services, as well as targeted work in high-prevalence communities could be priorities in Sutton.

Since his visit Colburn has become a strong supporter of the Trust in Parliament, sending a letter to Public Health Minister Maggie Throup underlining the importance of hepatitis C elimination and the impact of hepatitis C on people affected locally in Sutton. He has also submitted Written Parliamentary Questions to coincide with the launch of our *Reframing Reinfection* report and will be sponsoring our next year’s World Hepatitis Day parliamentary reception.



‘Since his visit Elliot Colburn MP has become a strong supporter of the Trust in parliament.’



OUR 2022-23 PRIORITY

To ensure continued parliamentary support for the hepatitis C elimination programme, while making sure hepatitis C harm reduction features in debates around drug policy, public health and infected blood.

“It’s vital that hepatitis C remains a health priority with a dedicated roadmap.”
Elliot Colburn MP.

KEEPING THE HEPATITIS C PROFESSIONAL COMMUNITY INFORMED AND CONNECTED

2020-21 target

To support the hepatitis C professional community to achieve and maintain hepatitis C elimination.



‘Each year we conduct surveys of ODNs and HCV Action network members.’

‘We work hard to provide a central source of information for Operational Delivery Networks (ODNs) and the wider hepatitis C professional community.’

HCV ACTION PLAYING A PIVOTAL ROLE

As we move closer to elimination it is more important than ever that the hepatitis C professional community share information and keep one another informed in hepatitis C best practice - through this we can collectively achieve our elimination goal.

As the coordinator of HCV Action, a network of hepatitis C professionals, we work hard to provide a central source of information on the hepatitis C elimination programme for Operational Delivery Networks (ODNs) and the wider hepatitis C professional community. A role recognised this year by the NHS England hepatitis C elimination programme team when they chose to use HCV Action as their primary channel for communicating updates to ODNs and other relevant stakeholders.

Each year we conduct surveys of ODNs and HCV Action network members to produce insights into the status of elimination efforts across the country. The findings of our 2021 ODN survey

included some particularly useful insights into ODN's expectations of when elimination will be achieved, and plans for the transition of hepatitis C services to a role maintaining elimination once achieved.

Our annual webinar series continues to provide an opportunity for professionals to collectively explore key issues of emerging relevance to the hepatitis C community. Participants leave these sessions feeling better informed about what they or their team need to do, or can do, to support hepatitis C elimination.

We are particularly proud of our work this year on the joint HCV Action and The Hepatitis C Trust 2022 report on hepatitis C reinfections. The report provides a crucial contribution to a national understanding of the prevalence of, and factors behind, hepatitis C reinfections, and the steps needed to prevent further reinfections. The demand for this report has been high, with excellent feedback.

7 webinars organised and hosted by HCV Action to inform and inspire

486 hepatitis C professional attendees across HCV Action webinars

644 subsequent views of online recordings of HCV Action webinars

478 views of two HCV Action good practice case studies

1,383 views of the *Reframing Reinfection* report

19 ODNs responded to HCV Action's ODN survey

A STORY OF IMPACT

CONNECTING HEPATITIS C PROFESSIONAL STAKEHOLDERS

Three years after the first HCV Action hepatitis C ODN Stakeholder event, it is now seen to be the annual event for hepatitis C professionals to develop understanding and share perspectives on the nationwide hepatitis C elimination programme.

We held this year's event across the month of November, with a series of webinars to discuss developments, share best practice and identify solutions to shared challenges.

Over 120 people attended the main half-day webinar, which featured national-level updates from the NHS England Hepatitis C Elimination Programme team, the UK Health Security Agency and HCV Action Chair Professor Stephen Ryder presenting the findings of our survey of ODNs. Other talks included a patient/peer perspective, a reflection on 20 years of The Hepatitis C Trust, and updates on three of the elimination initiatives operating as part of the elimination programme (the Primary Care Patient Search Identification tool, the peer-to-peer support programme, testing and treatment in drug services).

Three subsequent webinars focused on specific areas of hepatitis C care, which included hepatitis C in the criminal justice system, hepatitis C in community pharmacies and hepatitis C reinfections & harm prevention.

“Enjoyable and inspiring. Reminded me of some things we’re already doing well, as well as a good prod in some areas where we can still improve.”

Event participant, 2021

“A good overview of where we were, where we are, and the collaborative nature of the next steps.”

Event participant, 2021

“The annual event for hepatitis C professionals to develop understanding and share perspectives.”

STORY OF IMPACT

REFRAMING REINFECTION



Our *Reframing Reinfection* report, produced this year as a joint initiative with HCV Action and The Hepatitis C Trust, looked at the relatively under-examined topic of hepatitis C reinfections, to further understand the scale of the problem, the factors that influence reinfections, and what can be done to prevent them.

The report research involved a project to analyse existing literature on hepatitis C reinfections; conducting a survey of expert professionals; hosting focus groups and interviews with relevant experts and patients.

Our findings were that reinfection is seen both as a positive and a negative sign. Positive in as far it shows services are reaching, testing and diagnosing the right people, and then diagnosing them again. But negative in that it is also a sign that opportunities for prevention are being missed in current treatment pathways. The report findings highlighted that the key issues identified at the root of reinfection reflect the most critical challenges faced by the UK hepatitis C elimination programme as a whole, and that ongoing reinfections suggest there are unknown groups who are not being found, and who are transmitting hepatitis C. These findings may mean that the road to elimination is longer than some have currently predicted.

The report sets out five key recommendations to address reinfections and progress towards sustainable elimination.

- Strengthen HCV prevention and harm reduction services
- Use hepatitis C treatment opportunities to address wider needs of mental health, housing, addiction, and more
- Increased, consistent testing
- Support people with complex needs who are not currently in services
- Ensure robust data and surveillance of first infections and reinfections is collected

Following publication, the issues covered were also raised with Government ministers in Written Parliamentary Questions.

OUR 2022-23 PRIORITY

To support the hepatitis C professional community to achieve hepatitis C elimination across the UK by improving prevention, diagnosis and treatment of hepatitis C, and to ensure sustainable maintenance of elimination through a transition to new arrangements for hepatitis C services.

“The report highlighted that the key issues identified at the root of reinfection reflect the most critical challenges faced by the UK hepatitis C elimination programme as a whole.”

ART ON A POSTCARD

Established in 2014, our Art on a Postcard initiative continues to successfully raise money for the work of The Hepatitis C Trust through art auctions and a burgeoning print shop. This year we moved towards holding more curated auctions, allowing us to refresh the circulation of artists we use, and in some cases bring in artists who might usually be out of our reach.

SPRING HAS SPRUNG, CURATED BY JEALOUS GALLERY

Our spring 2021 exhibition saw 20 artists from Jealous Gallery kindly donate their artworks for our first Art on a Postcard hosted auction. The exhibition was packed full of all the idiosyncrasies we love about Jealous, with playful artwork and a sense of humour imbued with optimism.

SHE CURATES X AOAP

We were delighted to engage the curating skills of Mollie E Barnes aka *She Curates* to produce a mini auction as part of The Hepatitis C Trust's 20 year celebrations. An independent curator based in the south of England, Mollie is keen to address the gender and equality disparity in the art world. She founded *She Curates* in 2020 as a platform to champion the voices and stories of women and queer artists around the world.

2021 SUMMER AUCTION

We had a superb line up for our 2021 summer auction. Our partners Dreweatts and GowithYamo helped us produce a wonderful auction, which raised £70,000 for the Trust with work donated by Anish Kapoor, Jordan Wolfson, Shezad Dawood, Hush, Rana Begum and many more.

2021 WINTER AUCTION

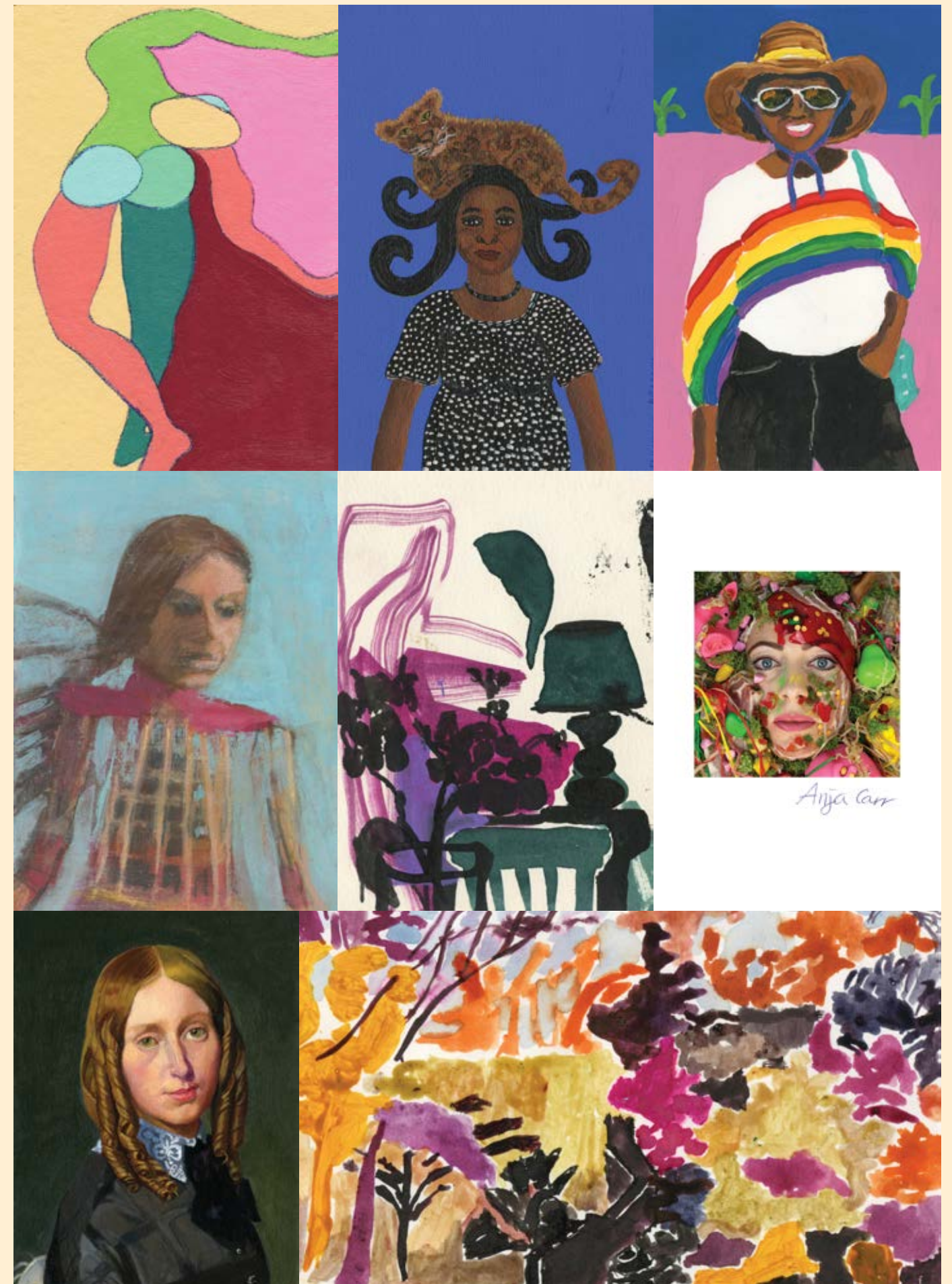
Our annual winter auction returned bigger and better than before – it was the largest auction we had held with over 500 lots. Our partners The Auction Collective and GowithYamo helped us produce this fantastic auction which raised £68,000 for the Trust, with incredible work donated by Hurvin Anderson, Mick Rooney, Catherine Repko, Deborah Batt, Andrew Salgado and many more.

INTERNATIONAL WOMEN'S DAY 2022

We were thrilled to celebrate International Women's Day with a line-up of over 200 female identifying artists. The money raised went towards the Trust's work in expanding our women's hepatitis C prison work beyond the prison walls into probation services and women's centres. As part of this show we also took part in the Power of Women (POW) event in Margate, and hosted a talk at The Turner Gallery reflecting on how women's creativity isn't valued in the same way as men's.

PRINT SALES

We had several successful print releases, with a sell-out Helen Bead print in winter, followed by another Caroline Coon print in March on 2022.



Clockwise from top left picture: **Helen Beard** - Dancer, **Phindile Mamba** - My Husband Exhausts Me, **Alan Fears** - The Big Wow, **Anja Carr** - Soup (pig), **Hurvin Anderson** - Turtle Bay, **Mark Peppé** - Detail of Ingres' portrait of Madame Frédéric Reiset, **Pippa Blake** - Little Amal. Centre picture: **Allison Gildersleeve** - Untitled 3.

GOVERNANCE AND MANAGEMENT

LEGAL ENTITY

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

CHARITABLE OBJECTS

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OUR TRUSTEES

(those who served during the year and/or were responsible for the annual report)
The Hon David Macmillan (Chair)
Mr Simon Lincoln (Treasurer)
Sir Adrian Baillie
Dr M F Bassendine

Mr Peter Holt
Mr Edward Mead
Mr Charles Walsh
Mr John Jolly

OUR PATRONS

The Marchioness of Bute
Ms Emilia Fox
Ms Sadie Frost
Boy George
Mr Andrew Loog Oldham
The Lord Mancroft
Mr Alan McGee
Ms Justine Roddick
Mr Robbie Williams

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

The charity’s Trustees are also the company directors for the purposes of company law. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur new Trustees are recruited through a variety of means including advertising. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees. Potential Trustees have an initial meeting with the Chief Executive who explains the Trust’s philosophy and

how it works in practice. They are then asked to attend a Board meeting to get a better understanding. Newly appointed Trustees are sent briefing information about The Trust and their role as a trustee. They are then asked to spend a day at the Trust’s London offices, meeting the staff and learning more about each project and in particular financial oversight.

KEY MANAGEMENT PERSONNEL

The Trustees have determined that the Chief Executive and the Senior Directors, together with the Trustees themselves, are the key management personnel. The Trustees are not remunerated and the pay of the Chief Executive and the Senior Directors has been set according to bands suggested by an independent consultant and by benchmarking against market rates.

RISK ASSESSEMENT

The Trustees have prepared a risk assessment, examining the major risks which the charity faces and have set out the necessary steps that need to be taken to lessen any risks. This register is updated on a regular basis. The key risks and the actions to be taken to mitigate them in the latest risk assessment are set out in the table below.

KEY RISKS	MITIGATING ACTION
Resurgence of Covid-19 or a Covid like pandemic	Implement Covid/pandemic strategies and procedures
Insufficient reserves	New fundraising strategy to broaden funding base
Failures/errors in planning	More resources devoted to planning/ forecasting
Adverse publicity	Media crisis planning

FINANCIAL REVIEW



Rana Begum

FUNDING

Following the successful delivery of our ongoing peer programmes, we received further investment under the NHS elimination initiative this year. As such our income has, once more, continued to significantly increase, allowing us to maintain a secure financial position for the Trust. At £4,988,926 our income has significantly increased from that of the previous year £3,632,826, while our expenditure at £4,411,630 increased by £1,374,365. This increase in expenditure is in line with additional costs incurred through the implementation and running of our extended peer programme service delivery.

With the continued successful delivery of our peer programmes, we remain confident in our financial position. In relation to our raising funds, please see our costs in the financial statements at the back of the report, mainly in regard to income generation from Art on a Postcard (see page 22). We do not engage external professional fundraisers or commercial participators to carry out our fundraising activities and we do not engage in face-to-face or telephone fundraising. All our approaches to fundraising take account of the Code of Fundraising Practice issued by the Fundraising Regulator. We have received no complaints about our fundraising activities either during the financial year or subsequently.

RESERVE POLICY

The policy of the Trustees is to hold a reserve of three months’ costs, amounting to £1,470,543. Our total unrestricted reserves for this year are £1,190,834, this includes £307,424 which has been designated for future redundancy costs in line with the completion of NHS England’s funded elimination programme. Alongside this are our current restricted reserves of £678,792 to fund activities in the year 31 March 2023.

The Trustees are committed to raising core reserves through our fundraising strategy involving: broadening our base of possible trust funders by demonstrating that addressing hepatitis C has broader social benefits, not just positive health outcomes; engaging with corporate donors; expanding Art on a Postcard; moving our focus towards longer term statutory funding.

STATEMENT OF TRUSTEES' RESPONSIBILITIES

The Trustees (who are also directors of The Hepatitis C Trust for the purposes of company law) are responsible for preparing The Trustees' Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and 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 charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

AUDITORS

Azets Audit Services (formerly Wilkins Kennedy Audit Services) have indicated their willingness to continue in office. A resolution proposing their re-appointment will be submitted at the Annual General Meeting.

SMALL COMPANY RULES

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP FRS 102) issued in January 2015.

This report was approved by the Board of Trustees and signed on its behalf by:



.....
The Hon David Macmillan Date 22nd 12 2022

INDEPENDENT AUDITOR'S REPORT

THE HEPATITIS C TRUST FINANCIAL STATEMENTS

For the year ended 31 March 2022

Registered in England and Wales Charity Number: 1104279

Registered in Scotland Charity Number: SC039914

Registered Company Number: 5069924

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE HEPATITIS C TRUST

OPINION

We have audited the financial statements of The Hepatitis C Trust (the 'charitable company') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2022, and of its incoming resources and application of resources, including its income and expenditure, 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.

BASIS FOR OPINION

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

CONCLUSIONS RELATING 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 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 trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

- the information given in the trustees’ report (incorporating the directors’ report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors’ report has been prepared in accordance with applicable legal requirements.

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors’ report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies’ regime and take advantage of the small companies’ exemptions in preparing the directors’ report and from the requirement to prepare a strategic report.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees’ responsibilities statement, 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 determine 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 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 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

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.

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 specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the company through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;

- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council’s website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>. 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. Our audit work has been undertaken so that we might state to the charitable company’s members 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 and the charitable company’s members as a body, for our audit work, for this report, or for the opinions we have formed.

John Howard FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services
Statutory Auditor
2nd Floor, Regis House
45 King William Street
London
EC4R 9AN

Azets Audit Services

Date 22nd 12 2022

Azets Audit Services is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

The Hepatitis C Trust
Statement of financial activities:
incorporating an income and expenditure account
for year ended 31 March 2022

	Note	Unrestricted Funds £	Restricted Funds £	Total 2022 £	Total 2021 £
Income from:					
Donations	2	210,443	-	210,443	273,195
Investments	3	336	-	336	151
Charitable activities	4	1,641,380	3,136,767	4,778,147	3,339,178
Rental income		-	-	-	20,302
Total		1,852,159	3,136,767	4,988,926	3,632,826
Expenditure on:					
Raising funds	5	172,834	-	172,834	210,094
Charitable activities	6	1,125,069	3,113,727	4,238,796	2,806,869
Other		-	-	-	20,302
Total		1,297,903	3,113,727	4,411,630	3,037,265
Net income for the year before transfers		554,256	23,040	577,296	595,561
Transfers	13	168,502	(168,502)	-	-
Net income		722,758	(145,462)	577,296	595,561
Fund balances at 1st April 2021	13	468,076	824,254	1,292,330	696,769
Fund balances at 31st March 2022	13	1,190,834	678,792	1,869,626	1,292,330

All gains and losses arising in the year have been included in the Statement of Financial Activities and arise from continuing operations.

The notes on pages 51 to 61 form part of the financial statements.

The Hepatitis C Trust
Balance Sheet
as at 31st March 2022

	Note	2022 £	2022 £	2021 £	2021 £
Fixed Assets					
Tangible assets	10		-		-
Current Assets					
Debtors	11	720,881		575,383	
Cash at bank and in hand		2,313,341		1,615,073	
		3,034,222		2,190,456	
Creditors: Amounts falling due within one year	12	(1,164,596)		(898,126)	
Net Current Assets			1,869,626		1,292,330
Total Net Assets			1,869,626		1,292,330
Funds					
Unrestricted funds	13		883,410		468,076
Designated funds	13		307,424		-
Restricted funds	13		678,792		824,254
			1,869,626		1,292,330

The accounts have been prepared in accordance with FRS 102.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The financial statements were approved by the Board of Trustees and authorised for issue on 22nd December, 2022 and signed on their behalf by:


.....
Hon David Macmillan

The notes on pages 51 to 61 form part of the financial statements.

The Hepatitis C Trust
Statement of cash flows
for the year ended 31 March 2022

	Notes	2022 £	2021 £
Cash (used in)/generated from operating activities:			
Net cash (used in)/provided by operating activities	see below	697,932	1,217,001
Cash flows from investing activities:			
Interest income	3	336	151
Purchase of property, plant and equipment	10	-	-
Net cash (used in)/provided by investing and operating activities		698,268	1,217,152
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		1,615,073	397,921
Cash and cash equivalents at the end of the reporting period		2,313,341	1,615,073
Reconciliation of net expenditure to net cash flow from operating activities			
		2022 £	2021 £
Net expenditure (as per the statement of financial activities)	SOFA	577,296	595,561
Adjustments for:			
Depreciation charges	10	-	-
Investment income	3	(336)	(151)
(Increase)in debtors	11	(145,498)	(202,468)
Increase in creditors	12	266,470	824,059
Net cash (used in)/provided by operating activities		697,932	1,217,001
Analysis of cash and cash equivalents			
		2022 £	2021 £
Cash in hand		2,313,341	1,615,073
Total cash and cash equivalents		2,313,341	1,615,073

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

1. ACCOUNTING POLICIES

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 issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2021, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound.

The financial statements are prepared under the historical cost concept.

The principle accounting policies adopted in the preparation of the financial statements are set out below.

Going Concern Basis

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has sufficient resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

Income

Income is recognised in the period to which it relates, when the criteria of entitlement, measurable and probable receipt are met.

Deferred income is income which is received in respect of a future accounting period and is deferred to that period.

Gifts in kind are valued and brought in as income and the appropriate resources expended, when the items are used/distributed. The values attributable to gifts in kind are an estimate of the gross value to the organisation, usually the market cost. Where this intangible income relates to project activities it is included as an activity in furtherance of the charity's objects.

Expenditure

Direct charitable expenditure comprises all expenditure relating to the activities carried out to achieve the objectives.

Governance costs include those costs incurred in the governance of the charity and are primarily associated with constitutional compliance and statutory requirements.

Expenditure is allocated directly to the expenditure headings as far as practically possible to reflect the activities of the charity. Support costs have been allocated to the activities based on employee time spent on that activity.

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

1. ACCOUNTING POLICIES (continued)

Expenditure is included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

Fund accounting

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 13.

Unrestricted funds are those which are not subject to restrictions, and any surpluses may be applied in furtherance of any of the organisation's objectives.

Cash and cash equivalents

Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

Debtors and creditors

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Tangible Fixed Assets and Depreciation

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Depreciation is provided so as to write off the cost of the fixed assets over their estimated useful lives at the following annual rates:

- | | |
|---------------------------------|------------------------------|
| • Computer and Office Equipment | Straight Line over 4 years |
| • Property Improvements | Over the length of the lease |
| • Motor Vehicles | Straight Line over 4 years |

Pension

The charity operates a defined contribution stakeholder pension scheme. The assets of the scheme are held separately from the charity.

Critical accounting estimates and areas of judgement

The annual depreciation charge for property, plant and equipment is sensitive to change in useful economic life and residual values of assets. These are reassessed annually.

In the view of the trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

2. Donations

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Donations	6,010	-	6,010
Art on a Postcard	204,433	-	204,433
	210,443	-	210,443

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Donations	11,423	-	11,423
Art on a Postcard	261,772	-	261,772
	273,195	-	273,195

3 Investment Income

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Bank interest	336	-	336
	336	-	336

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Bank interest	151	-	151
	151	-	151

4. Income for charitable activities

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Grants	1,641,380	3,136,767	4,778,147
	1,641,380	3,136,767	4,778,147

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Grants	400,506	2,938,672	3,339,178
	400,506	2,398,672	3,339,178

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

4a Grants

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
AbbVie Ltd	-	674,346	674,346
AbbVie Ltd (HCV Action)	-	55,040	55,040
Barts Health NHS Trust	80,000	-	80,000
Birmingham and Solihull Mental Health NHS Foundation	-	14,484	14,484
Bournemouth Christchurch and Poole Council	-	2,000	2,000
Brighton and Sussex University Hospitals NHS Foundation Trust	85,000	-	85,000
Cambridge University Hospitals NHS Foundation Trust	76,142	366	76,508
Coventry City Council	15,000	-	15,000
Crossroads Care South East London	-	5,760	5,760
East Lancashire Hospitals NHS Trust	80,000	-	80,000
Falkirk Council	-	5,000	5,000
Gilead - Scotland Peer Project	-	4,996	4,996
Gilead - HCV Action & Parliamentary Work	-	52,500	52,500
Gilead HITT	-	130,000	130,000
Hull University Teaching Hospitals	40,000	-	40,000
Kings College Hospital	80,000	24,263	104,263
Leeds Teaching Hospitals NHS Trust	78,867	-	78,867
MSD	-	893,936	893,936
NHS England and NHS Improvement – East Midlands (H&J) NHS	-	140,012	140,012
Thames Valley	70,000	-	70,000
NHS Forth Valley	-	20,000	20,000
NHS West London	79,431	-	79,431
NHS Tayside	-	3,503	3,503
Newcastle Track & Trace	9,000	-	9,000
Nottingham University Hospitals NHS Trust	103,569	2,691	106,260
Other	4,834	546	5,380
Oxleas NHS Foundation Trust	-	50,000	50,000
Pilgrim Trust	-	15,000	15,000
Practice Plus Group Health and Rehabilitation Services Limited	-	730,882	730,882
Public Health Wales NHS Trust	500	150,000	150,500
Royal Surrey NHS Foundation Trust	83,000	546	83,546
Royal Surrey NHS Foundation Trust (HITT)	-	29,383	29,383
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Programme)	60,000	-	60,000
Sheffield Teaching Hospitals NHS Foundation Trust (Training and Volunteers)	-	75,000	75,000
St George's University Hospitals NHS	78,429	-	78,429
The National Health Service Commissioning Board (NHS England)	-	56,513	56,513
The Newcastle upon Tyne Hospitals NHS Foundation Trust	8,873	-	8,873
University Hospital Southampton NHS Foundation Trust	59,431	-	59,431
Hospitals Birmingham NHS Foundation Trust	280,000	-	280,000
Hospitals of Bristol & Weston NHS Foundation Trust	66,227	-	66,227
Leeds Teaching Hospitals NHS Trust	121,077	-	121,077
University Hospitals Plymouth NHS Trust	82,000	-	82,000
	1,641,380	3,136,767	4,778,147

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

4a Grants (Continued)

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
AbbVie Ltd	-	456,250	456,250
AbbVie Ltd (HCV Action)	-	25,000	25,000
Brighton and Sussex University Hospitals NHS Foundation Trust	25,000	-	25,000
Cambridge University Hospitals NHS Foundation Trust	1,022	-	1,022
Care UK/Practice Plus Group Health and Rehabilitation Services Limited	-	665,512	665,512
DWP	3,440	-	3,440
Enigma Consultancy Coaching Ltd	845	-	845
Frontier NX Limited	-	2,000	2,000
Gilead - HCV Action & Parliamentary Work	-	37,500	37,500
Gilead HITT	-	130,680	130,680
Kings College Hospital	53,000	51,000	104,000
Leeds Teaching Hospitals NHS Trust	42,320	-	42,320
MSD	-	1,068,200	1,068,200
MSD (HCV Action)	-	57,865	57,865
NHS England and NHS Improvement – East Midlands (H&J)	-	23,500	23,500
NHS England Health & Justice Materials	-	100,000	100,000
NHS Health and Justice Midlands (Peer Programme)	-	67,500	67,500
NHS Forth Valley	-	20,000	20,000
Nottingham University Hospitals NHS Trust	4,669	-	4,669
Other	2,990	1,165	4,155
Oxford University Hospitals NHS Foundation Trust	10,000	-	10,000
Pilgrim Trust	-	7,500	7,500
Royal Surrey NHS Foundation Trust	10,000	-	10,000
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Programme)	103,809	-	103,809
Sheffield Teaching Hospitals NHS Foundation Trust (Training and Volunteers)	-	75,000	75,000
St George's University Hospitals NHS	45,000	-	45,000
University College London Hospital	-	150,000	150,000
University Hospital Southampton NHS Foundation Trust	20,000	-	20,000
University Hospitals Bristol & Weston NHS Foundation Trust	25,000	-	25,000
University Hospitals of Leicester NHS Trust	53,411	-	53,411

400,506	2,938,672	3,339,178
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The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

5. Cost of Raising Funds

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Staff costs	44,676	-	44,676
Direct costs	128,158	-	128,158
	172,834	-	172,834
Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Staff costs	87,405	-	87,405
Direct costs	122,689	-	122,689
	210,094	-	210,094

6. Analysis of Charitable Expenditure by type

Year to 31 March 2022	Staff Cost 2022 £	Direct Cost 2022 £	Support Cost 2022 £	Total 2022 £
Advocacy and drug services	2,266,691	565,409	92,009	2,924,109
HCV Action and parliamentary work	-	102,233	-	102,233
Helpline	7,964	1,491	-	9,455
National volunteer & trainer	70,537	70,441	1,297	142,275
NHS Health & Justice prison peers	698,954	190,879	27,837	917,670
Scotland peer project	48,242	19,578	-	67,820
Women's prisons	48,489	26,682	-	75,171
World Hepatitis Day	-	63	-	63
	3,140,877	976,776	121,143	4,238,796
Year to 31 March 2021	Staff Cost 2021 £	Direct Cost 2021 £	Support Cost 2021 £	Total 2021 £
Advocacy and drug services	1,470,442	252,039	103,257	1,825,738
HCV Action and parliamentary work	-	85,320	-	85,320
National volunteer & trainer	-	10	-	10
NHS Health & Justice materials	-	53,386	-	53,386
NHS Health & Justice prison peers	646,545	103,906	-	750,451
Scotland peer project	56,548	6,808	-	63,356
Women's prisons	17,127	7,373	-	24,500
World Hepatitis Day	-	4,108	-	4,108
	2,190,662	512,950	103,257	2,806,869

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

7. Support Costs

	Total 2022 £	Total 2021 £
Staff costs	22,383	10,697
Rent, rates, light and heat	57,839	81,945
Travel and subsistence	-	585
Insurance	3,353	2,050
Office supplies and maintenance	10,903	5,881
Telephone	6,464	1,900
Computer costs	1,227	1,148
Sundry costs	778	1,110
Legal and professional costs	192	13
Audit and accountancy	17,580	17,870
Bank charges	424	360
	121,143	123,559

During 2021 other expenses in the SOFA are made up of Rent £20,302 paid by HCT and reimbursed by WHA.

8. Staff costs

	2022 £	2021 £
Wages and salaries	2,815,087	2,031,055
Social security costs	288,289	203,645
Pension costs	82,177	43,367
	3,185,553	2,278,067
	Number	Number
Average number of employees during the year	94	63
Average number of volunteers during the year	134	100

One employee was paid in the range £60,000 to £69,999 in the year (2021: one).

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers national insurance contributions of the charity's key management personnel were £282,125(2021: £227,735). Four employees (2021: four) were considered to be key management personnel during the year.

9. Trustees and related parties

No remuneration was paid to any trustee for services as a trustee and no expenses were reimbursed.

Trustees participated in the Art on a Post Card auction on an arms-length basis.

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

10. Fixed Assets

All fixed assets are held for use by the charity.

	Motor Vehicles £	Computer and Office Equipment £	Property Improvements £	Total £
Cost				
At 1 April 2021	35,746	58,402	29,820	123,968
Additions	-	-	-	-
At 31 March 2022	<u>35,746</u>	<u>58,402</u>	<u>29,820</u>	<u>123,968</u>
Depreciation				
At 1 April 2021	35,746	58,402	29,820	123,968
Charge for the year	-	-	-	-
At 31 March 2022	<u>35,746</u>	<u>58,402</u>	<u>29,820</u>	<u>123,968</u>
Net Book Value				
At 31 March 2022	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
At 31 March 2021	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

11. Debtors

	2022 £	2021 £
Trade debtors	714,615	568,249
Other debtors	2,933	2,850
Prepayments	3,333	4,284
	<u>720,881</u>	<u>575,383</u>

12. Creditors: Amounts falling due within one year

	2022 £	2021 £
Trade creditors	28,793	8,709
Tax and social security costs	80,121	58,744
Sundry creditors	5,347	3,206
Income received in advance	1,002,264	733,094
Accruals	48,070	94,373
	<u>1,164,595</u>	<u>898,126</u>

Income received in advance is funding for project work to be completed in the year 2022-23

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

13. Statement of Funds

	Funds at 31 March 2021 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2022 £
Unrestricted funds	468,076	1,852,159	(1,297,903)	(138,922)	883,410
Designated fund	<u>-</u>	<u>-</u>	<u>-</u>	<u>307,424</u>	<u>307,474</u>
	<u>468,076</u>	<u>1,852,159</u>	<u>(1,297,903)</u>	<u>168,502</u>	<u>1,190,834</u>
Restricted funds					
Advocacy and Drug Services	455,071	1,747,142	(1,808,558)	(60,969)	332,686
HCV Action & Parliamentary Work	37,046	107,540	(102,233)	-	42,353
National Volunteer & Training	74,990	80,760	(142,275)	-	13,475
NHS Health & Justice Prison Peers	247,636	1,095,614	(917,670)	(141,854)	283,726
Scotland Peer Project	-	33,499	(67,820)	34,321	-
Women's Prisons	9,511	72,212	(75,171)	-	6,552
	<u>824,254</u>	<u>3,136,767</u>	<u>(3,113,727)</u>	<u>(168,502)</u>	<u>678,792</u>
	<u>1,292,330</u>	<u>4,988,926</u>	<u>(4,411,630)</u>	<u>-</u>	<u>1,869,626</u>

	Funds at 31 March 2020 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2021 £
Unrestricted funds	197,345	694,154	(430,402)	6,979	468,076
Restricted funds					
Advocacy and Drug Services	409,798	1,725,449	(1,629,841)	(50,335)	455,071
HCV Action and Parliamentary Work	-	122,366	(85,320)	-	37,046
National Volunteer & Training	-	75,000	(10)	-	74,990
NHS Health & Justice Prison Peers	63,125	988,347	(803,836)	-	247,636
Scotland Peer Project	-	20,000	(63,356)	43,356	-
Women's Prisons	26,501	7,510	(24,500)	-	9,511
	<u>499,424</u>	<u>2,938,672</u>	<u>(2,606,863)</u>	<u>(6,979)</u>	<u>824,254</u>
	<u>696,769</u>	<u>3,632,826</u>	<u>(3,037,265)</u>	<u>-</u>	<u>1,292,330</u>

Designated Fund

The Trustees have agreed to designate funds for future redundancies in line with the completion of NHS England's elimination programme

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

13. STATEMENT OF FUNDS (continued)

A transfer of £202,823 (2021: £50,335) was made from the restricted fund to the unrestricted funds to cover budgeted core spending provided for within the agreed budget

A transfer of £34,321 (2021: £43,356) was made from unrestricted funds to restricted funds for the overspend on a restricted project that will not be reimbursed next financial year.

Restricted Funds

The nature and purpose of each of the funds is as follows:

Advocacy and Drug Services: includes peer-to peer education and awareness programmes, delivering key messages about hepatitis C prevention, diagnosis, treatment and care to people attending community drug services, hostels and homeless shelter; this includes a bespoke South Asian peer programme. Staff training is carried out within all the programmes and is delivered to those staff working in services with people who are at a high risk of hepatitis C. We also have a mobile outreach programme which provides testing and raises awareness, especially amongst high prevalence communities and populations that are difficult to reach, such as the homeless

HCV Action: a very useful vehicle for collecting and disseminating best practice in hepatitis C care and treatment, and for supporting Hepatitis C as the patient voice.

National Volunteer and Training Service:

The National team operate through two strands:

The delivery and oversight of core mandatory training and development of our staff including induction. Hepatitis C training to professionals and other service providers

The delivery of the Hepatitis C Trust volunteering programme which includes supporting our volunteers across different areas of our work and ensuring that all are provided with opportunity to access training and development to both support them in their roles and further their employment opportunities.

NHS Health and Justice Prison Peers: The Hepatitis C Trust engages in peer-to-peer and awareness raising activities across UK prisons in order to: 1) Provide information about hepatitis C to those at risk and who are often hard to engage 2) Encourage and support people in prisons to get tested and to access treatment and care 3) Train people in prison to become Hepatitis C peers.

Scotland Peer Project: Peer-to-peer awareness and education project that provides key messages about hepatitis C prevention, diagnosis treatment and care to people attending recovery cafes, homeless hostels, shelters as well as people in prison. Our Voices group brings together people affected by hepatitis C, building their knowledge and awareness and supporting them in having their voices heard.

Women's Prisons: Women specific hepatitis C peer programme working across the female prison estate educating, raising awareness, changing the conversation, reducing stigma and supporting women to get tested and treated.

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

14. Analysis of Net Assets between Funds

Year to 31 March 2022	Unrestricted Funds 2022 £	Designated Funds 2022 £	Restricted Funds 2022 £	Total 2022 £
Fixed assets	-	-	-	-
Current assets	2,048,006	307,424	678,792	3,034,222
Current liabilities	(1,164,596)	-	-	(1,164,596)
	883,410	307,424	676,792	1,869,626

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Fixed assets	-	-	-
Current assets	1,366,202	824,254	2,190,456
Current liabilities	(898,126)	-	(898,126)
	468,076	824,254	1,292,330

15. Operating Lease Commitments

	Equipment		Land and buildings	
	2022 £	2021 £	2022 £	2021 £
Operating lease which expire:				
Less than 1 year	3,096	3,239	14,104	13,204
Within 2-5 years	9,288	12,955	-	-
	12,384	16,194	14,104	13,204

THANK YOU

We would like to take this opportunity to thank our funders, from individual donors to large statutory and trust funders, with who we would not be able to achieve the work we have reported on this year. We greatly appreciate their commitment to our cause and the resources they provide in order for us to reach our goals.

We would like, in particular, to thank:

- AbbVie Ltd
- Barts Health NHS Trust
- Birmingham and Solihull Mental Health NHS Foundation
- Bournemouth Christchurch and Poole Council
- Brighton and Sussex University Hospitals NHS Foundation Trust
- Cambridge University Hospitals NHS Foundation Trust
- Coventry City Council
- Crossroads Care South East London
- East Lancashire Hospitals NHS Trust
- Falkirk Council
- Gilead
- Hull University Teaching Hospitals
- Kings College Hospital
- Leeds Teaching Hospitals NHS Trust
- MSD
- NHS England and NHS Improvement – East Midlands (H & J)
- NHS Thames Valley
- NHS Forth Valley
- NHS West London
- NHS Tayside
- Newcastle Track and Trace
- Nottingham University Hospitals NHS Trust
- Oxleas NHS Foundation Trust
- Pilgrims Trust
- Practice Plus Group Health and Rehabilitation Services Limited
- Public Health Wales NHS Trust
- Royal Surrey NHS Foundation Trust
- Sheffield Teaching Hospitals NHS Foundation Trust
- St George’s University Hospitals NHS
- The National Health Service Commissioning Board (NHS England)
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- University Hospital Southampton NHS Foundation Trust
- University Hospitals Birmingham NHS Foundation Trust
- University Hospitals Bristol & Weston NHS Foundation Trust
- University Hospitals of Leicester NHS Trust
- University Hospitals Plymouth NHS Trust

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THE HEPATITIS C TRUST

England & Wales - Charity number 1104279

Accounts

THE HEPATITIS C TRUST

A photograph of three people jumping in a grassy field with their arms raised in celebration. The person on the left is holding a small flag that says 'THE HEPATITIS C TRUST'. They are all wearing white t-shirts with a logo. The background shows a cloudy sky and a distant landscape.

2021

Annual Report & Accounts

THE HEPATITIS



TRUST

The Hepatitis C Trust, finding and supporting those living with, affected by or at risk of hepatitis C. On a mission with our partners to eliminate hepatitis C from the UK by 2030, leaving no one behind.

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The Hepatitis C Trust

WHO WE ARE

We are the UK charity for hepatitis C, a cancer-causing virus that can be cured if diagnosed on time. We support those living with, affected by or at risk of hepatitis C.

Most of our board, staff and volunteers have had either direct or indirect experience of hepatitis C.

We believe in patient-centred treatment and are committed to ensuring all our actions are to the benefit of each individual.

Our overarching objective is to help eliminate hepatitis C from the UK by 2030.

HOW WE WORK

Our strategy is based around the pillars of better prevention and more diagnosis and treatment for all. We work through a range of projects and services to deliver and support this.

With an elimination deal in place and our peer programmes now reaching across communities and prisons in the UK, we are currently working to identify and engage both those undiagnosed and those diagnosed but untreated.

OUR AIMS

- To raise awareness and encourage testing amongst those living with hepatitis C who are undiagnosed and at risk of developing serious liver damage if diagnosed too late.
- To provide comprehensive support throughout the treatment pathway to individuals with hepatitis C.
- To provide a range of trusted information about hepatitis C for all whether they are living with the virus, friends or families, healthcare professionals, politicians, the media or the general public.
- To change the misperception of hepatitis C as a 'drug users' disease, misinformation which discourages those who have been exposed in other ways from getting tested.
- To provide individual representation for people with hepatitis C experiencing difficulties or discrimination in a number of settings, including compensation and healthcare.
- To provide collective representation for people with hepatitis C, who historically have not found a strong, coherent voice with which to address policy-makers at a local or national level.
- To undertake research and evaluation of our peer programmes, exploring the unique value of peers in case finding and in supporting those affected by hepatitis C.

Hepatitis C is a blood-borne virus that predominantly infects liver cells. This can result in inflammation and significant damage to the liver. It can also affect the liver's ability to perform its essential functions. Although it has always been regarded as a liver disease, recent research has shown that the hepatitis C virus (HCV) affects a number of other areas of the body. These can include the digestive system, the lymphatic system, the immune system and the brain. A simple course of direct-acting-antivirals can now deliver a fast and effective cure for hepatitis C.



The Hepatitis C Trust and Changing Lives joint testing event, Yorkshire, July 2020

Our vision is to stop people dying from hepatitis C and eliminate it from the UK by 2030

Message from the Trustees'

As we move into our 20th anniversary year, we leave behind a year unlike any other. The surge of activity we saw last year, following the launch of NHS England's hepatitis C (HCV) elimination deal, was undoubtedly set back this year by Covid-19 and the subsequent national shutdowns and restrictions. In spite of this we had some really positive achievements throughout the year.

In line with the growth of our peer support work, our staff team almost doubled in size this year. Online platforms ensured we were able to stay connected as an organisation, welcome new staff, deliver a wide range of volunteer and staff training and a comprehensive programme of support to maintain the mental wellbeing of all.

The biggest loss this year was the closure, or scaling back, of hepatology services as nurses and doctors were redeployed to work on Covid-19. As a consequence, many clinics were cancelled, HCV testing ceased and new treatment starts were delayed.

However, working beside and supporting our NHS colleagues produced some welcome outcomes, including new ways of working with shorter care pathways and more responsibilities designated to our HCV peers. Responsibilities which included our peers picking up and delivering HCV medicines to patients and providing one-to-one support to those most anxious, isolated and vulnerable.

It has been a great year for partnership working. A standout initiative being the large-scale testing of homeless people, which came about as a result of the Government's 'Everyone In' Covid-19 scheme, where homeless people were temporarily housed in hotels and hostels. This initiative meant that, working with partners, we were able to test concentrated numbers of homeless people in any one venue over the course of a day. Allowing us to test up to 100 high-risk and often difficult-to-engage people at a time.

Our national helpline support service, in the community and prisons, proved more important than ever this year. We increased the number of hours our prison helpline was available, to provide maximum support for people in prison at a time when our staff were unable to access them in person. Our helpline support staff also maintained our work within The Infected Blood Inquiry as hearings moved online.

As the Secretariat of HCV Action, we were able to bring together hepatitis C health professionals through a series of webinars. This allowed us to provide the health professional community with much needed national overviews of the impact of the pandemic on both hepatitis C services and the elimination drive across England and Scotland.

The Black Lives Matter movement prompted us to develop a work stream to assess race and equality within our organisation and our work. We formed a Black Lives Matter working group to develop and implement an action plan for improvement. Under the action plan we signed up to the Race at Work Charter and began to deliver against its commitments.

Harm prevention, including reinfection, remained high on our agenda throughout the year. We launched our reinfection and harm prevention strategy and priorities for the next few years, which includes focused pieces of work that will feed into national research and discussions about harm prevention, needle syringe programme provision and ultimately the maintenance of elimination. A key focus will be reinfection, which we believe may have been exacerbated by recent Covid-19 restrictions and reduced needle syringe programmes.

We also developed a new organisational research strategy working with our staff, external researchers and academics. The new strategy will help us to raise the profile of the work we're doing; show its impacts; better evidence and communicate the voice of people affected by hepatitis C; and allow us to take a more active role in shaping the national hepatitis C research landscape over the coming years.



World Hepatitis Day provided a much needed breath of fresh air this year. Our challenge to walk the height of Everest on peaks across the UK brought together patients, staff and partners, walking in small socially distanced groups towards a collective goal, raising money for the work of our peers and the charity Mind.

Our Art on a Postcard fundraising arm continued to raise money for the Trust by holding some outstanding online art auctions throughout the year.

As we move forward, we are mindful that while there have been many positives over the past year, we also face some unknowns, including the rebuilding of the HCV elimination momentum that was so suddenly slowed down.

We do, however, move forward with hope and enthusiasm. There is the firm commitment from NHS England and many new initiatives that will come to fruition in the coming year, including A&E testing, community pharmacy testing and the implementation of local Trust outreach vans. All of which makes us optimistic that we can still reach the elimination goal before 2030.

We hope you enjoy the rest of the report

Thank you

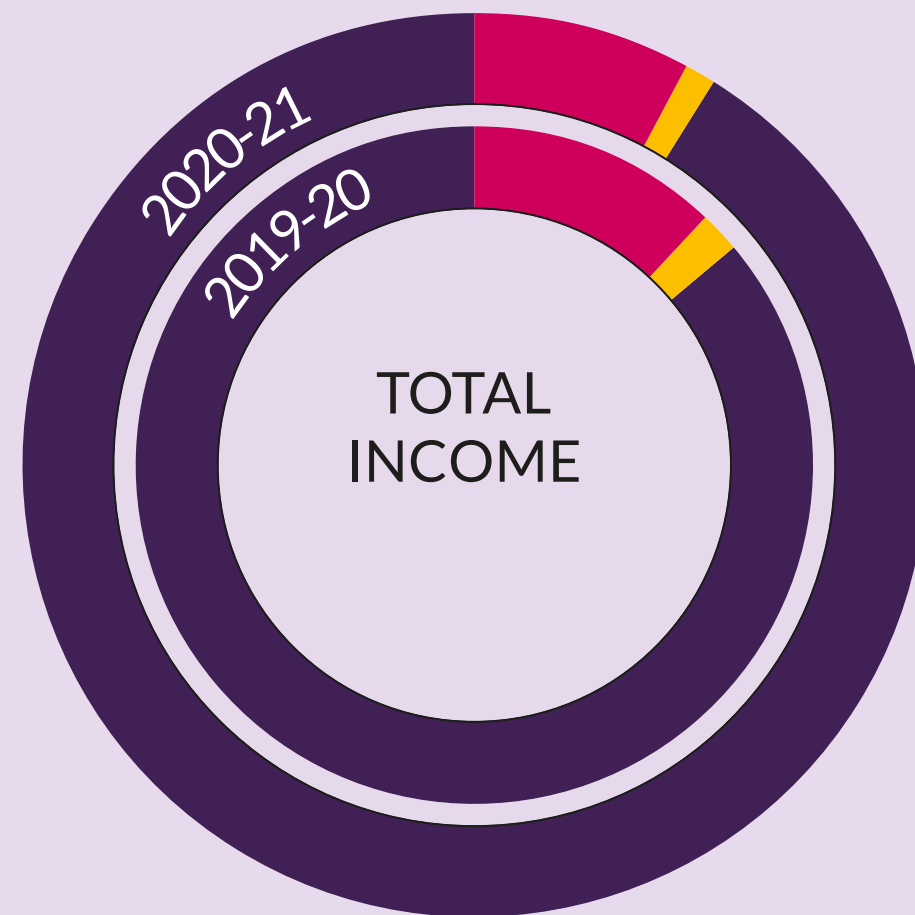
In our 20th year, the Trust, despite the impact of Covid-19, has expanded its operations throughout the UK, and is striding towards our goal of elimination. Our innovative peer model continues to truly place the patient at the centre of their care.

Once again, we owe a huge gratitude to our staff, and our supporters. 'Leave no one behind', remains the central tenet of our charity.

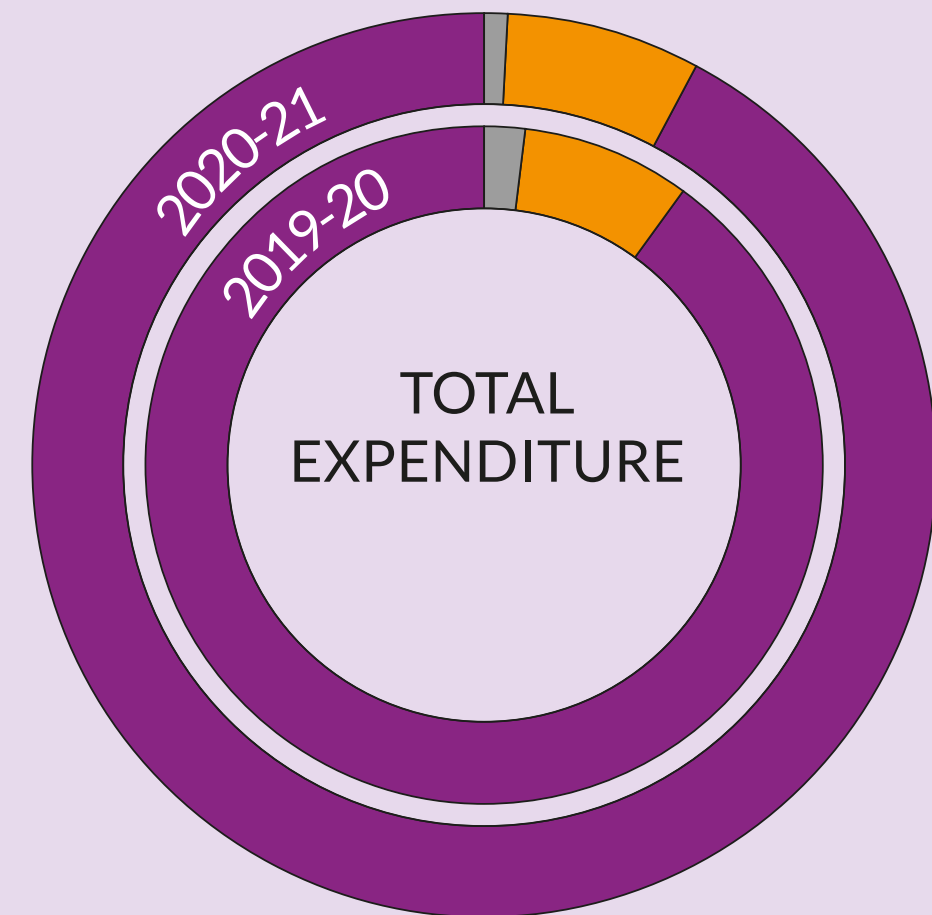
David Macmillan, Chair of Trustees

Financial overview

An overview of our total income and expenditure for this year, with a comparison to that of last year. More in-depth details can be found in our financial report available on pages 39-55.



	2019-20	2020-21
DONATIONS	£0.32M	£0.27M
INVESTMENTS	£192	£152
RENTAL INCOME	£0.05M	£0.02M
OTHER INCOME	£0.005M	
GRANTS RECEIVED	£2.4M	£3.34M
TOTAL	£2.77M	£3.63M



	2019-20	2020-21
RAISING FUNDS	£0.18M	£0.21M
CHARITABLE ACTIVITIES	£2.1M	£2.8M
OTHER INCOME	£0.05M	£0.02M
TOTAL	£2.33M	£3.03M

* Amounts below £0.01M do not show in the pie chart, but are available in the table.

Our 2020/21 objectives

- To increase our case finding capacity through the expansion of our peer programmes.
- To review and develop our infrastructure in line with our increase in service delivery.
- To ensure hepatitis C stays firmly on the agenda of UK governments, policy makers and the general public.
- To continue to represent and support those affected by The Infected Blood Inquiry, and act as a source of expertise to the Inquiry team.
- To work closely with Public Health England and other monitoring bodies to ensure all data is effectively shared and fed into the same system.
- To continue to evidence the impact and value of our peer work in moving towards the goal of elimination.
- To create new and innovative ways of working in a Covid-19 restricted environment.



Policy and parliamentary

A key focus of our work over the past year has been ensuring appropriate policies are in place to achieve hepatitis C elimination and that parliamentary oversight of NHS England's hepatitis C elimination deal is fully supported.

We have also played a significant role in keeping the hepatitis C professional community up-to-date on the impact of Covid-19 on hepatitis C services, while taking an active role in government consultations to ensure hepatitis C has been represented in inquiries into delivering core NHS services during the pandemic.

HCV ACTION WORK

The impact of Covid-19 made our work as the Coordinator of HCV Action, a network of over 1,000 hepatitis C health professionals, more important than ever this year.

ADAPTING PLANS & COORDINATING UPDATES

We adapted our plans to play a key role in informing the hepatitis C professional community of updates in relation to hepatitis C services at a time of significant disruption and disconnection between services.

A timely webinar in June provided us with the opportunity to present a comprehensive update on the pandemic's impact on hepatitis C services and the elimination drive in England at the time. We followed this with a second webinar not long after, which focused on the impact on services in Scotland. Both webinars were well-received, and played a key role in supporting hepatitis C service providers with access to important information during a time of uncertainty.

TAKING OUR NATIONAL HEPATITIS C ODN STAKEHOLDER EVENT ONLINE

This year we recast our National Hepatitis C Operational Delivery Network (ODN) Stakeholder Event as a week-long webinar series, featuring a half-day series of presentations and Q&As, alongside four focused webinars on subjects of current relevance to ODNs and other hepatitis C services. Our new online format meant that we were able to secure more speakers and attendees than previously.

CONDUCTING SURVEYS ON THE IMPACT OF COVID-19 ON HEPATITIS C SERVICES

Assisting the hepatitis C professional community more widely, we conducted surveys to understand the nature of the impact of Covid-19, and to gain a better understanding of the impact within individual ODNs in England. Our findings were published in HCV Action e-updates.

We also partnered with Public Health England, tailoring survey questions to capture information not picked up by their existing surveillance, to help inform their monitoring reports.

GOOD PRACTICE CASE STUDIES

We produced a variety of good practice case studies and resources over the course of the year.

UK PARLIAMENT

We met with a range of parliamentarians this year, updating them on the progress towards achieving hepatitis C elimination and outlining the challenges requiring policy change. This included a meeting with Public Health Minister Jo Churchill, which focused on identifying the actions required to reduce the rate of new hepatitis C infections.

SECRETARIAT OF THE ALL-PARTY PARLIAMENTARY GROUP ON LIVER HEALTH

In our role as the Secretariat of the All-Party Parliamentary Group on Liver Health, we continued to work with the group's parliamentary members to table Parliamentary Questions related to hepatitis C. We held a number of well-attended online meetings, focusing on the impact of the pandemic on hepatitis C services; drug policy; harm reduction and hepatitis C; hepatitis C testing for homeless populations; and liver pathology. We also produced a monthly 'liver health' e-newsletter providing updates to parliamentarians and other stakeholders on hepatitis C and liver health.

CONSULTATION SUBMISSIONS

We provided submissions to several consultations this year to ensure issues relevant to hepatitis C were represented. This included submissions to the Health and Social Care Committee's inquiry into delivering core NHS and care services during the pandemic and beyond, and Dame Carol Black's independent review of drugs.

Sadiq Khan

Mayor of London



'I'm proud that, despite the extraordinary challenges presented by Covid-19, our health and care services continue to do all they can towards our shared goal of eliminating hepatitis C.'

The impact of Covid-19 made our work as the Coordinator of HCV Action, a network of over 1,000 hepatitis C health professionals, more important than ever this year.



Alex Norris

Labour Shadow Public Health Minister

'I am calling on the government to urgently address the dearth of harm reduction services which are proven to be so successful in preventing the transmission of hepatitis C. According to government data, over a third of injecting drug users report not having adequate needle and syringe equipment for their needs.'



Paul Davies

Welsh Conservative Party Leader

'It is more important than ever that the Welsh Government re-focuses its efforts on eliminating hepatitis C. Over ten thousand people are currently living with the virus in Wales, of whom around half are not aware they have an infection which could be inflicting lasting damage on their liver.'

Policy and parliamentary

SCOTTISH PARLIAMENT

With harm reduction and the drug deaths crisis becoming an increasingly prominent issue in Scottish politics, this year we engaged with a wide range of MSPs to ensure hepatitis C was represented in the conversation on this issue, particularly within parliamentary debates. We also supported politicians in tabling motions and Written Questions relating to hepatitis C and harm reduction.

SEXUAL HEALTH AND BLOOD-BORNE VIRUS (SHBBV) HEPATITIS C ELIMINATION GROUP

We supported our membership of the SHBBV Hepatitis C Elimination Group, whose remit is to ensure the outcomes of the Scottish Government's Sexual Health and BBV Framework are delivered in Tayside, by attending meetings and providing updates to colleagues on the impact of Covid-19 on hepatitis C services.

WELSH PARLIAMENT

PARLIAMENTARY CHAMPIONS

This year, we worked closely with our Welsh Hepatitis C Parliamentary Champions to lobby the Welsh Government to prioritise the recommendations outlined in the Health, Social Care and Sport Committee's inquiry into hepatitis C elimination in Wales.

ROUNDTABLE MEETINGS

We participated in a roundtable meeting with Members of the Senedd, key hepatitis C service representatives and other health care leaders to discuss the steps needed to achieve hepatitis C elimination in Wales.

PUBLIC HEALTH WALES

We worked with the Public Health Wales National Hepatitis C Patient Re-Engagement Exercise Implementation Group, attending meetings to ensure representation for the patient perspective.

With each of the devolved nations at different stages of reaching elimination, it is important we are able to work with, and support, all UK nations in meeting their goal.

Aidan Rylatt,
Policy & Parliamentary,
The Hepatitis C Trust

With harm reduction and the drug deaths crisis becoming an increasingly prominent issue in Scottish politics, we engaged with a wide range of MSPs to ensure hepatitis C was represented in the conversation on this issue.



Mark Drakeford

First Minister of Wales

'Wales is committed to eliminating hepatitis C by 2030, sparing thousands of people from the increased risk of liver disease and cancer which this virus causes.'



Joe FitzPatrick

Scottish Government Minister for Public Health, Sports and Wellbeing

'Last World Hepatitis Day, the Scottish Government announced it was bringing forward its ambition to eliminate hepatitis C by six years, aiming for elimination by 2024. I am delighted to reaffirm our commitment.'

World Hepatitis Day



Everest Challenge, Parliament Hill, London

World Hepatitis Day is held annually on 28 July. It is one of the World Health Organization's officially mandated global public health days.

For people and organisations around the world working to eliminate hepatitis C, World Hepatitis Day presents a great opportunity to raise collective awareness about the risks of hepatitis C and to push for increased testing and treatment, while also reflecting on how far we've come.

This year, people and organisations were incredibly creative in raising both funds and awareness in Covid-safe ways.

CLIMBING THE HEIGHT OF MOUNT EVEREST

The Hepatitis C Trust staff and volunteers successfully took on the massive challenge of climbing the equivalent of the height of Mount Everest, an elevation of 8,848 metres. We achieved this by climbing different peaks across the UK, with the metres climbed by individuals and small groups accumulating to the total height count. The money raised went to our peer volunteers and the mental health charity Mind, in recognition of their work and the mental health challenges presented by Covid-19.

SOCIAL MEDIA EVENTS

On 26 July, two days ahead of World Hepatitis Day, we held a series of Facebook live streams featuring music and talks about hepatitis C, with the rapper DJ Mr C playing a rap about the Trust and its goals for elimination.

LANDMARK BUILDINGS LIT PURPLE

Landmark buildings such as town halls, museums and hospitals were once again lit up in purple across the UK to show support for hepatitis C elimination and in memory of those who lost their lives to the virus.

POLITICAL SUPPORT

We secured a number of statements of support from politicians across the UK, including the Mayor of London Sadiq Khan, Shadow Public Health Minister Alex Norris, First Minister of Wales Mark Drakeford and Scottish Public Health Minister Joe FitzPatrick. These featured widely on our social media platforms.

**8,848m
climbing
UK peaks**

People and organisations were incredibly creative in raising both funds and awareness in Covid-safe ways.

NEWS & BLOGS

- The Trust's CEO Rachel Halford wrote a blog for LocalGov looking at lessons learnt along the way to eliminating hepatitis C and the success of multi-agency partnership working; along with an article for Drink and Drug News calling for the re-doubling of efforts to eliminate hepatitis C.
- Activist and writer Philip Baldwin wrote a guest blog for our website about the importance of testing, and a feature for Gay Times about his hepatitis C diagnosis and the similarities and differences between the hepatitis C virus, HIV and Covid-19.
- The BBC interviewed our team in Edinburgh and a client whose late diagnosis progressed to Liver Cancer, both were covered on TV and Radio news.
- There was also significant news from the Scottish health board NHS Tayside, who announced it has effectively eliminated hepatitis C from its region. The health board has diagnosed 1,970 people and treated over 1,800, more than 90% of the estimated prevalence of the virus.



Everest Challenge, Ivinghoe Beacon, Buckinghamshire



Everest Challenge, Pic de Céciré, French Pyrenees



Everest Challenge, South Yorkshire



Leeds City Museum lit up purple to mark World Hepatitis Day

Reaching our community through peer work

The Hepatitis C Trust was founded on peer work and it remains core to our operations today.

Our peers, who have lived experience of hepatitis C, work within the community to actively engage those most at risk. By using their own personal stories and drawing on their treatment experience they are uniquely placed to provide support and advice to others through the treatment pathway.

This year our peers successfully helped to overcome some of the difficulties NHS Operational Delivery Networks (ODNs) faced in delivering hepatitis C services, refocusing their work to support in any way they could.

SUBSTANCE MISUSE SERVICES

The impact of Covid-19 this year meant that many of the substance misuse services (SMS) we work with were forced to operate on reduced services.

While we still focused on our work with people accessing these services, we also focused on those who had already tested positive, ensuring they were able to access treatment and support, and that their opportunity to clear hepatitis C was not put at risk.

This was our second focused year delivering our hepatitis C peer programmes within 20 of the 22 NHS ODN areas as part of NHS England's elimination initiative. During this time we managed to secure some good successes while confronting the challenges of a Covid-19 environment.

Working in partnership with ODNs we were able to help them overcome some of the difficulties they faced in delivering hepatitis C services, the biggest being the redeployment of clinical staff to other services. For example in North Central London the whole of the hepatology team were redeployed to work on Covid-19, leaving hepatitis C services uncovered – in areas with less Covid-19, hepatology services were able to operate at a fuller capacity.

By implementing policies and guidance to protect staff, volunteers and the people we work with, our peers were able to continue their work in the community.

We developed new ways to engage with vulnerable patients, providing interventions to reduce isolation, while keeping patients both safe and engaged in the face of limited or no access to hepatitis C clinics.

DELIVERING MEDICATION

Providing support to NHS staff deployed to Covid-19, and patients who for health reasons were fearful of leaving their home, our peers took on the role of picking up medication from pharmacies and delivering it to patient's homes, helping to ensure they could continue their treatment – a practice which was prohibited prior to Covid 19.

WHOLE VENUE TESTING

A unique opportunity was presented this year by the Covid-19 government 'Everyone In' initiative, in which homeless people across England found themselves temporarily housed in hostels or hotels.

A situation which allowed us, while working with partners, to test and treat a high-risk and particularly difficult-to-engage group in whole venue testing. Through our partnership work with NHS clinicians, drug service providers, accommodation providers and local authorities we were able to test up to 100 homeless people a day.

REACHING THE DISENGAGED

Our peers worked alongside ODNs to go through 'look back' lists of patients who had previously tested positive for hepatitis C, but who had disengaged from services and had not been treated, contacting them to check their current status and to re-engage them where possible.

PREVENTING REINFECTION

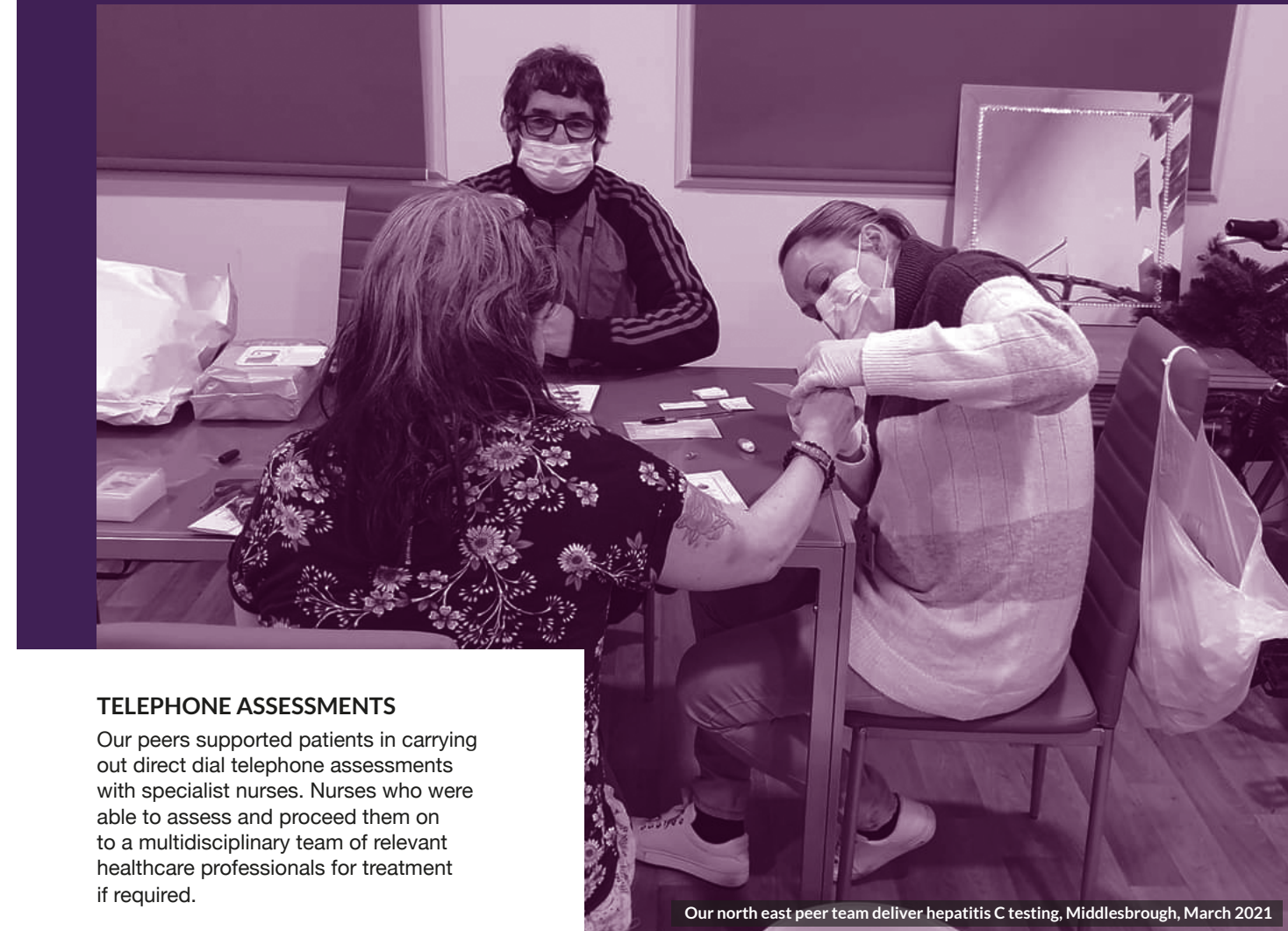
We increased the attention given to the scale of reinfection across each ODN, looking at how we could best support and identify reinfected patients.

PEER-ASSISTED POSTAL TESTING

With drug services operating at a reduced capacity, we worked to ensure people were still able to get tested. In some cases our peers, wearing PPE protection, visited clients' homes to assist them in taking postal service tests, ensuring they carried their tests out correctly and sent them to the right place for diagnosis.

TELEPHONE SUPPORT

With restrictions on in-person contact, we maintained regular one-to-one contact with our patients by telephone, providing them with phones where required.



Our north east peer team deliver hepatitis C testing, Middlesbrough, March 2021

TELEPHONE ASSESSMENTS

Our peers supported patients in carrying out direct dial telephone assessments with specialist nurses. Nurses who were able to assess and proceed them on to a multidisciplinary team of relevant healthcare professionals for treatment if required.

LARGE SCALE TRAINING

We were able to upscale our training to frontline workers by taking advantage of virtual technologies, a greater uptake of online training and an increased number of substance misuse services staff working from home.

The readiness of our peers to adapt to change, develop new partnership opportunities, close gaps in service provision and safely manage new Covid-19 risks was commended by both our ODN and community partners this year.

'Without this joint working we would not have been able to offer the follow up and support people needed in order to continue with treatment.'

Lizi Sims, Lead Hepatology Community Nurse

TOTAL NUMBERS

12,100	people engaged in hepatitis C interventions.
7,687	people tested for hepatitis C.
2,402	people found to be hepatitis C positive.
1,334	people supported to start treatment.
3,926	staff received Hepatitis Awareness Training.



Outreach testing in Bradford, January 2021

Reaching our community through peer work

OUR WORK IN SCOTLAND

The impact of Covid-19 was particularly difficult for our Scottish team this year as resources across the Forth Valley, Lothian and Fife shifted to Covid-19 related needs. Public Health Scotland staff working in the hepatitis C field remain redeployed and will not return to their work in this area until 2022.

- During this period our Scottish team focused on supporting their peer volunteers and the most vulnerable in the community, offering one-to-one support through regular check-ins, and where possible video calls.
- With a reduction in the opening times of substance misuse services and restrictions on travel, our peers advocated for people who inject drugs (PWIDs) to be able to access Opioid Substitution Therapy (OST) and needle syringe programme (NSP) provision.
- Dry blood spot testing (DBST) was another area affected, with laboratory resources designated to Covid-19 we found we were unable to get patient's bloods done in order to get them treatment. This created a disruption in the treatment pathway.
- Our Scottish team provided the patient perspective to the EPIToPE project, who are carrying out research to evaluate the population impact of HCV direct-acting antivirals as preventative treatment for PWIDs. They also joined workshops organised by the Drug Death Task Force to review Medical Assisted Treatment Standards and IEP provision.

OUR WORK IN WALES

For the first part of this year we focused our Follow Me peer programme within the Swansea area, working in partnership with local substance misuse providers and pharmacies; with our work in pharmacies proving to be particularly successful in supporting people in accessing testing and treatment.

The significant impact of Covid-19 meant that Welsh health services were forced to deploy their resources to Covid-19 related needs, and this, along with a national lockdown, led to our funding being placed on hold.

We are now, however, delighted to have recently secured new funding and recruited two posts to develop a Peer Support Service across Wales over the coming months.

OUR WORK WITH THE SOUTH ASIAN COMMUNITY

The scope of our South Asian community work was limited this year, not only by Covid-19 but also, as with previous years, by a reduced budget.

We have, however, managed with the expertise of our South Asian Support Officer to provide support for a number of media pieces; some bespoke HCV support; as well as providing South Asian women with Covid-19 information and support.

'I had missed so many of my appointments at the hospital, I almost felt embarrassed to show my face. But, I had peer support with me every step of the way. They made going for the blood tests not so scary, and it turned out it wasn't as bad as I thought.'

Hepatitis C patient, 2021



Our peers help deliver a hepatitis C testing event at YMCA Nomad, Lincolnshire, June 2020

Health and Justice prison peer project

Although restrictions to in-person access made delivering our face-to-face prison peer programme more difficult this year, we were still able to maintain good levels of awareness about hepatitis C through online platforms and specifically tailored communications products, as well as through the work of our prison peers who we trained and supported by telephone and online.

PRISON ENGAGEMENT DURING COVID-19

We came up with a number of innovative strategies and adaptations to our usual working practices this year in order to continue our services with people in prison, who were often restricted to their cells for 23 hour periods due to Covid-19.

- We developed a new in-cell activity pack, delivering it to 30,000 people in prison.
- We produced 75,000 hepatitis C information leaflets designed to fit under cell doors.
- We found new ways to communicate with our volunteer prison peers, such as through email and zoom, to ensure they were fully supported in their well being, training and their work to raise awareness about hepatitis C in prison.
- We increased the availability of our prison helpline, extending our hours from 10am-4pm Monday to Friday to 8am-8pm Monday to Sunday, making our service available for an additional 42 hours a week.
- We produced radio adverts to promote our helpline service, our Follow Me peer and treatment programmes and to share our peer stories, reaching 70,000 prisoners.

- We produced short animated videos for the Way Out prison TV channel, to keep hepatitis C firmly on the agenda of people in prison, reaching 40,000 prisoners.
- We worked with health care professionals using the telemedicine system, which allowed our staff to join healthcare professionals virtually as they supported patients in prison.

PROBATION SERVICES

We worked with a wider group of people affected by the criminal justice system this year, laying the foundation for us to work beyond the prison gate into approved premises and local probation services.

PARTNERS & ENGAGING WITH STAKEHOLDERS

Our stakeholder engagement activities included collaborations with NHS England, HMPPS governors, healthcare providers and substance misuse services. We also worked with multiple partners throughout the year to increase screening rates for hepatitis C in prisons.

WORKING REMOTELY

When unable to access prisons in person we worked remotely. At such times our prison peers delivered events through virtual platforms to both staff and people in prison across the UK.

NHS OPERATIONAL DELIVERY NETWORKS (ODNs)

We continued to work with ODNs to find people who had recently left prison, ensuring a continuity of hepatitis C care from prison to the community.

PEER TRAINING

Although unable to recruit and train any new prison peers, we were able to support and engage our current peers with learning, wellbeing activities and training.

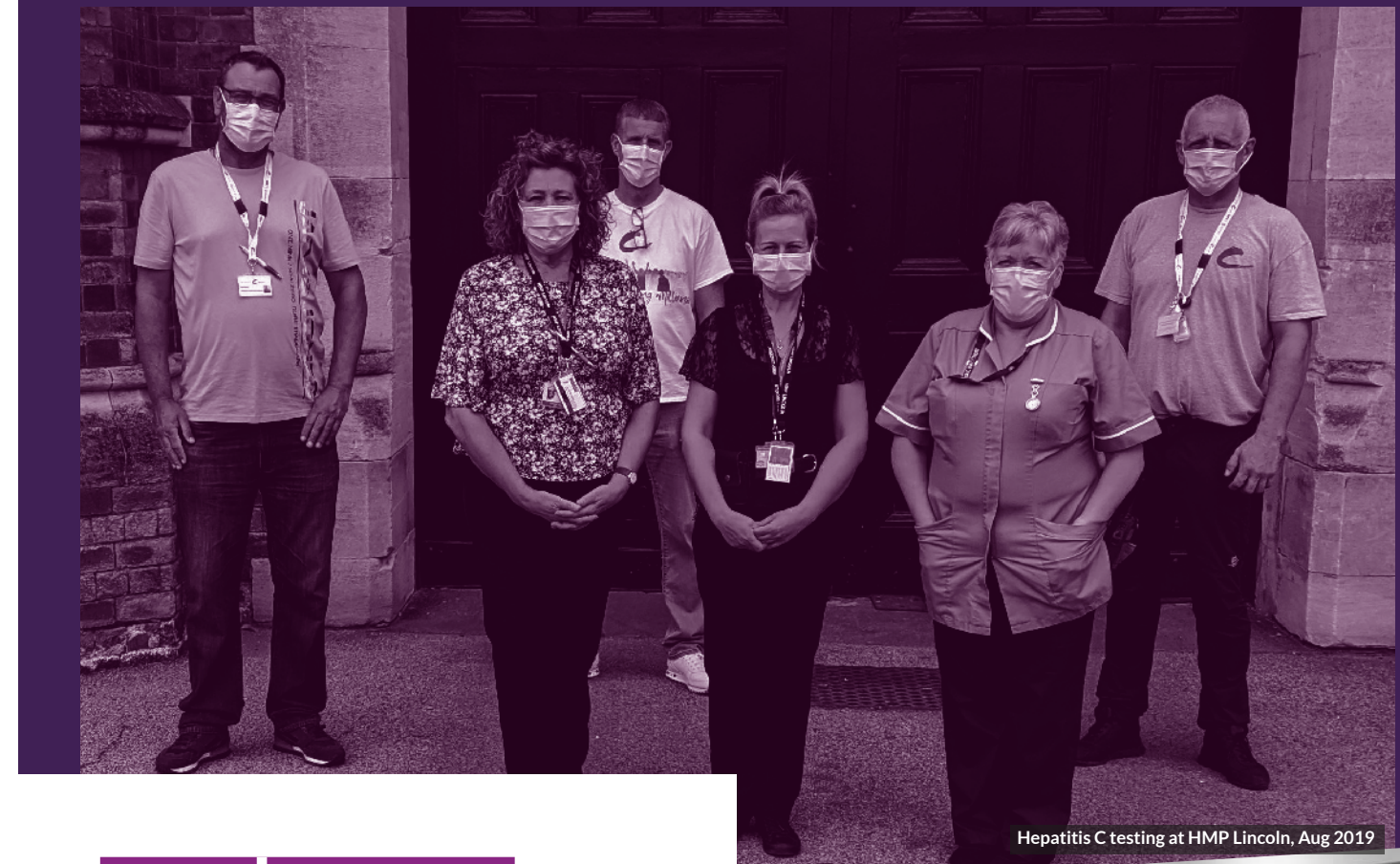
The impact of Covid-19 was particularly difficult for people in prison this year. We worked hard to maintain contact and deliver our services remotely. We are pleased to once more be delivering face-to-face contact.

Sean Cox, Director of Prisons

HIGH INTENSITY TEST AND TREAT (HITT)

We continued to deliver HITT, whole prison testing events, in 40 Practice Plus Group prisons, working in partnership with Gilead and PPCT as part of NHS England's elimination initiative. However, due to Covid-19 restrictions we held less than we had hoped.

During the gaps in between lockdowns, when we were able to gain access to prisons, we took part in six successful HITTs, in which, in most cases, we reached our goal of testing 95% of the whole prison population.



Hepatitis C testing at HMP Lincoln, Aug 2019

TOTAL NUMBERS

HEPATITIS AWARENESS TRAINING (HAT) FOR PRISON STAFF:

400 staff from across the England prison estate attended our HAT training.

THE WOMEN'S PRISON ESTATE:

Covid-19 restrictions limited our access to the female prison estate this year. However, through being creative and working in partnerships with others:

700 women received a one-to-one intervention.

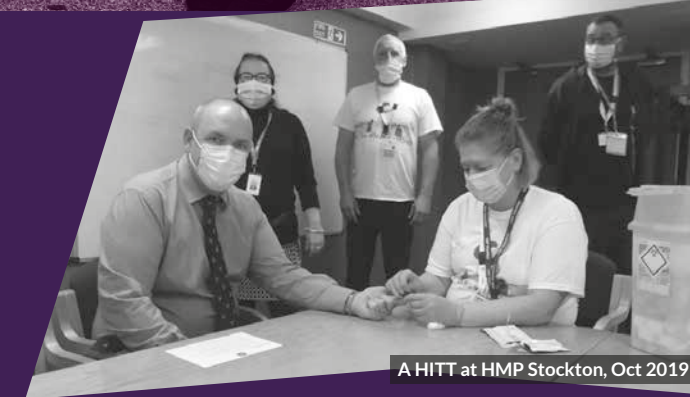
THE MEN'S PRISON ESTATE:

835 men accessed a peer talk.

7,635 men received a one-to-one intervention.

HITTs:

4,102 people in prison were tested through whole prison testing events.



A HITT at HMP Stockton, Oct 2019



Our prison peer programme features in insidetime, Mar 2021



Hepatitis C testing at HMP East Sutton, Sept 2019

We supported 6,000 prisoners to get tested for hepatitis C this year.

Our training work

HEPATITIS AWARENESS TRAINING (HAT)

We use HAT in all areas of our work, from community to prisons, to health professionals working within the hepatitis C field. Our training ensures professionals who come into contact with people who have, or are at risk of, hepatitis C, are able to deliver the right information and advice.

This year, due to Covid-19 restrictions, we adapted our HAT to be delivered online.

OUR PEER TRAINING

Training people with lived experience of hepatitis C to become peers is an integral part of our work; not only to ensure we are effective across our peer support programmes but also to offer an opportunity for training and development within a work setting.

Throughout this year we continued to recruit and train paid and volunteer peers.

PEER STAFF, TRAINING & SUPPORT

- We introduced a 12-week programme of weekly training, which focused on vocational training, including harm minimisation, vaccines and mental health.

- We also introduced a 30 minute morning check-in session with breakout groups and daily discussions to encourage connection, emotional support and an opportunity for people to meet new people from across the organisation.
- Each Friday was designated for peer volunteer training with up to 20 attendees per session.
- We produced an educational training video to instruct staff on how to comply to our new Covid-19 safety policy while performing work activities — a big part of this was safe PPE procedures.
- Working with Aspire Training Associates we set up a catalogue of vocational qualifications to offer both staff and volunteer peers.
- We established a learning pathway so that peer volunteers could embark on a training programme which ensured they were compliant with CQC outcomes to perform regulated activities, helping them to develop their CV and supporting them to move into paid employment. A secondary learning pathway was also developed so that staff were able to achieve a level 2 or 3 Diploma in Health & Social Care.
- We have a separate accreditation pathway in development for peer volunteers within the prison estates. As part of this process the Trust has signed up to the Adult Social Care Data Set and is compliant with this government funded department. This allows the trust to access funding from Skills for Care for vocational training and workforce development.

We delivered a total of 91 peer training sessions this year.

Before I met the Peer Lead and volunteer Peer I missed so many of my appointments. But they reassured me and were there with me every step of the way. I felt really heard, and I am now about to start my treatment really soon.

Hepatitis C patient, 2020



Our peers work with partners at Coastline Homeless Service to deliver testing and health checks, December 2020

'I love being a peer volunteer for The Hepatitis C Trust. They have given me an opportunity to give back to my community, and I have learnt skills and built my confidence.'

Volunteer peer, 2020



Training new peer volunteers, Chatham, Kent, June 2020



Our peers working in partnership to test homeless people in a hotel in Guildford, May 2020

Adapting to Covid-19

TESTING THE HOUSED HOMELESS



COMMUNITY TESTING

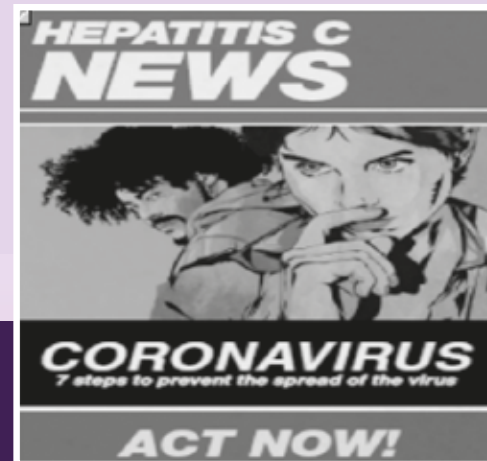


HCVAction

The voice of the hepatitis C professional community

Webinar: Under-served groups for hepatitis C testing and treatment

UPDATING HEPATITIS C HEALTH PROFESSIONALS



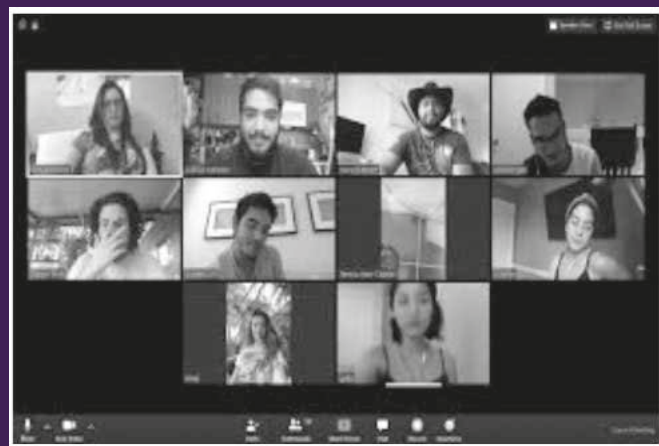
COVID-19 TOP TIPS POSTER



HELPING WITH HOME TESTING KITS



DELIVERING MEDICINES TO PATIENTS



TRAINING AND SUPPORTING OUR STAFF AND PEERS ONLINE



OUTREACH TESTING

2020-21

Supporting People

HELPLINE INFORMATION AND SUPPORT SERVICES

For much of the past year our staff have delivered our helpline service from home due to Covid-19 restrictions. Quick to adapt to change this resulted in little disruption to the continuity of our services and our ability to offer the best care, information and support to those affected by hepatitis C.

COVID-19, RESPONDING TO HEPATITIS C CONCERNS

Alongside our usual level of service provision, this year we became a main point of contact for people with concerns about Covid-19 and issues of increased susceptibility or risk due to hepatitis C related liver damage.

Many service users were shielding, or concerned they should be shielding, due to a hepatitis C infection; their level of liver damage as a result of a hepatitis C infection; or a compromised immune system brought about by the longer-term effects of the old interferon and ribavirin treatments.

With the arrival of the vaccination programme we also found ourselves providing reassurance and encouragement for people getting vaccinated.

REACHING OUT DURING COVID-19

We took a proactive role early on in the pandemic, contacting our more vulnerable, elderly and/or isolated callers, checking in to make sure they were aware of local mutual aid services, as well as providing emotional support throughout a difficult time. Those with advanced liver disease were particularly worried about their medical appointments being repeatedly cancelled or delayed.

ANXIETY & ISOLATION

Depression, anxiety and other mental health issues, like obsessive compulsive disorder, frequently came up as people struggled with lockdown and being isolated from their medical teams or other sources of support.

It was also clear that there was a heightened anxiety in the general population about the transmission of Covid-19, hepatitis C and other viruses, as a result of ongoing health protection messages in the media.

THE CHANGING NATURE OF CALLS TO OUR SERVICE

Calls to our service changed as a result of a reduced number of people getting tested. We had just 129 calls from those recently diagnosed, compared to 277 for the same period last year. This was due to a combination of factors such as GP and hospital appointments being delayed or cancelled and less publicity around the Infected Blood Inquiry, which had previously done a lot to raise public awareness about getting tested.

Over this period we responded to 2,722 calls, emails and social media messages in total.

OUR PRISON HELPLINE

RESTRICTED ACCESS

During this Covid-19 period many people in prison were kept inside their cells for up to 23 hours a day, largely due to staff shortages in the face of increased ill health. This made it more difficult for people in prison to access a telephone and consequently our prison telephone helpline services. We did, however, still receive 237 calls, most of which related to people wanting to be tested.

You were there for me when I was diagnosed in 2004, through my treatment in 2006, and you're there for me now during this crisis. Thank you so much.

Helpline caller, 2020



INFORMATION AND SERVICES

GENERAL INFORMATION

We continue to send out leaflets and other information resources from our helpline to both patients and professionals from a variety of settings.

OUR NEWSLETTER

Our newsletter is an important resource for a range of people wishing to keep up-to-date on our UK activities; to hear about personal experiences from people who have been infected by hepatitis C; for general updates on The Infected Blood Inquiry; and for news and other events connected with hepatitis C. We published five newsletters this year.

Our current newsletter membership stands at 3,800.

'Great newsletter! Interesting... and I was pleased to read about such good progress being made during such challenging times.'

Newsletter subscriber, 2021



Supporting People

THE INFECTED BLOOD INQUIRY

Due to Covid-19 restrictions the Infected Blood Inquiry hearings were put on hold until September 2020, at which time we were able to attend in person again. However, the announcement of a second lockdown not long after meant that hearings soon returned to being online.

Both the publicity around the Inquiry and our ability to have personal contact with those directly involved in the Inquiry were greatly reduced as a result of this. We also received less contact with members of the public concerned about whether they should be tested for hepatitis C, without the media coverage previously generated by the Inquiry around the issue of infected blood.

We look forward to the next stage of the inquiry, including the review of payments to those affected.

Samantha May, Helpline Information and Support Service Manager

COVID RESTRICTIONS

- Covid-19 restrictions had little effect on the Inquiry's overall progress, with the Inquiry team continuing to work hard throughout lockdown. However, the restrictions did have an impact on the number of people coming forward to give evidence.
- The momentum of raising awareness about infected blood as a major risk factor for hepatitis C was also lost. This, along with GP and hospital appointments being adversely affected, meant that far fewer people who may have been infected in this way came forward for testing.

OUR WORK WITH THOSE INFECTED AND AFFECTED

- Much of our work with those infected and affected centred on helping individuals making claims to UK blood support schemes. We also continued to support and encourage those who had received a recent diagnosis to make a witness statement.
- We completed our own witness statement for the Inquiry team, outlining the wide range of issues and concerns we have heard from people contacting the helpline over the past 17 years.



Infected blood continues to be a large part of our work on the helpline. In total, we took 926 calls from people with various concerns about infected blood and blood products, of which 123 were directly related to the Inquiry itself, with 499 related to problems about making claims from payment schemes.

Fundraising

Our main income as an organisation comes from trusts and donors. However, we also raise money through fundraising initiatives. By far the most successful of these is Art on a Postcard. An established brand in the art world and a thriving small industry, it has gone from strength to strength over the seven years it has been running, raising over three quarters of a million pounds for the Trust.

ART ON A POSTCARD

Set up as a one-off secret postcard auction in 2014, Art on a Postcard (AOAP) now has a number of outstanding events under its belt including partnerships with The Other Art Fair and Photo London, as well as annual outings with Art Car Boot Fair. In addition to AOAP auctions, we have a successful print shop which has released a number of sell out print editions including Hate's Outta Date by Harland Miller. Artists we've worked with include Damien Hirst, Grayson Perry CBE, RA Marina Abramovic, Harland Miller, Rebecca Salter RA, Patrick Hughes, Larry Clark, Es Devlin, Jeremy Deller, Peter Blake, Gilbert and George, Wolfgang Tillmans, Marc Quinn and Cecily Brown.

AUCTIONS

SUMMER 2020

This year we had some outstanding artwork from the Chapman Brothers, Julian Opie, Oh de Laval, Lothar Goetz and Remi Rough, and many other artists including Boy George who having enjoyed a sell-out show in Monaco last year made his AOAP debut this year. Unlike previous years where our auction remained anonymous until the end of bidding, this year we gave our audience the opportunity to know the artist upfront. Partnering with the auction house Dreweatts we raised £45,000 in spite of the logistical challenges posed by Covid-19.

These times call for empathy and the artistic community can always be relied upon to step up.

Gemma Peppé, Director,
Art on a Postcard



Boy George, Untitled

WINTER 2020

As with the summer auction, this auction was organised and held during the Covid-19 ongoing pandemic. We continued our partnership with Dreweatts and joined forces with GowithYamo who produced a fantastic virtual exhibition. Despite working virtually, we managed to raise £75,000 with help from the outstanding artwork donated by Winston Branch, Faith Wilding, Erik van Lieshout, AnjSmith, Ryan Mosley and many more.

INTERNATIONAL WOMEN'S DAY, MARCH 2021

We celebrated International Women's Day with a striking auction of artworks by international female-identifying artists with the theme 'I am', taken from an initiative run by The Hepatitis C Trust's female prison team. Contributing artists included Claudette Johnson known for her large scale paintings of black women, Dr Chila Kumari Burman whose work has recently shown in Tate Britain, Yui Kugimiya a Brooklyn-based artist who uses traditional painting techniques to produce stop-motion animations and Antonia Showering who recently had a White Cube show. We continued our collaboration with Dreweatts auction house and GowithYamo, who created a virtual exhibition. A total of £67,000 was raised for the Trust's work with women in prison.



Martin Whatson, Scribble Postcard #1

Walter Swennen, Poker Face

Jake and Dinos Chapman, Solar Anus

Alice Campbell, The Pianist

Nasser Azam, Queen

Susie Hamilton, Nurse/3

Otto Schade, No Title

Walter Swennen, Captain Time

Jess Quinn, He Had Been Wandering in the Wrong

Lee Wagstaff, Pandemonium

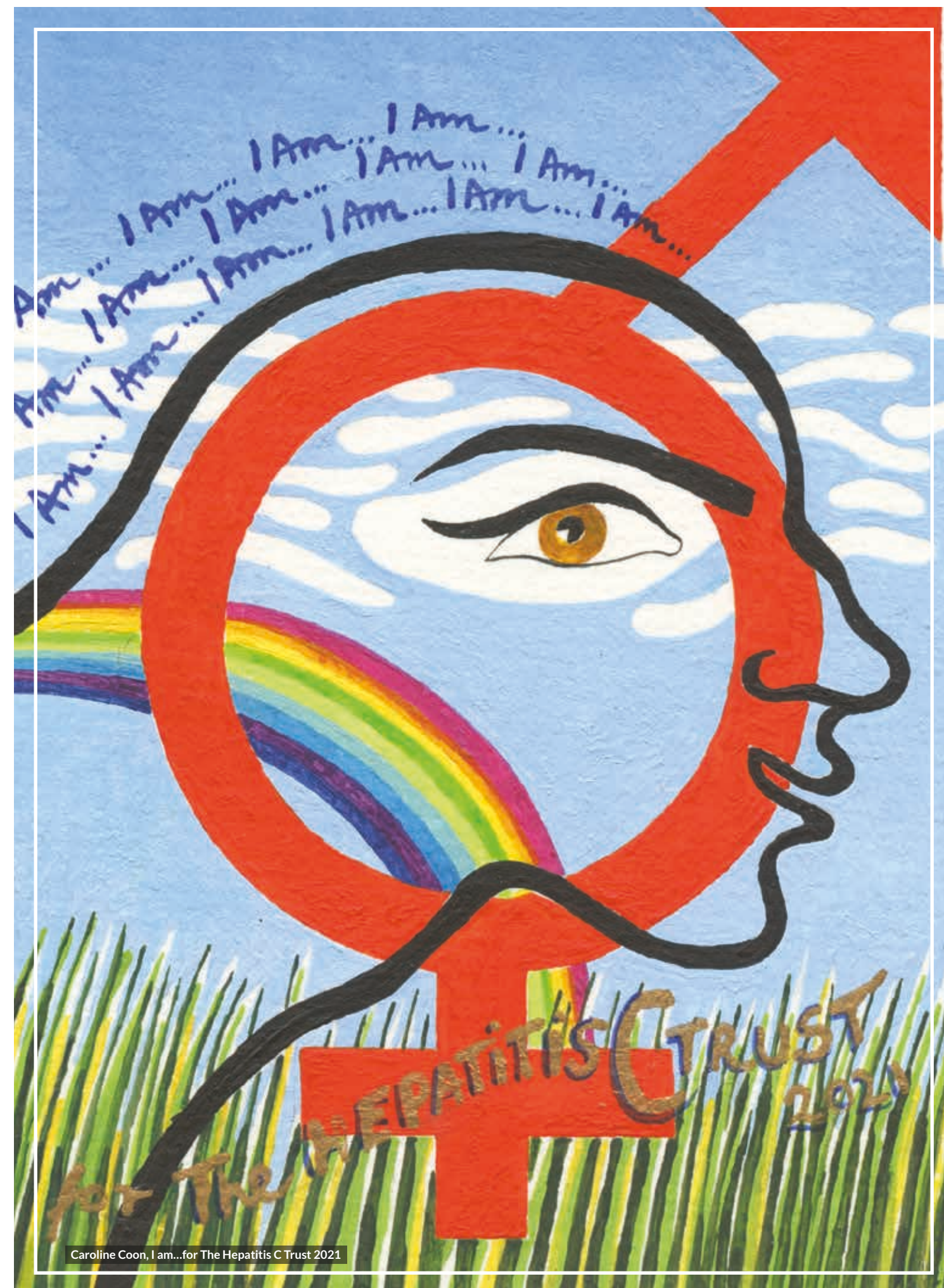
Looking forward

IN THE YEAR AHEAD WE WILL:

- Play a role in supporting the NHS England hepatitis C elimination programme to recover from the impact of Covid-19.
- Further develop our harm prevention work, and work with partners to better understand reinfection.
- Continue to represent and support those affected by the Infected Blood Inquiry and act as an expert source to the inquiry team.
- Work closely with Public Health England and other monitoring bodies to ensure all data is effectively shared and fed into the same system.
- Establish and implement our research strategy.
- Invest in communications personnel to ensure hepatitis C stays firmly on the agenda of the government, policy makers and general public.

Having stepped up to the challenge of Covid-19 and truly felt the benefit of working in partnership with other key stakeholders, we go into next year with a renewed vigour to achieve elimination.

Rachel Halford, Chief Executive



Governance and management

LEGAL ENTITY

The Trust was incorporated in England and Wales on 10 March 2004 (registration number 05069924) and gained charitable status on 10 June 2004 (charity number 1104279). On 1 September 2004 all the charitable activities, assets and liabilities from the original unincorporated charity, The Hepatitis C Trust (charity number 1083097), were transferred to this incorporated charity. On 1 October 2008 the charity registered in Scotland (charity number SCO39914). The current charity is governed by its Memorandum and Articles of Association.

CHARITABLE OBJECTS

The objects of the Trust, as set out in the Memorandum and Articles of Association are:

1. The relief of persons suffering from hepatitis C and the provision of support to such persons and their families;
2. The advancement of education concerning hepatitis C; and
3. Research into all aspects of hepatitis C including (but not limited to) the causes, detection, transmission, prevention and treatment of hepatitis C and the publication and dissemination of the useful results of all such research.

TRUSTEES

(Those who served during the year and/or were responsible for the annual report)

Sir Adrian Baillie Bt
Dr M F Bassendine
Mr Peter Holt
The Hon David Macmillan
Mr Edward Mead
Mr Charles Walsh
Mr John Jolly
Mr Simon Lincoln (from 9/12/2020)

PATRONS

The Marchioness of Bute
Ms Emilia Fox
Ms Sadie Frost
Boy George
Mr Andrew Loog Oldham
The Lord Mancroft
Mr Alan McGee
Ms Justine Roddick
Mr Robbie Williams

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

The charity's Trustees are also the company directors for the purposes of company law. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur on the Board, new Trustees are recruited through a variety of means including advertising, stating skills that are needed on the Board. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees.

Potential Trustees have an initial meeting with the Chief Executive who gives them a copy of the governing document, the latest accounts and a description of all the Trust's projects and explains the Trust's philosophy and how it works in practice. They are then asked to

attend a Board meeting to get a better understanding of the role of a trustee at The Hepatitis C Trust.

Newly appointed Trustees are sent briefing information about The Trust and their role as a trustee, including the Charity Commission's booklets, *The Essential Trustee: what you need to know* (CC3) and *The Hallmarks of an Effective Charity* (CC60). They are then asked to spend a day at the Trust's London offices, meeting the staff and learning more about each project and in particular financial oversight.

KEY MANAGEMENT PERSONNEL

The Trustees have determined that the Chief Executive and the Senior Directors, together with the Trustees themselves, are the key management personnel. The Trustees are not remunerated and the pay of the Chief Executive and the Senior Directors has been set according to bands suggested by an independent consultant and by benchmarking against market rates.

RISK ASSESSMENT

The Trustees have prepared a risk assessment, examining the major risks which the charity faces and have set out the necessary steps that need to be taken to lessen any risks. This register is updated on a regular basis. The key risks and the actions to be taken to mitigate them in the latest risk assessment are set out in the table below.

KEY RISKS	MITIGATING ACTION
Covid risk	Implement Covid strategies and procedures
Insufficient reserves	New fundraising strategy to broaden funding base
Failures/errors in planning	More resources devoted to planning/forecasting
Adverse publicity	Media crisis planning
Owner sells property/need to find new premises	Contingency move planning



Anita Klein, Singing Bird

Financial review

FUNDING

Following the successful delivery of our ongoing peer programmes, we received further investment under the NHS elimination initiative this year. As such our income has, once more, continued to significantly increase, allowing us to maintain a secure financial position for the Trust.

At £3,632,826 our income has significantly increased from that of the previous year £2,774,493, while our expenditure at £3,037,265 increased by £700,024. This increase in expenditure is in line with additional costs incurred through the implementation and running of our extended peer programme service delivery.

With the continued successful delivery of our peer programmes, we remain confident in our financial position.

In relation to our raising funds, please see our costs in the financial statements at the back of the report, mainly in regard to income generation from Art on a Postcard (see page 22). We do not engage external professional fundraisers or commercial participators to carry out our fundraising activities and we do not engage in face-to-face or telephone fundraising. All our approaches to fundraising take account of the Code of Fundraising Practice issued by the Fundraising Regulator. We have received no complaints about our fundraising activities either during the financial year or subsequently.

RESERVE POLICY

The policy of the Trustees is to hold a reserve of three months' costs, amounting to £1,050,000. Our total unrestricted reserves for this year are £468,076. Alongside this are our current restricted reserves of £824,254 to fund activities in the year 31 March 2022. The Trustees are committed to raising core reserves through our fundraising strategy involving:

Broadening our base of possible trust funders by demonstrating that addressing hepatitis C has broader social benefits, not just positive health outcomes

- Engaging with corporate donors
- Expanding Art on a Postcard
- Moving our focus towards longer term statutory funding

Statement of Trustees responsibilities

The Trustees (who are also directors of The Hepatitis C Trust for the purposes of company law) are responsible for preparing The Trustees' Report and the Financial Statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires Trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and 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 charitable company will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities. In so far as the Trustees are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware; and
- the Trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

AUDITORS

Azets Audit Services (formerly Wilkins Kennedy Audit Services) have indicated their willingness to continue in office. A resolution proposing their re-appointment will be submitted at the Annual General Meeting.

SMALL COMPANY RULES

These accounts have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies and with the Statement of Recommended Practice, Accounting and Reporting by Charities (SORP FRS 102) issued in January 2015.

This report was approved by the Board of Trustees

and signed on its behalf by:

The Hon David Macmillan

Date: 7 December 2021

Independent Auditor's Report

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND MEMBERS OF THE HEPATITIS C TRUST

Opinion

We have audited the financial statements of The Hepatitis C Trust (the 'charitable company') for the year ended 31 March 2021 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2021, and of its incoming resources and application of resources, including its income and expenditure, 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.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating 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 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 trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. 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 course of 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 this gives rise to a material misstatement in the financial statements themselves. 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.

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES AND MEMBERS OF THE HEPATITIS C TRUST

Opinions on other matters prescribed by the Companies Act 2006

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

- the information given in the trustees' report (incorporating the directors' report) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the directors' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the 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; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the directors' report and from the requirement to prepare a strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement, 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 determine 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 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 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

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.

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 specific procedures for this engagement and the extent to which these are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management and those charged with governance around actual and potential litigation and claims as well as actual, suspected and alleged fraud;
- Reviewing minutes of meetings of those charged with governance;
- Assessing the extent of compliance with the laws and regulations considered to have a direct material effect on the financial statements or the operations of the company through enquiry and inspection;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

**INDEPENDENT AUDITOR'S REPORT
TO THE TRUSTEES AND MEMBERS OF THE HEPATITIS C TRUST**

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the Financial Reporting Council's website at: <https://www.frc.org.uk/Our-Work/Audit/Audit-and-assurance/Standards-and-guidance/Standards-and-guidance-for-auditors/Auditors-responsibilities-for-audit/Description-of-auditors-responsibilities-for-audit.aspx>.

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. Our audit work has been undertaken so that we might state to the charitable company's members 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 and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

John Howard FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services
Statutory Auditor
2nd Floor, Regis House
45 King William Street
London
EC4R 9AN

Date *Azets Audit Services*

**THE HEPATITIS C TRUST
STATEMENT OF FINANCIAL ACTIVITIES
INCORPORATING AN INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED 31ST MARCH 2021**

	Note	Unrestricted Funds £	Restricted Funds £	Total 2021 £	Total 2020 £
Income from:					
Donations	2	273,195	-	273,195	323,146
Investments	3	151	-	151	192
Charitable activities	4	400,506	2,938,672	3,339,178	2,398,115
Rental income		20,302	-	20,302	47,915
Other income		-	-	-	5,125
Total		694,154	2,938,672	3,632,826	2,774,493
Expenditure on:					
Raising funds	5	210,094	-	210,094	180,467
Charitable activities	6	200,006	2,606,863	2,806,869	2,103,286
Other		20,302	-	20,302	53,488
Total		430,402	2,606,863	3,037,265	2,337,241
Net income for the year before transfers		263,752	331,809	595,561	437,252
Transfers	13	6,979	(6,979)	-	-
Net income		270,731	324,830	595,561	437,252
Fund balances at 1st April 2020	13	197,345	499,424	696,769	259,517
Fund balances at 31st March 2021	13	468,076	824,254	1,292,330	696,769

All gains and losses arising in the year have been included in the Statement of Financial Activities and arise from continuing operations

The notes on pages 46 to 55 form part of the financial statements.

**THE HEPATITIS C TRUST
BALANCE SHEET
AS AT 31ST MARCH 2021**

	Note	2021 £	2021 £	2020 £	2020 £
Fixed Assets					
Tangible assets	10		-		-
Current Assets					
Debtors	11	575,383		372,915	
Cash at bank and in hand		<u>1,615,073</u>		<u>397,921</u>	
		2,190,456		770,836	
Creditors: Amounts falling due within one year	12	<u>(898,126)</u>		<u>(74,067)</u>	
Net Current Assets					696,769
Total Net Assets			1,292,330		696,769
Funds					
Unrestricted funds	13		468,076		197,345
Restricted funds	13		824,254		499,424
			1,292,330		696,769

The accounts have been prepared in accordance with FRS 102.

These financial statements have been prepared in accordance with the special provisions of Part 15 of the Companies Act 2006 relating to small companies.

The financial statements were approved by the Board of Trustees and authorised for issue on 7 December 2021 and signed on their behalf by:

.....
Hon David Macmillan

Registered Company Number: 5069924

The notes on pages 46 to 55 form part of the financial statements.

**THE HEPATITIS C TRUST
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 31ST MARCH 2021**

	Notes	2021 £	2020 £
Cash (used in)/generated from operating activities:			
Net cash (used in)/provided by operating activities	see below	1,217,001	151,686
Cash flows from investing activities:			
Interest income	3	151	192
Purchase of property, plant and equipment	10	-	-
Net cash (used in)/provided by investing and operating activities		1,217,152	151,878
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		397,921	246,043
Cash and cash equivalents at the end of the reporting period		1,615,073	397,921
Reconciliation of net expenditure to net cash flow from operating activities			
		2021 £	2020 £
Net expenditure (as per the statement of financial activities)	SOFA	595,561	437,252
Adjustments for:			
Depreciation charges	10	-	-
Investment income	3	(151)	(192)
(Increase)/Decrease in debtors	11	(202,468)	(297,003)
Increase /(Decrease) in creditors	12	824,059	11,629
Net cash (used in)/provided by operating activities		1,217,001	151,686
Analysis of cash and cash equivalents			
		2021 £	2020 £
Cash in hand		1,615,073	397,921
Total cash and cash equivalents		1,615,073	397,921

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

1. Accounting Policies

Basis of Preparation

The financial statements have been prepared in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102), published on 16 July 2014. The Charitable Company is a public benefit entity for the purposes of FRS 102 and therefore the charity also prepared its financial statements in accordance with the 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 (The FRS 102 Charities SORP), the Companies Act 2006 and the Charities Act 2011.

The financial statements are prepared in sterling, which is the functional currency of the company. Monetary amounts in these financial statements are rounded to the nearest pound.

The financial statements are prepared under the historical cost concept.

The principle accounting policies adopted in the preparation of the financial statements are set out below.

Going Concern Basis

The trustees have assessed whether the use of the going concern basis is appropriate and have considered possible events or conditions that might cast significant doubt on the ability of the charity to continue as a going concern. The trustees have made this assessment for a period of at least one year from the date of approval of the financial statements. In particular the trustees have considered the charity's forecasts and projections and have taken account of pressures on donation and investment income. After making enquiries the trustees have concluded that there is a reasonable expectation that the charity has adequate resources to continue in operational existence for the foreseeable future. The charity therefore continues to adopt the going concern basis in preparing its financial statements.

COVID 19

The Trustees have considered the organisation's work within Covid-19 restrictions this year. They have reviewed the innovative ways the Trust has developed to ensure services could still be delivered and patients fully supported. They are confident going forwards that should there be further restrictions in the coming year that with the Trust's workers being classified as essential workers, who have the ability to adjust models of delivery, there will be no negative financial impact on the financial year's projected and secured income.

Income

Income is recognised in the period to which it relates, when the criteria of entitlement, measurable and probable receipt are met.

Deferred income is income which is received in respect of a future accounting period and is deferred to that period.

Gifts in kind are valued and brought in as income and the appropriate resources expended, when the items are used/distributed. The values attributable to gifts in kind are an estimate of the gross value to the organisation, usually the market cost. Where this intangible income relates to project activities it is included as an activity in furtherance of the charity's objects.

Expenditure

Direct charitable expenditure comprises all expenditure relating to the activities carried out to achieve the objectives.

Governance costs include those costs incurred in the governance of the charity and are primarily associated with constitutional compliance and statutory requirements.

Expenditure is allocated directly to the expenditure headings as far as practically possible to reflect the activities of the charity. Support costs have been allocated to the activities based on employee time spent on that activity.

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

1. Accounting Policies (continued)

Expenditure is included in the Statement of Financial Activities on an accruals basis, inclusive of any VAT which cannot be recovered. Expenditure is recognised once there is a legal or constructive obligation to transfer economic benefit to a third party, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably.

Fund accounting

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 13.

Unrestricted funds are those which are not subject to restrictions, and any surpluses may be applied in furtherance of any of the organisation's objectives.

Cash and Cash Equivalents

Cash and cash equivalents include cash at banks and in hand and short term deposits with a maturity date of three months or less.

Debtors and creditors

Debtors and creditors receivable or payable within one year of the reporting date are carried at their transaction price. Debtors and creditors that are receivable or payable in more than one year and not subject to a market rate of interest are measured at the present value of the expected future receipts or payment discounted at a market rate of interest.

Tangible Fixed Assets and Depreciation

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Depreciation is provided so as to write off the cost of the fixed assets over their estimated useful lives at the following annual rates:

Computer and Office Equipment	Straight Line over 4 years
Property Improvements	Over the length of the lease
Motor Vehicles	Straight Line over 4 years

Pension

The charity operates a defined contribution stakeholder pension scheme. The assets of the scheme are held separately from the charity.

Critical accounting estimates and areas of judgement

The annual depreciation charge for property, plant and equipment is sensitive to change in useful economic life and residual values of assets. These are reassessed annually.

In the view of the trustees in applying the accounting policies adopted, no other judgements were required that have a significant effect on the amounts recognised in the financial statements nor do any estimates or assumptions made carry a significant risk of material adjustment in the next financial year.

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

2. Donations

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Donations	11,423	-	11,423
Art on a Postcard	261,772	-	261,772
	273,195	-	273,195

Year to 31 March 2020	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total 2020 £
Donations	13,703	-	13,703
Art on a Postcard	309,443	-	309,443
	323,146	-	323,146

3. Investment Income

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Bank interest	151	-	151
	151	-	151

Year to 31 March 2020	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total 2020 £
Bank interest	192	-	192
	192	-	192

4. Income for Charitable Activities

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Grants	400,506	2,938,672	3,339,178
	400,506	2,938,672	3,339,178

Year to 31 March 2020	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total 2020 £
Grants	47,000	2,351,115	2,398,115
	47,000	2,351,115	2,398,115

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

4a. Grants

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
AbbVie Ltd	-	456,250	456,250
AbbVie Ltd (HCV Action)	-	25,000	25,000
Brighton and Sussex University Hospitals NHS Foundation Trust	25,000	-	25,000
Cambridge University Hospitals NHS Foundation Trust	1,022	-	1,022
Care UK/Practice Plus Group Health and Rehabilitation Services Limited	-	665,512	665,512
DWP	3,440	-	3,440
Enigma Consultancy Coaching Ltd	845	-	845
Frontier NX Limited	-	2,000	2,000
Gilead - HCV Action & Parliamentary Work	-	37,500	37,500
Gilead HITT	-	130,680	130,680
Kings College Hospital	53,000	51,000	104,000
Leeds Teaching Hospitals NHS Trust	42,320	-	42,320
MSD	-	1,068,200	1,068,200
MSD (HCV Action)	-	57,865	57,865
NHS England and NHS Improvement – East Midlands (H&J)	-	23,500	23,500
NHS England Health & Justice Materials	-	100,000	100,000
NHS Health and Justice Midlands (Peer Programme)	-	67,500	67,500
NHS Forth Valley	-	20,000	20,000
Nottingham University Hospitals NHS Trust	4,669	-	4,669
Other	2,990	1,165	4,155
Oxford University Hospitals NHS Foundation Trust	10,000	-	10,000
Pilgrim Trust	-	7,500	7,500
Royal Surrey NHS Foundation Trust	10,000	-	10,000
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Programme)	103,809	-	103,809
Sheffield Teaching Hospitals NHS Foundation Trust(Training and Volunteers)	-	75,000	75,000
St George's University Hospitals NHS	45,000	-	45,000
University College London Hospital	-	150,000	150,000
University Hospital Southampton NHS Foundation Trust	20,000	-	20,000
University Hospitals Bristol & Weston NHS Foundation Trust	25,000	-	25,000
University Hospitals of Leicester NHS Trust	53,411	-	53,411
	400,506	2,938,672	3,339,178

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

4a. Grants (Continued)

Year to 31 March 2020	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total 2020 £
AbbVie Ltd	-	384,167	384,167
BASL	-	5,000	5,000
Care UK	-	265,000	265,000
Gilead	-	141,395	141,395
Gilead HITT	-	119,167	119,167
King's College Hospital	-	142,000	142,000
Mary Kinross Charitable Trust	-	38,000	38,000
Medicash	-	5,500	5,500
MSD	-	630,000	630,000
NHS Birmingham	-	77,000	77,000
NHS Imperial (West London)	-	90,542	90,542
NHS Leicester	-	15,263	15,263
The Pilgrim Trust	-	7,500	7,500
Roddick Foundation	45,000	75,000	120,000
Russell Webster	2,000	-	2,000
St George's University Hospitals NHS	-	349,807	349,807
Other	-	5,774	5,774
	47,000	2,351,115	2,398,115

5. Cost of Raising Funds

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Staff Costs	87,405	-	87,405
Direct Costs	122,689	-	122,689
	210,094	-	210,094

Year to 31 March 2020	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total 2020 £
Staff Costs	79,914	-	79,914
Direct Costs	100,553	-	100,553
	180,467	-	180,467

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

6. Analysis of Charitable Expenditure by type

Year to 31 March 2021	Staff Cost 2021 £	Direct Cost 2021 £	Support Cost 2021 £	Total 2021 £
Advocacy and Drug Services	1,470,442	252,039	103,257	1,825,738
HCV Action and Parliamentary Work	-	85,320	-	85,320
National Volunteer & Trainer	-	10	-	10
NHS Health & Justice Materials	-	53,386	-	53,386
NHS Health & Justice Prison Peers	646,545	103,906	-	750,451
Scotland Peer Project	56,548	6,808	-	63,356
Women's Prisons	17,127	7,373	-	24,500
World Hepatitis Day	-	4,108	-	4,108
	2,190,662	512,950	103,257	2,806,869

Year to 31 March 2020	Staff Cost 2020 £	Direct Cost 2020 £	Support Cost 2020 £	Total 2020 £
Advocacy and Drug Services	755,377	216,345	98,287	1,070,009
Consulting	-	489	-	489
HCV Action and Parliamentary Work	-	52,499	1	52,500
Helpline	50,337	25,551	204	76,092
NHS Health & Justice Prison Peers	429,080	281,165	22,810	733,055
Scotland Peer Project	35,011	3,316	-	38,327
South Asian Awareness	15	2,000	1,243	3,258
Women's Prisons	88,798	34,977	-	123,775
World Hepatitis Day	-	5,781	-	5,781
	1,358,618	622,123	122,545	2,103,286

7. Support Costs

	Total 2021 £	Total 2020 £
Staff costs	10,697	-
Staff training	-	3,220
Rent, rates, light and heat	61,643	53,681
Travel and subsistence	585	380
Insurance	2,050	7,373
Office supplies and maintenance	5,881	20,199
Telephone	1,900	8,157
Computer Costs	1,148	10,758
Sundry costs	1,110	1,787
Legal and professional costs	13	2,505
Audit and accountancy	17,870	14,206
Bank charges	360	279
	103,257	122,545

Other expenses in the sofa are made up of Rent £20,302 (2020: £47,915) incurred by WHA, £nil (2020: £5,125) of costs covered by an insurance claim and other costs £nil (2020: £448).

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

8. Staff Costs

	2021 £	2020 £
Wages and salaries	2,031,055	1,283,798
Social Security costs	203,645	123,615
Pension costs	43,367	28,122
Other staff costs	-	2,997
	<u>2,278,067</u>	<u>1,438,532</u>
	Number	Number
Average number of employees during the year	<u>63</u>	<u>42</u>
Average number of volunteers during the year	<u>100</u>	<u>150</u>

One employee was paid in the range £60,000 to £69,999 in the year (2020: none).

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers national insurance contributions of the charity's key management personnel were £227,735 (2020: £121,426). Four employees (2020: two) were considered to be key management personnel during the year.

9. Trustees and related parties

No remuneration was paid to any trustee for services as a trustee and no expenses were reimbursed.

Trustees participated in the Art on a Post Card auction on an arms-length basis

The charity rents office space to the World Hepatitis Alliance (WHA). Rachel Halford is a European Board Member of WHA and Chief Executive of The Hepatitis C Trust. All rents charged to WHA on a fair proportion of the Hepatitis C Trust total rental costs

10. Fixed Assets

All fixed assets are held for use by the charity.

	Motor Vehicles £	Computer and Office Equipment £	Property Improvements £	Total £
Cost				
At 1 April 2020	35,746	58,402	29,820	123,968
Additions	-	-	-	-
At 31 March 2021	<u>35,746</u>	<u>58,402</u>	<u>29,820</u>	<u>123,968</u>
Depreciation				
At 1 April 2020	35,746	58,402	29,820	123,968
Charge for the year	-	-	-	-
At 31 March 2021	<u>35,746</u>	<u>58,402</u>	<u>29,820</u>	<u>123,968</u>
Net Book Value				
At 31 March 2021	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
At 31 March 2020	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

11. Debtors

	2021 £	2020 £
Trade debtors	568,249	366,665
Other debtors	2,850	-
Prepayments	4,284	6,250
	<u>575,383</u>	<u>372,915</u>

12. Creditors: Amounts falling due within one year

	2021 £	2020 £
Trade creditors	8,709	10,262
Tax and social security costs	58,744	38,336
Sundry creditors	3,206	3,615
Income received in advance	733,094	-
Accruals	94,373	21,854
	<u>898,126</u>	<u>74,067</u>

Income received in advance is funding for project work to be completed in the year 2021-22

13. Statement of Funds

	Funds at 31 March 2020 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2021 £
Unrestricted funds	197,345	694,154	(430,402)	6,979	468,076
Restricted funds					
Advocacy and Drug Services	409,798	1,725,449	(1,629,841)	(50,335)	455,071
HCV Action and Parliamentary Work	-	122,366	(85,320)	-	37,046
National Volunteer & Training	-	75,000	(10)	-	74,990
NHS Health & Justice Prison Peers	63,125	988,347	(803,836)	-	247,636
Scotland Peer Project	-	20,000	(63,356)	43,356	-
Women's Prisons	26,501	7,510	(24,500)	-	9,511
	<u>499,424</u>	<u>2,938,672</u>	<u>(2,606,863)</u>	<u>(6,979)</u>	<u>824,254</u>
	<u>696,769</u>	<u>3,632,826</u>	<u>(3,037,265)</u>	<u>-</u>	<u>1,292,330</u>

THE HEPATITIS C TRUST
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13. Statement of Funds (continued)

	Funds at 31 March 2019 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2020 £
Unrestricted funds	42,546	418,362	(240,225)	(23,338)	197,345
Restricted funds					
Advocacy and Drug Services	129,392	1,350,415	(1,070,009)	-	409,798
HCV Action and Parliamentary Work	-	52,500	(52,500)	-	-
Helpline	-	76,092	(76,092)	-	-
NHS Health & Justice Prison Peers	68,579	727,601	(733,055)	-	63,125
Scotland Peer Project	-	14,989	(38,327)	23,338	-
South Asian Awareness	-	3,258	(3,258)	-	-
Women's Prisons	19,000	131,276	(123,775)	-	26,501
	<u>216,971</u>	<u>2,356,131</u>	<u>(2,097,016)</u>	<u>23,338</u>	<u>499,424</u>
	<u>259,517</u>	<u>2,774,493</u>	<u>(2,337,241)</u>	<u>-</u>	<u>696,769</u>

A transfer of £6,979 (2020: £23,338) was made from the unrestricted fund to the restricted funds to cover overspends on restricted projects that will not be reimbursed next financial year.

Restricted Funds

The nature and purpose of each of the funds is as follows:

Advocacy and Drug Services: Includes peer-to-peer education and awareness programmes, delivering key messages about hepatitis C prevention, diagnosis, treatment and care to people attending community drug services, hostels and homeless shelters. Staff training is carried out within the programme and is delivered to those staff working in services with people who are at a high risk of hepatitis C. We also have a mobile outreach programme which provides testing and raises awareness, especially amongst high prevalence communities and populations that are difficult to reach, such as the homeless community.

HCV Action: A very useful vehicle for collecting and disseminating best practice in hepatitis C care and treatment, and for supporting Hepatitis C as the patient voice.

The Helpline and Infected Blood Inquiry: Work to support people affected by hepatitis C. The helpline does this primarily through our helpline and support service (via telephone, email and the occasional face-to-face meetings). Our Infected Blood Inquiry work is delivered through our helpline one-to-one support to those affected by infected blood, and through working with professionals to provide them with information about hepatitis C and its impacts.

National Volunteer and Training Service:

The National service team operate through two strands:

- 1) The delivery and oversight of core mandatory training and development of our staff, including induction, and hepatitis C training to professionals and other service providers.
- 2) The delivery of The Hepatitis C Trust volunteering programme, which includes supporting our volunteers across different areas of our work ensuring that all volunteers are provided with the opportunity to access training and development to support them in their role and further their employment opportunities.

THE HEPATITIS C TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

13. Statement of Funds (continued)

NHS Health and Justice Prison Peers: The Hepatitis C Trust engages in peer-to-peer and awareness raising activities across UK prisons in order to: 1) Provide information about hepatitis C to those at risk, who are often hard to engage. 2) Encourage and support people in prisons to get tested and to access treatment and care. 3) Train people in prison to become hepatitis C peers.

Scotland Peer Project: A peer-to-peer awareness and education project that provides key messages about hepatitis C prevention, diagnosis, treatment and care to people attending recovery cafes, homeless hostels, shelters as well as people in prison. Our Voices group brings together people affected by hepatitis C, building their knowledge and awareness, and supporting them in having their voices heard.

South Asian awareness: The Trust employs a South Asian worker to communicate awareness messages to the South Asian population in the UK; in areas where research indicates that prevalence rates are much higher than in the general population. We also attend Melas and community information events to conduct testing amongst people in the community.

Women's Prisons: A women specific hepatitis C peer programme working across the female prison estate by educating, raising awareness, changing the conversation, reducing stigma and supporting women to get tested and treated.

14. Analysis of Net Assets between Funds

Year to 31 March 2021

	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Fixed assets	-	-	-
Current assets	1,366,202	824,254	2,190,456
Current liabilities	(898,126)	-	(898,126)
	<u>468,076</u>	<u>824,254</u>	<u>1,292,330</u>

Year to 31 March 2020

	Unrestricted Funds 2020 £	Restricted funds 2020 £	Total 2020 £
Fixed assets	-	-	-
Current assets	271,412	499,424	770,836
Current liabilities	(74,067)	-	(74,067)
	<u>197,345</u>	<u>499,424</u>	<u>696,769</u>

	Equipment		Land and buildings	
	2021 £	2020 £	2021 £	2020 £
Operating lease which expire:				
Less than 1 year	3,239	539	13,204	38,975
Within 2-5 years	12,955	-	-	-
	<u>16,194</u>	<u>539</u>	<u>13,204</u>	<u>38,975</u>

Thank You

We would like to take this opportunity to thank our funders, from individual donors to large statutory and trust funders, with who we would not be able to achieve the work we have reported on this year.

We greatly appreciate their commitment to our cause and the resources they provide in order for us to reach our goals.

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DWP
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NHS England and NHS Improvement, East Midlands
NHS England Health and Justice Materials
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NHS Forth Valley
Nottingham University Hospitals NHS Trust
Oxford University Hospitals NHS Foundation Trust
The Pilgrim Trust
Royal Surrey NHS Foundation Trust
Sheffield Teaching Hospitals NHS Foundation Trust
St George's University Hospitals NHS
University College London Hospital
University Hospital Southampton NHS Foundation Trust
University Hospitals Bristol & Weston NHS Foundation Trust
University Hospitals of Leicester NHS Trust

A big thank you also to all our partners who share our ambitions and enable us to bring about change together. As well as all the artists who have so generously donated their artworks to our Art on A Postcard fundraising and awareness raising initiative.

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