

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.



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

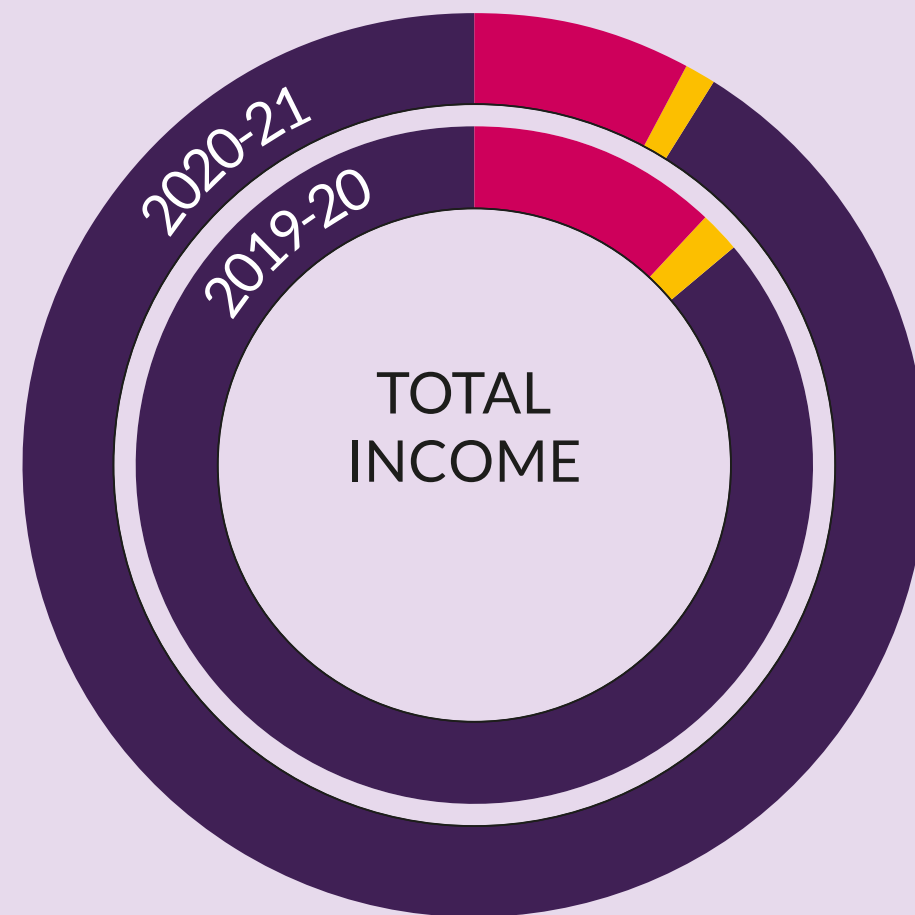
In our 20th year, the Trust, despite the impact of Covid-19, has expanded its operations throughout the UK, and is striding towards our goal of elimination. Our innovative peer model continues to truly place the patient at the centre of their care.

Once again, we owe a huge gratitude to our staff, and our supporters. 'Leave no one behind', remains the central tenet of our charity.

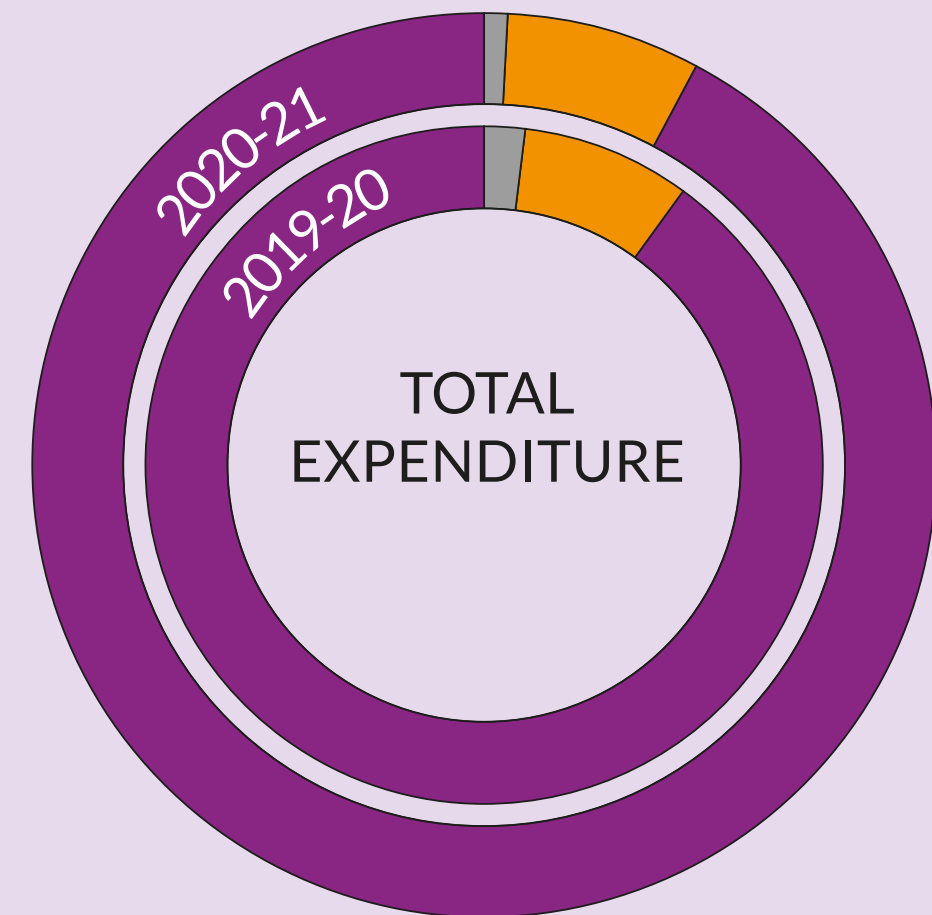
David Macmillan, Chair of Trustees

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

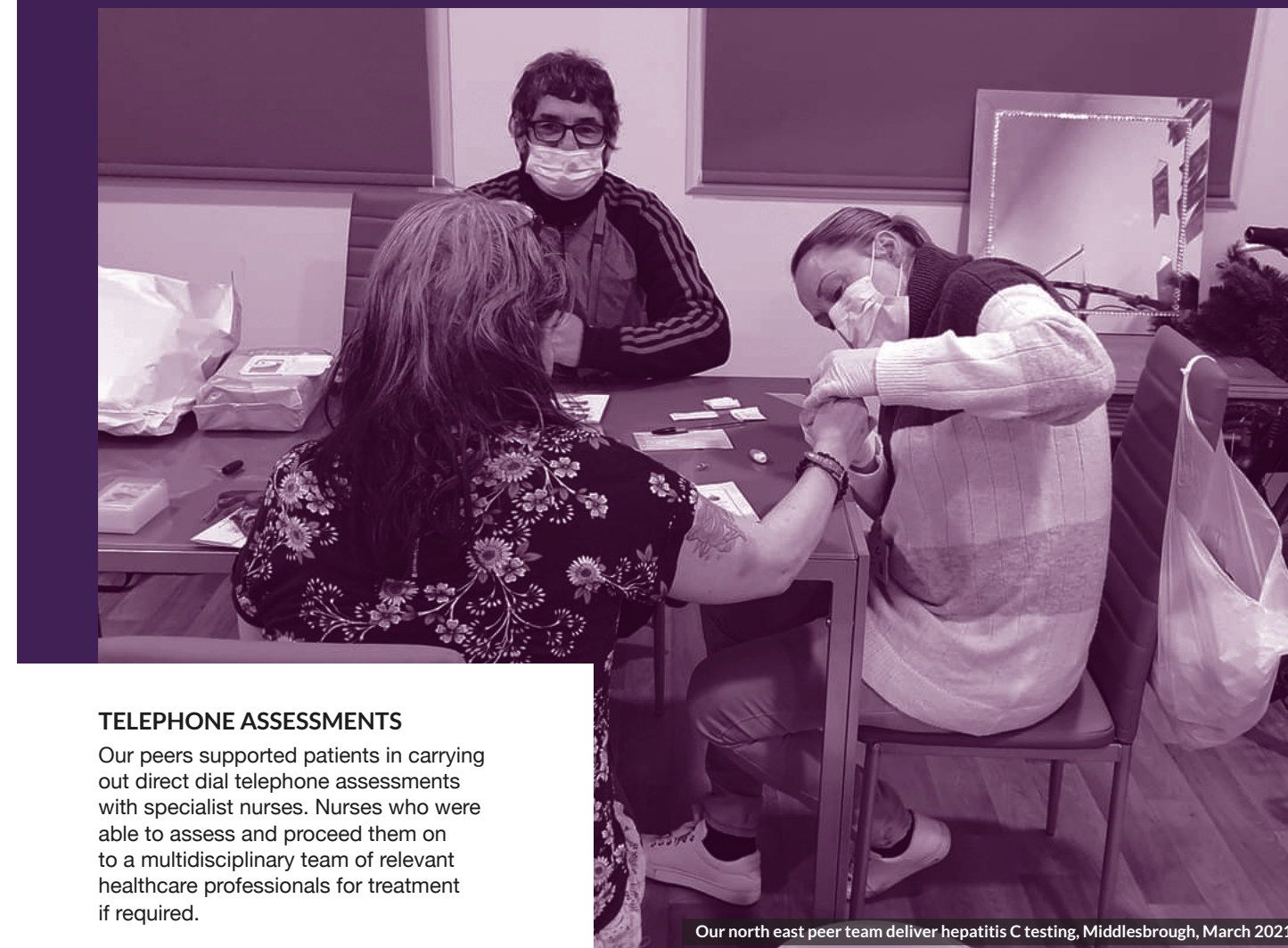
We increased the attention given to the scale of reinfection across each ODN, looking at how we could best support and identify reinfected patients.

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.

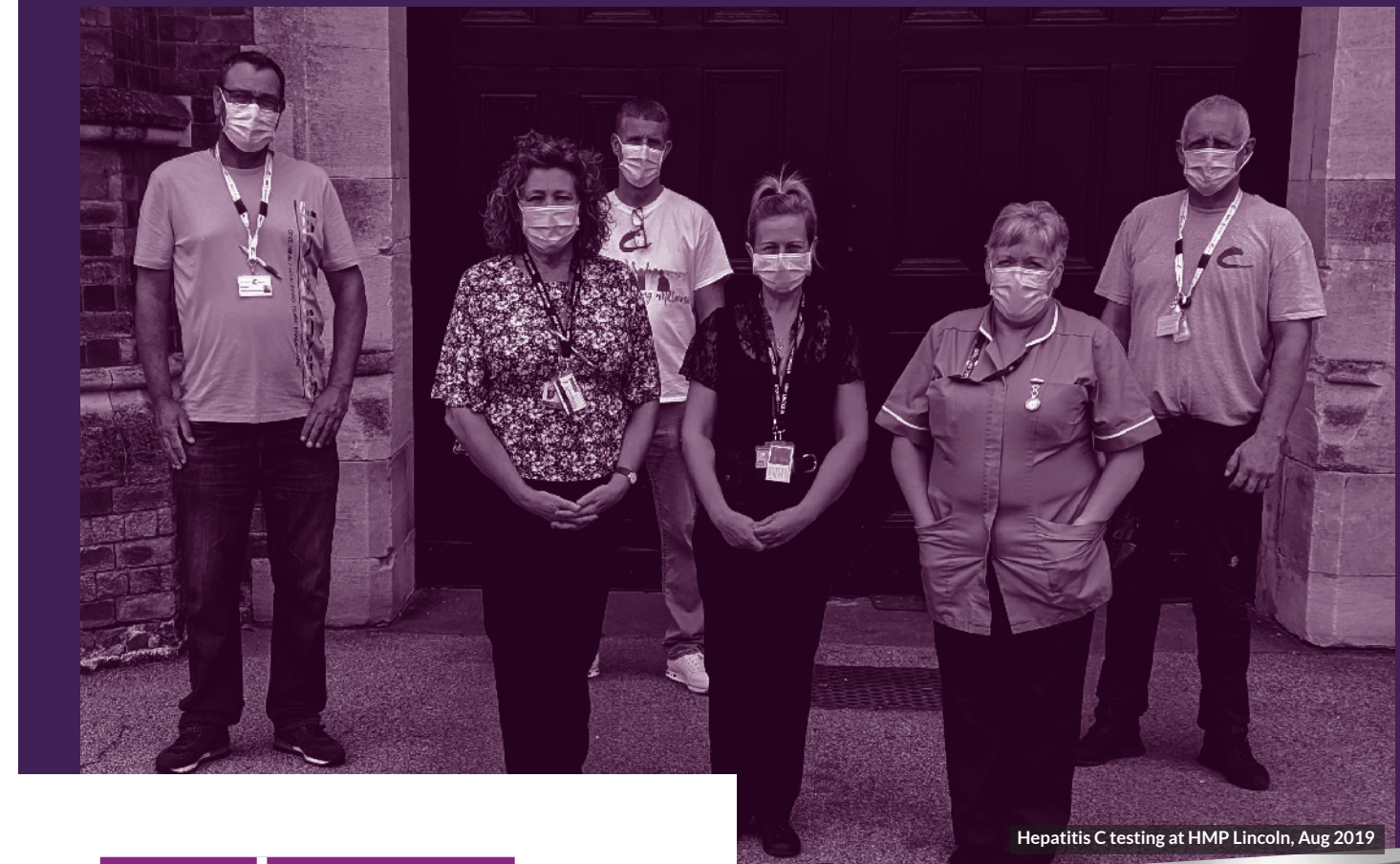
The impact of Covid-19 was particularly difficult for people in prison this year. We worked hard to maintain contact and deliver our services remotely. We are pleased to once more be delivering face-to-face contact.

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:

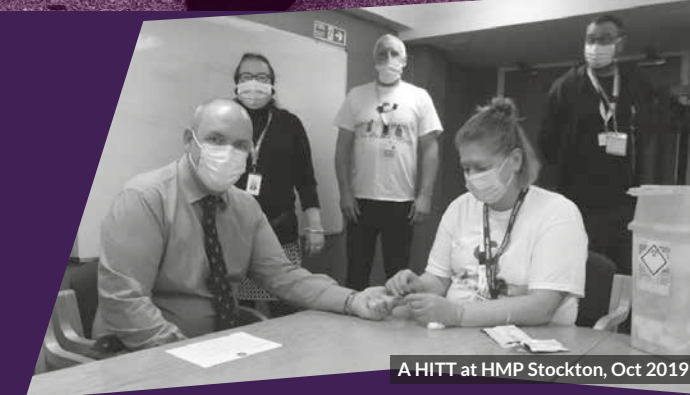
835 men accessed a peer talk.

7,635 men received a one-to-one intervention.

HITTs:

4,102 people in prison were tested through whole prison testing events.

We supported 6,000 prisoners to get tested for hepatitis C this year.



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

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

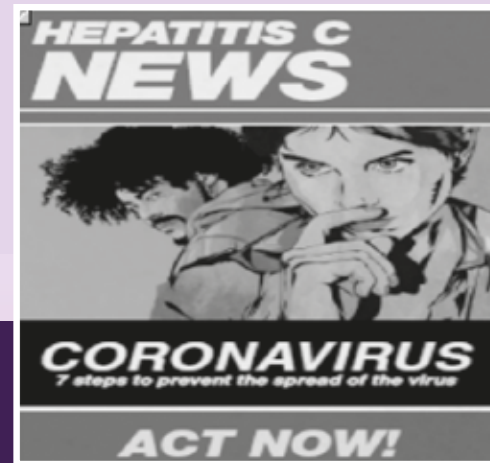


HCVAction

The voice of the hepatitis C professional community

Webinar: Under-served groups for hepatitis C testing and treatment

UPDATING HEPATITIS C HEALTH PROFESSIONALS



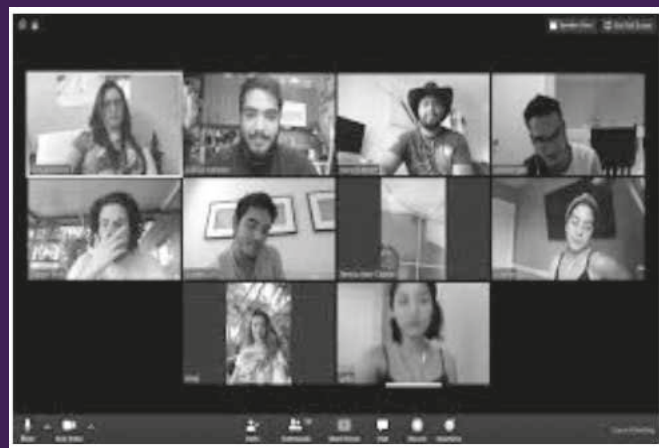
COVID-19 TOP TIPS POSTER



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.



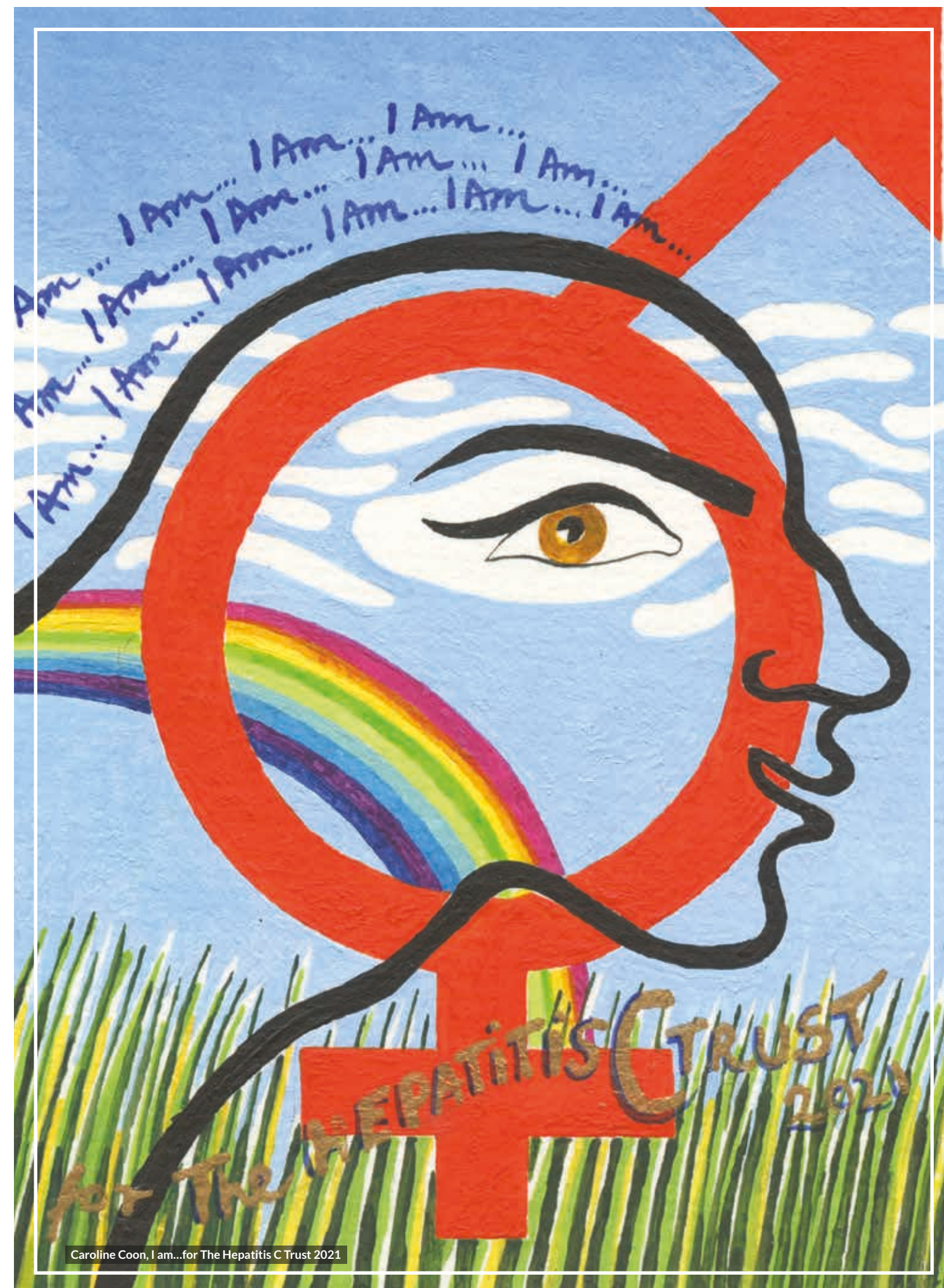
Looking forward

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



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
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31ST MARCH 2021

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.

We would like, in particular, to thank:

AbbVie Ltd
Brighton and Sussex University Hospitals NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust
Care UK/Practice Plus Group Health and Rehabilitation Services Limited
DWP
Enigma Consultancy Coaching Ltd
Frontier NX Limited
Gilead
Kings College Hospital
Leeds Teaching Hospitals NHS Trust
MSD
NHS England and NHS Improvement, East Midlands
NHS England Health and Justice Materials
NHS Health and Justice Midlands
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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