

THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

ANNUAL REPORT AND ACCOUNTS 2022



OUR MISSION

The Hepatitis C Trust,
finding and
supporting those
living with,
affected by or at risk
of hepatitis C.
On a mission with
our partners to
eliminate hepatitis C
from the UK by 2030,
leaving no one
behind.

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OUR FOCUS

We are on track to eliminate the hepatitis C virus from the UK, but there is still a lot more work to be done.

Globally, there are roughly 1.5 million new infections of hepatitis C, a potentially cancer-causing virus, each year, and currently an estimated 3.2 million adolescents and children with chronic hepatitis C infection. The Hepatitis C Trust are part of a global initiative to eliminate hepatitis C by 2030.

We are the only organisation in the UK set up solely with the objective to eliminate hepatitis C.

We have been operational since 2001, and in this time have grown from a small organisation of two people to one of 93 permanent staff and 150 peer volunteers – this includes large on the ground peer-to-peer programmes in both the community and prisons, working across 23 NHS Operational Delivery Networks (ODNs) and 128 prisons. We are a patient-led and patient run organisation; a majority of

our employees and volunteers have lived experience of hepatitis C. We know that we will not achieve elimination unless we look at the area of reinfection and harm reduction. This is an area of increasing importance in our work.

Our strategy

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

“People prefer to speak to someone who has lived experience, someone who knows what it’s like to be where they are.”

Jim, Peer Support Worker

Our vision is to stop people dying from hepatitis C and eliminate it from the UK by 2030



Hepatitis C is a blood-borne virus that predominantly infects liver cells. This can result in inflammation and significant damage to the liver. It can also affect the liver’s ability to perform its essential functions. Although it has always been regarded as a liver disease, recent research has shown that the hepatitis C virus (HCV) affects a number of other areas of the body. These can include the digestive system, the lymphatic system, the immune system and the brain.

MESSAGE FROM THE TRUSTEES' AND CEO

This year The Hepatitis C Trust celebrated 20 years as an organisation. Looking back on our defining moments and accomplishments we are excited and proud at how much we have achieved.

Over the past 20 years we have grown from a team of two to a team of 93 employees and 150 volunteers, working across the UK in both prisons and the community. We have seen the treatment for hepatitis C move from interferon and ribavirin in 1999/2001, a lengthy and difficult treatment with a low success rate, to the use of direct-acting antiviral (DAA) treatments providing a simple and effective cure with a 97% success rate.

As a key player in ensuring the cause of hepatitis C has been taken up at a global level, we have also been extremely pleased to see the global and UK government commitments towards the elimination of hepatitis C made in more recent years. There is a lot to celebrate. However, the Trust's focus is still firmly fixed on the years ahead and the importance of seeing that those hardest to engage are reached, while maintaining a high level of awareness around the causes of hepatitis C transmission to prevent new infections from arising and maintain elimination once it's been reached.

This year we maintained our focus within a landscape still dominated by Covid-19; in the remaining restrictions and shutdowns early in the year, and then in recovery from the impact later on.

During the pandemic our peer services, particularly in the community, adapted well to picking up gaps in hepatitis C service delivery on behalf of the NHS and third sector partners. This led to our having greater autonomy and innovation in terms of service delivery and the activities we were able to deliver – evidencing the great value our peer programme provides. This heightened recognition has been reflected in the continued growth of our staff team, and an increasing number of peer staff and new volunteers. The introduction of a National Volunteer Manager role has provided a more robust structure for all new volunteers and a pathway to education, securing qualifications and often employment.

Partnership working has remained central to how we work, with us having entered many new programme activities, including providing support to both cancer screening and A & E testing initiatives. Work across the UK prison estate has been difficult with prison staff shortages and the continued impact of Covid-19. Our national peer team has managed to maintain a strong presence and the national High Intensity Test and Treat (HITT) prison programme was able to be re-established, with us taking part in a high number of HITTs with our health and criminal justice partners.

Across the devolved nations we maintained our parliamentary and policy work, engaging with ministers in Scotland, garnering support and keeping hepatitis C elimination on the agenda. In Wales we engaged in a hepatitis C roundtable meeting with Members of the Senedd and subsequently contributed to a consensus



statement. A particular highlight and success was the launch of an initiative to link MPs to the community work of our local peer teams, so they could gain first-hand experience of our hepatitis C work on the ground to inspire them to take up our cause.

With harm prevention and reinfection high on our agenda, in partnership with HCV Action, we published a new report *Reframing Reinfections*. The report highlighted that the key issues identified at the root of reinfection reflect the most critical challenges faced by the UK hepatitis C elimination programme as a whole.

Our information and support service has continued to provide much needed support to those infected and affected by the infected blood scandal. This year we got the opportunity to present our own detailed witness statement, drawing on over 18 years' experience of support to those affected and infected. Having the opportunity to represent the individual voices of those who sit outside the established infected blood groups was very important to us.

It is incredible that an organisation set up as a place where people with hepatitis C could turn to get friendly and accessible information and support, at a time when neither of these were available, has grown to accomplish so much. However, there is still much more for us to do: finding those that are yet to be diagnosed, ensuring that the right data systems are in place to verify national hepatitis C prevalence, and making sure when we reach elimination that it can be maintained.

We look forward to the day that we can close our doors because hepatitis C has been eliminated and we are no longer needed.

We hope you enjoy the rest of the report.

Thank you

THE YEAR IN NUMBERS

2,202

staff working in community services trained in hepatitis C awareness

31,167

individual interventions provided to people with hepatitis C in the community

1000

people in prison supported through treatment

26,845

people in prison engaged through hepatitis C awareness outreach sessions

142

peer volunteers completed induction training

1,197

Metropolitan Police Officers trained in hepatitis C awareness

19,919

people in the community tested for hepatitis C this year

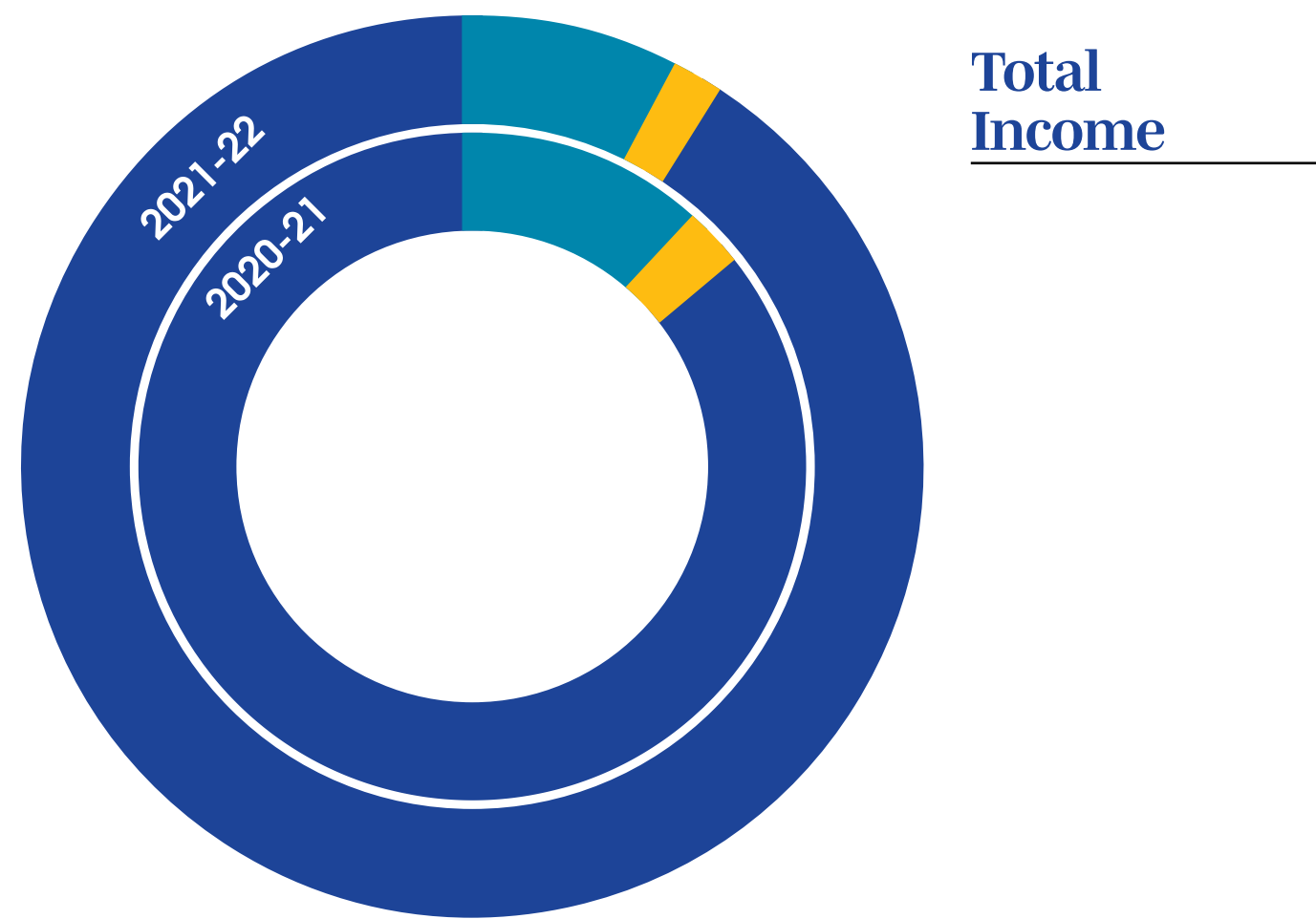
13,631

people in prison tested through HITTs*

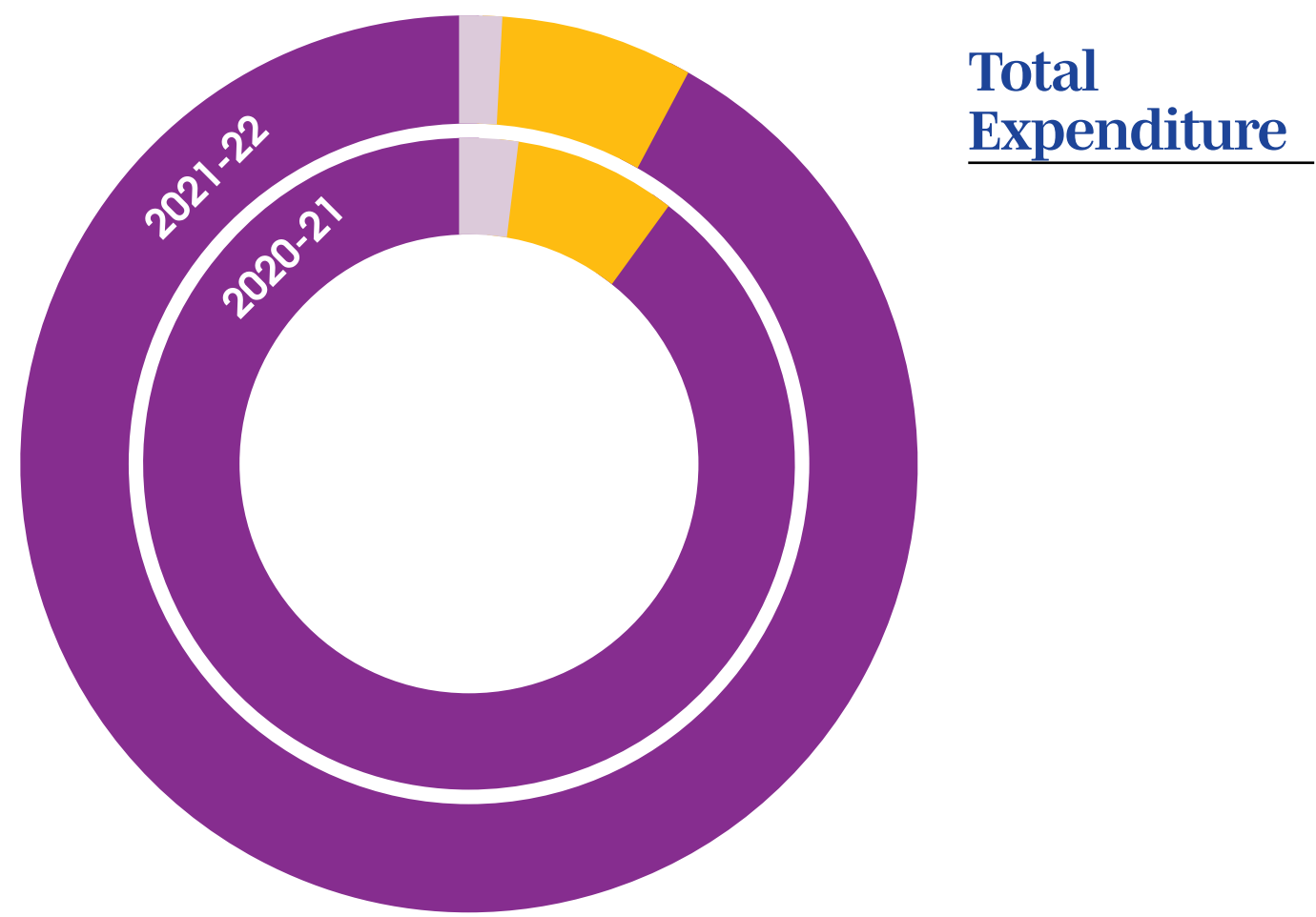
*High Intensity Test and Treat (HITTs) are whole prison testing events

FINANCIAL OVERVIEW

AN OVERVIEW OF OUR TOTAL INCOME AND EXPENDITURE FOR THIS YEAR, WITH A COMPARISON TO THAT OF LAST YEAR.



	2020-21	2021-22
Donations	£0.27M	£0.21M
Investments	£151	£336
Charitable activities	£3.34M	£4.78M
Rental Income	£0.02M	-
Total	£3.63M	£4.99M



	2020-21	2021-22
Raising Funds	£0.21M	£0.17M
Charitable Activities	£2.8M	£4.24M
Other Income	£0.02M	-
Total	£3.04M	£4.44M

More in-depth details can be found in our financial report available on pages 42-61. Amounts below £0.01M do not show in the pie charts, but are available in the table.

LEAVING NO ONE IN THE COMMUNITY BEHIND

2020-21 target

Increase our case finding capacity and play a role in supporting the NHS England hepatitis C elimination programme, while working with partners to better understand reinfection.



‘As part of the reinfection work we have found nine confirmed positives linked to one person across three different households.’

‘This is testament to an increased working relationship between our peers and NHS clinical teams.’

INCREASING OUR REACH

This year was generally viewed as a recovery year by many of the community services we work with, with testing numbers and client footfall having fallen significantly as a result of Covid-19. NHS clinics were also recovering to pre-pandemic levels.

COMMUNITY PEER ROLES IN NHS CLINICAL ACTIVITIES

The number of clinical activities our community peers were able to perform on behalf of our NHS partners increased significantly this year - a development on the greater autonomy afforded them while picking up service delivery gaps during Covid-19.

Our peers now complete the NHS paperwork required for patients to be presented for treatment consideration. They also operate various diagnostic equipment on behalf of the NHS, including Fibroscan tests to assess patient liver damage and Cepheid machine testing for rapid RNA results. This is testament to an increased working relationship between our peers and NHS clinical teams, and importantly has had a big impact on how quickly we have been able to get patients seen and treated.

GROWTH

With requests from ODNs for additional Trust staff to support existing work, and new initiatives funded by NHS England,

our community peer team continues to grow. We have created regional deputy manager roles to respond to this growth.

We increased our focus on ethnic minority groups this year, delivering a South Asian targeted hepatitis C campaign in partnership with NHS Reading and a new national South Asian programme. We also completed some focused awareness within Eastern European populations, such as testing within an Eastern European supermarket in Lincolnshire.

The expansion of our staff team has enabled us to network with more organisations, establishing clinics in homeless centres; drug and alcohol services; housing associations/hostels; street worker charities and voluntary organisations.

New programmes our peers are involved in this year:

- Specific peers to support pharmacy testing
- Probation and approved premises testing
- Cancer screening mobile clinics testing
- A & E department testing

19,919 people in the community tested for hepatitis C this year

31,167 individual interventions provided to people with hepatitis C

STORY OF IMPACT

SUPPORTING TOM INTO TREATMENT

Tom was diagnosed with the hepatitis C virus (HCV) in 2004, but didn't engage in treatment. His diagnosis was confirmed in May 2019 when he was tested for HCV at Change Grow Live (CGL), a substance misuse service, but again he declined a referral to the local ODN. Despite discussions with his CGL care-coordinator, he continued to decline treatment. In March 2021, Tom agreed to talk to someone who had themselves completed HCV treatment and was referred to one of our peer support workers.

Tom continued to decline a referral to his ODN despite our peer support, but agreed for our peers to stay in contact with him. Our peers continued to regularly call and text Tom over the next eight months, offering care, consistency and understanding.

In November 2021, Tom agreed to a joint meeting with our peer workers, CGL and the local hepatology nurse - with the understanding that there would be no commitment for him to start treatment. At the meeting Tom was reassured and agreed to have all the relevant tests, knowing that he remained in control and would be able to confirm if and when he would be ready to start treatment.

Our peers continued to support and motivate Tom, and in February 2022 he commenced an eight week course of hepatitis C treatment. Tom has since completed his end of treatment test which showed that he is RNA negative. He is very grateful for the support he received.



Hepatitis C testing

MAKING PROGRESS WITH THE BIRMINGHAM CEPHEID PROJECT

The Birmingham Cepheid project continues to impact positively on the ability of our peers to test and treat people quickly.

Since Covid-19 we have worked increasingly closely in delivering NHS services. Our peers now use Birmingham NHS's Cepheid machine, which tests for rapid RNA results. By delivering results within one hour of testing, it allows us to get patients started on pan genotypic medication within two weeks of testing.

This work has been presented at numerous conferences, such as the International conference on Hepatitis Care in Substance Users, the British Association for the Study of the Liver, and the Institute of Biomedical Science Congress.

OUR BIRMINGHAM OUTCOMES THIS YEAR:

- 596 people tested
- 225 people antibody positive
- 128 people RNA positive
- 117 treatment starts
- 61 Sustained Virologic Response (SVR) 12 weeks after treatment

STORY OF IMPACT

COMMUNITY SUBSTANCE MISUSE SERVICE VIEW

Our services works closely with The Hepatitis C Trust, and have the wonderful peer support worker Zoe with us each week. Zoe supports our work in hostels and other community recovery hubs to promote testing and help people engage in hepatitis C treatment.

Zoe attends appointments with our service users and supports them in preparing to begin treatment. We recently had a male service user who was identified as HCV positive, but kept disengaging from his Opioid Substitution Treatment (OST) programme. He found it difficult to attend his prescribing reviews as his life was too chaotic to allow for him to be compliant with his HCV treatment. Zoe collected him from his accommodation to bring him to his prescribing review to get him started back on OST, so he could begin his HCV treatment.

Zoe has also offered a Deliveroo-inspired testing service where she has taken a testing kit to someone's house, dropping it off and picking it up once completed. Zoe and her colleague Dawn also support staff who are unsure about testing, providing a bit of a refresher, or rebuilding their confidence.

Zoe attends a lot of our meetings to talk about HCV testing, treatment and available support. She also joins regular meetings with the HCV nurse and ourselves to support those who are positive into treatment and to target testing.



Zoe, Peer Support Worker

OTHER NOTABLE ACHIEVEMENTS

- Sefton & Coventry peers being commissioned by local authorities
- Supporting children in hepatitis C paediatric care at Birmingham Hospital
- Kent mobile testing van
- 'Deliveroo' testing on your doorstep in Sussex

'The possibilities are endless, and we are lucky to have Zoe.'

Community substance misuse service provider

OUR 2022-23 PRIORITY

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

LEAVING NO ONE IN PRISONS BEHIND

2020-21 target

Increase our case finding capacity and play a role in supporting the NHS England hepatitis C elimination programme.



‘We delivered 19 High Intensity Test and Treat programmes, contributing to 35 prisons reaching micro elimination.’

EXTENDING OUR REACH

Our work across the prison estate continued to be affected by Covid-19 this year. Access to individual prisons fluctuated according to outbreaks. Our national network of prison peers did, however, maintain a strong presence and continue to raise awareness of hepatitis C, supporting people both into testing and treatment.

High Intensity Test and Treat (HITTs) initiatives producing collaborative working with full prison buy-in from residents and staff, leading to successful whole prison testing and access to a treatment pathway. HITTs not only allow us to find newly diagnosed cases, but also those re-infected, which is paramount if we are to reach elimination and deliver targeted harm prevention work.

We delivered 19 HITT events with our partners. These contributed to 35 prisons reaching micro elimination*, 14 of which have since maintained this.

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

We worked in 93 prisons across England, re-establishing our core activities and interventions following Covid-19 prison lock downs. This included peer workshops; Hepatitis Awareness Training (HAT), to both residents and staff; one-to-one support for the newly diagnosed; and the running of testing campaigns.

Our highlights include the expansion of our prison peer programme to both Scotland and Wales. The full implementation of our from prison to the community Follow Me programme, creating a successful treatment pathway for people transitioning from prison to the community, or vice versa, preventing them from becoming lost to follow up.

‘We worked in 93 prisons across England, re-establishing our core activities and interventions.’

26,845 people in prison engaged through outreach sessions

1,000 people in prison supported through treatment

572 referrals made through our prison Follow Me programme

13,631 people in prison tested in HITTs this year

STORY OF IMPACT

PETER’S PEER JOURNEY

In early 2021 we began working with Peter* in HMP Dartmoor. He attended one of our Hepatitis Awareness Training sessions and showed a keen interest in becoming a volunteer peer worker.

We spoke to him about the recruitment process and he applied. During our risk assessment with staff at HMP Dartmoor, they told us Peter might not be suitable as they felt he didn’t engage well with officers. Applying our own recruitment criteria we deemed him to be low risk, and following a conversation with the substance misuse team in Dartmoor agreed that with careful monitoring this would present an opportunity for Peter to have a responsible role and make a difference.

Peter fitted the criteria of a typical ‘revolving door’ resident, who we thought was showing a real willingness to change. We used this opportunity not only to train him, but also to support him in moving away from a ‘revolving door’ cycle, and from the stigma of being ‘one of those men that’s never going to change’.

As part of our peer training we coach people in how to deliver a life story with hepatitis C key messages–Peter really excelled at this. He had a powerful story to share, which helped break down hepatitis C associated stigma for others. Over time he began to deliver interventions on the wing and became the go-to person for support. Despite a few issues in the early days, prison officers started to notice a change in Peter’s behaviour and through him became more educated about hepatitis C.

Peter was released into the Plymouth area just over three months ago. Our community workers met him immediately on his release, and he is now training to become a Trust community peer volunteer.

**Name changed to protect identity*



‘As part of our peer training we coach people in how to deliver a life story with hepatitis key messages - Peter really excelled at this.’

STORY OF IMPACT

HIGH INTENSITY TEST AND TREAT AT HMP HOLME HOUSE

HMP Holme House is a large Category C prison with around 1,170 prisoners. The conversation to carry out a HITT there started six months prior to the event.

The Trust held pre-planning meetings with local ODN representatives, HMP Holme House prison staff, Drug and Alcohol Recovery Team (DART) and healthcare managers, and put a plan of action in place. We already had a strong relationship with the non-clinical and clinical DART team at the prison, and our Peer Lead and team had been making regular visits to deliver peer stories; provide staff with Hepatitis C Awareness Training; and to identify and train prison peers.

We had four Trust peer workers, four ODN nurses, four prison nurses, DART workers and prison officers in the HITT team. The HITT was scheduled to last five to seven days, but with such a great team on board it was completed in just four. In the first two days we tested over 500 prisoners with Dry Blood Spot Tests, and in total we tested 95% of the whole prison population at HMP Holme House.

For those who tested positive, treatment starts were five to seven days after the HITT. Our prison peer team checked in regularly with these new patients to offer support throughout their treatment.

These collaborative, intensive testing events are really effective at micro-eliminating hepatitis C from prison communities, allowing us to reach those often hardest to access within the community. They also provide a great opportunity to reduce stigma, to provide both hepatitis C education and advice to people in prison and to prison staff, and to prove what we can achieve when we all work together in our drive to eliminate hepatitis C.



A prison HITT team

‘We tested 95% of the prison population at HMP Holme House.’

OUR 2022-23 PRIORITY

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

TRAINING TO ENSURE NO ONE IS LEFT BEHIND

2020-21 target

Increase our case finding capacity and play a role in supporting the NHS England hepatitis C elimination programme, while working with partners to better understand reinfection and further our harm prevention work.



‘Most of the people who work for the Trust have lived experience of hepatitis C.’

TRAINING TO CHANGE LIVES

We are strong advocates of using the personal experience of the patient to overcome barriers to getting people tested, diagnosed and treated.

Our story as an organisation began with two hepatitis C patient founders, today we have 93 permanent members of staff and 150 peer volunteers. Most of the people who work for the Trust have lived experience of hepatitis C. Many begin their journey as a volunteer peer support worker having already cleared hepatitis C. Others decide to become a volunteer peer support worker after being supported through the treatment pathway themselves by one of our peers – many volunteers go on to become permanent members of our team.

This is only made possible through the training we provide. Our training is integral to our work, who we are, and how we’ve built ourselves as an organisation.

Our peer induction and training programme sits alongside our staff training and development programmes. We support peers to gain experience and qualifications throughout their time with

us to help them move forwards positively with their lives. For some of our peers it will be their first job. These are often vulnerable people who might have felt ostracised by wider society. The active roles they take on as peers supporting others in the community helps to provide them with a sense of purpose, and for them to feel part of society.

Peers are trained to perform regulated activities and are essential in supporting the NHS in all its targets towards elimination.

Alongside this, we are also the main provider for Hepatitis Awareness Training in the UK. We train staff in prisons, drug services, homeless services, the police and probation services, as well as immigration centres and approved premises.

Our training department went through substantial change this year, with the addition of a senior trainer and a national peer volunteer manager. This led to our developing new monitoring systems and carrying out a review of the training packages we deliver across all our programmes.

1,197 Metropolitan Police Officers trained in hepatitis C awareness

2,202 community service provider staff trained in hepatitis C awareness

142 new peer volunteers received induction training

34 peer volunteers enrolled in educational study programmes

4 prison peer volunteers currently enrolled in education programmes

STORY OF IMPACT

MY PEER TRAINING

KATE

I considered myself to have a relatively normal home life. Then there was my parents’ divorce and the loss of my grandparents. This was when I started using alcohol and drugs.

I moved on to using drugs in a risky manner - injecting. At the time I didn’t take into consideration hepatitis C or any other BBVs.

Living in a women’s refuge, I was trying to come off drugs and I had it in the back of my mind that I’d been at risk. It was the TV programme *It’s a Sin* about the HIV/AIDs crisis that got me thinking about getting tested. A drugs worker who had previously been a peer at The Hepatitis C Trust got their Peer Support Lead to give me an antibody test. It came back positive, which was pretty overwhelming.

I was interested in becoming a volunteer myself, so I started volunteering as a peer with the Trust. I enjoy loads of things about being a peer. For a start the team are fantastic and supportive of each other. No judgements, they allow you to be yourself and start making plans for the future.

I did online training and morning check-ins during Covid, connecting with people from all over. I then did face-to-face training in Sunderland. I had a little blip with drugs, but when I turned up again everybody cheered and said Kate’s back. I don’t think I’ll ever forget the feeling I got. The Trust made me feel like I didn’t need to feel shame, that I was welcome, and that I had support. It has given me something to look forward to—where else would I get the opportunity to use my lived experience to move forward and help others.

After 15 months of volunteering, I became an employee of the Trust. I’m now a Peer Support Lead with my own area. The Trust has literally given me the opportunity to turn my life around and to help others.



“I really struggled with a classroom environment as I left school not being able to read and write. Over the years I’ve been improving my literacy, but I feel I’ve made the most improvement having studying days with my fellow peers. Getting feedback when we’re out testing has also really helped build my self-confidence.”
Kate

‘Where else would I get the opportunity to use my lived experience to move forward and help others.’

STORY OF IMPACT

BECOMING A PEER:

MICHAEL’S STORY

I was first informed I had HCV in 1996 while in prison. This was done by having a piece of paper shoved under my cell door.

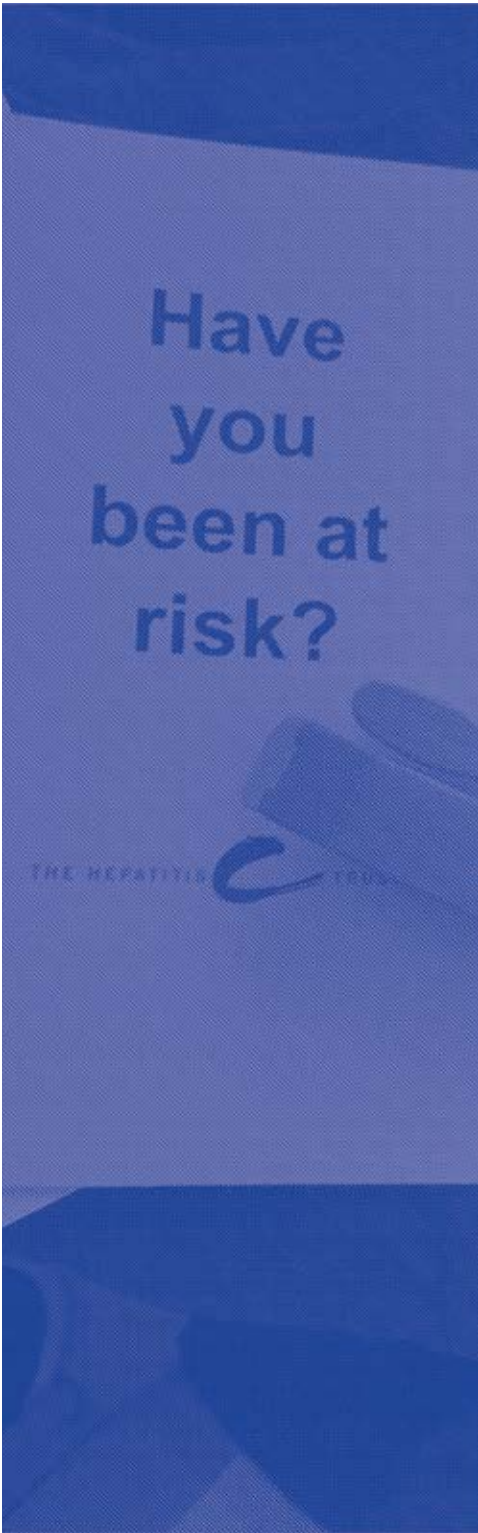
It wasn’t until 2021, when I was in a hostel, that I was approached by The Hepatitis C Trust peer worker Philippe Bonnet, who offered to test me again. The Trust’s Paddy Burke then arranged for me to finally access treatment on the ODN bus in Birmingham City centre.

He continued to call regularly to make sure I was alright. I eventually came out of rehab and went to get my SVR 12 test. Harm reduction advice was explained to me in detail and how not to get re-infected, particularly with sharing potentially contaminated water. I found the information really informative and it definitely stopped me sharing any injecting equipment.

When Paddy asked if I wanted to become a peer, I couldn’t believe someone wanted me to do something positive for them. I said yes, went through training and have been out weekly with the Trust since. I really enjoy helping others when it comes to HCV, spreading the message about the importance of being tested and treated. I could be in Ghana or anywhere in the world, and I would still knock on doors informing people about this virus.

- All our staff meet/receive national minimum standards training relating to core skills in Health and Social Care.
- Our peer volunteers all receive a training induction which includes components on communication skills, data regulations, equality & diversity, safeguarding vulnerable adults, health & safety and managing time & wellbeing. Volunteers can also access the same vocational training as contracted staff.
- 12 staff are currently enrolled in accredited Health & Social Care training, with three staff having already successfully completed it.
- We rolled out a Teacher Training Level 3 qualification; 13 staff enrolled and 10 have successfully completed that qualification.

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



SUPPORTING THOSE AFFECTED BY INFECTED BLOOD AND BLOOD PRODUCTS

2020-21 target

Continue to represent and support those infected and affected by issues related to Infected blood, and act as an expert resource to the Infected Blood Inquiry.



REPRESENTING THE VOICES OF THOSE AFFECTED

The need for someone to take responsibility for the NHS administering infected blood and blood products in the 1970s and 80s, and to pay compensation, has never been more important. Some of those affected have been campaigning for over 30 years for this to happen.

The Infected Blood Inquiry hearings formally began in July 2018, and are still running today. Hundreds of testimonies have been heard from those infected or affected, government bodies, patient-led campaign groups, former and current Ministers, medical professionals, charities, The NHS Blood and Transplant Service and a wide range of researchers and other professionals.

This year we got the opportunity to present our own detailed witness statement, drawing on over 18 years' experience of supporting those affected and infected – since our helpline first launched in July 2004. It was hugely important for us to represent the voices of those who sit outside the infected blood groups; people who haven't necessarily been in contact with the Inquiry before, and who may not have accessed support elsewhere. It gave us the opportunity to talk about some of the issues and complexities these people have struggled with, so their voices could be heard.

We continue to provide direct support to those infected and affected (bereaved partners, grieving parents and other family members) at the Inquiry hearings. Most of those we support to tell their

stories are recently diagnosed, or have been greatly stigmatised and would otherwise be reluctant to take part.

We also provide support and guidance to those making applications for financial support from the UK blood support schemes, which can be a time consuming and complicated process to navigate, especially for the elderly and those with physical and mental health problems as a result of their infection. In some cases we are making people aware of these schemes for the first time.



The Infected Blood Inquiry: The Memorial

'It is estimated that someone is dying every 3 – 4 days as a result of having received infected blood before 1 September 1991, over 400 people since the Inquiry started.'

STORY OF IMPACT

OUR WITNESS STATEMENT

Samantha May, Helpline Information and Support Service Manager

I joined the helpline when it first launched in July 2004. In September 2021, on behalf of the Trust, I got the opportunity to submit The Hepatitis C Trust’s witness statement to the Infected Blood Inquiry.

Having spent years supporting the infected blood community to submit their statements, it was time to submit ours. It was a great opportunity to raise all the issues we have observed since the helpline first opened in 2004, representing the voices of those who have contacted the helpline, answering questions put forward by the Inquiry team and the legal teams of both the government and those affected by infected blood. The statement took us almost a year to complete and ran to 60 pages.

My response to the question of whether people had been informed about the risk of HCV at the time, was that I couldn’t recall a single caller who said they were given information from medical staff about the potential risk of HCV, or indeed any other blood borne viruses, in blood/blood products before they were administered. I also told the Inquiry that only a handful of our callers were officially identified in the NHS look-back, which asked people to come forward for testing if they’d had blood transfusions.

‘Thank you...You in one sense represent The Hepatitis C Trust, and you might like to know that long before people found comfort, or a sense of being listened to in respect here, what I have picked up in witness statements, is that a lot of people have had great support from The Hepatitis C Trust, from the helpline in particular, because it has been their point of contact. They speak of, I think universally, in glowing terms of The Hepatitis C Trust. And in this Inquiry, speaking universally well of something is something to be valued and remarked upon. So thank you again for reflecting that in what you have said.’

Sir Brian Langstaff, Chair of the Infected Blood Inquiry, March 2022



Samantha May submits the Trust’s witness statement

‘It was a great opportunity to raise all the issues we have observed since the helpline first opened in 2004.’

STORY OF IMPACT

ONLINE SUPPORT FOR THE INFECTED BLOOD COMMUNITY

In early 2021, we identified the need for an online support group for the infected blood community: a friendly, confidential and supportive platform for members to come together and keep up-to-date on Inquiry developments, the payment schemes and the proposed compensation framework.

Throughout this year we have worked with the support of Contaminated Whole Blood UK to shape this new forum. The support group successfully launched in March 2022 as a fortnightly meeting, hosted by members of our helpline team with additional support from Michelle Tolley from Contaminated Whole Blood UK. It was very well received.

We plan to continue to build on this success in the future, providing an ongoing forum and support for people as the Inquiry begins to wind down at the end of this year, and after it concludes.



OUR HELPLINE INFORMATION AND SUPPORT SERVICE

Our helpline received 3,112 contacts through telephone calls, emails, letters and social media this year, an increase of 340 on the previous year. A total of 1,597 of these were related to queries around the Inquiry, the blood support schemes, compensation, support with health concerns, and for guidance on being tested in light of a blood transfusion decades ago.

‘Thank you for all you do, you are always there to speak to and you always make time for everyone, nothing’s ever too large or small in all the years I’ve spoken to you and there’s never any judgment.’

Helpline caller

‘I was a person who felt alone, lost, and emotionally drained, until I found the group. As we are victims from all over the UK, meeting up is impossible. Supporting each other, knowing that others are going through the same journey, feeling like we are a community, and together we can address any concerns. I cannot think of a better group with genuine support from The Hepatitis C Trust team.’

Support group participant, March 2022

OUR 2022-23 PRIORITY

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

KEEPING HEPATITIS C ELIMINATION ON THE POLITICAL AGENDA

2020-21 target

To ensure hepatitis C stays firmly on the agenda of UK governments/policy makers.



‘We have a strong record of keeping Hepatitis C elimination on the political agenda.’

‘We successfully secured statements of support... from leading politicians.’

BRINGING PARLIAMENTARIANS ON BOARD

We have a strong record of keeping hepatitis C elimination on the political agenda of UK governments to ensure action is being taken at a parliamentary level to support the elimination drive.

By engaging more parliamentarians in this we can ensure there is commitment to the NHS England elimination deal among parliamentarians, and an awareness of the remaining challenges to be overcome in achieving elimination.

In 2021/22, we successfully expanded our base of parliamentary supporters to an additional nine parliamentarians. Through meetings and constituency visits we brought these parliamentarians up-to-date on our work and policy suggestions, and in turn they undertook activities to support our agenda, including the tabling of Parliamentary Questions and letters to Government ministers.

In Scotland, we met with Scottish Public Health Minister Maree Todd to discuss Scotland’s progress towards elimination, securing commitments to hepatitis C elimination in the manifestos of the Scottish National Party, Scottish Labour Party and Scottish Green Party ahead of the 2021 Scottish Parliament elections. In Wales, as a first step to getting Hepatitis C back on the political agenda following the Covid-19 pandemic, we engaged in a hepatitis C roundtable meeting with Members of the Senedd and subsequently contributed to a consensus statement.

We successfully secured statements of support and social media activity on World Hepatitis Day from leading politicians, including: the Mayor of London Sadiq Khan, UK Government Public Health Minister Jo Churchill, Scottish Public Health Minister Maree Todd and First Minister of Wales Mark Drakeford.

9 Additional parliamentarians engaged to support the Trust

3 Scottish political parties took up our call to commit to hepatitis C elimination in their election manifestos

11 Parliamentary Questions tabled on hepatitis C by engaged politicians

10 political leaders provided a statement of support for World Hepatitis Day

6 briefings and parliamentary consultation responses produced by the Trust

A STORY OF IMPACT

VISITS TO OUR PROJECTS

In September 2021 we launched an initiative to link MPs to the community work of our local peer teams, so they could gain first-hand experience of our hepatitis C work on the ground to inspire them to take up our cause.

In November our parliamentary team joined with our South West London Peer Coordinator and the Lead Hepatology Pharmacist at St George’s Hospital to meet with Elliot Colburn MP for Carshalton and Wallington in Sutton, for a visit to Sutton Night Watch Shelter. Sutton Night Watch Shelter was set up to support and raise awareness for homeless people within the London Borough of Sutton and is used by our local peer team to find and treat people affected by Hepatitis C.

As a member of the All-Party Parliamentary Group on HIV and AIDS, which produced a report in 2021 calling for wider testing for blood-borne viruses, we were particularly keen to engage Colburn. During his visit he was able to observe some of the similarities between HIV/AIDS and hepatitis C in terms of stigma and overlaps on infection, and the need for testing. We were also able to explore with him how coordination with council street teams, probation and police services, as well as targeted work in high-prevalence communities could be priorities in Sutton.

Since his visit Colburn has become a strong supporter of the Trust in Parliament, sending a letter to Public Health Minister Maggie Throup underlining the importance of hepatitis C elimination and the impact of hepatitis C on people affected locally in Sutton. He has also submitted Written Parliamentary Questions to coincide with the launch of our *Reframing Reinfection* report and will be sponsoring our next year’s World Hepatitis Day parliamentary reception.



‘Since his visit Elliot Colburn MP has become a strong supporter of the Trust in parliament.’



OUR 2022-23 PRIORITY

To ensure continued parliamentary support for the hepatitis C elimination programme, while making sure hepatitis C harm reduction features in debates around drug policy, public health and infected blood.

“It’s vital that hepatitis C remains a health priority with a dedicated roadmap.”
Elliot Colburn MP.

KEEPING THE HEPATITIS C PROFESSIONAL COMMUNITY INFORMED AND CONNECTED

2020-21 target

To support the hepatitis C professional community to achieve and maintain hepatitis C elimination.



‘Each year we conduct surveys of ODNs and HCV Action network members.’

‘We work hard to provide a central source of information for Operational Delivery Networks (ODNs) and the wider hepatitis C professional community.’

HCV ACTION PLAYING A PIVOTAL ROLE

As we move closer to elimination it is more important than ever that the hepatitis C professional community share information and keep one another informed in hepatitis C best practice - through this we can collectively achieve our elimination goal.

As the coordinator of HCV Action, a network of hepatitis C professionals, we work hard to provide a central source of information on the hepatitis C elimination programme for Operational Delivery Networks (ODNs) and the wider hepatitis C professional community. A role recognised this year by the NHS England hepatitis C elimination programme team when they chose to use HCV Action as their primary channel for communicating updates to ODNs and other relevant stakeholders.

Each year we conduct surveys of ODNs and HCV Action network members to produce insights into the status of elimination efforts across the country. The findings of our 2021 ODN survey

included some particularly useful insights into ODN's expectations of when elimination will be achieved, and plans for the transition of hepatitis C services to a role maintaining elimination once achieved.

Our annual webinar series continues to provide an opportunity for professionals to collectively explore key issues of emerging relevance to the hepatitis C community. Participants leave these sessions feeling better informed about what they or their team need to do, or can do, to support hepatitis C elimination.

We are particularly proud of our work this year on the joint HCV Action and The Hepatitis C Trust 2022 report on hepatitis C reinfections. The report provides a crucial contribution to a national understanding of the prevalence of, and factors behind, hepatitis C reinfections, and the steps needed to prevent further reinfections. The demand for this report has been high, with excellent feedback.

7 webinars organised and hosted by HCV Action to inform and inspire

486 hepatitis C professional attendees across HCV Action webinars

644 subsequent views of online recordings of HCV Action webinars

478 views of two HCV Action good practice case studies

1,383 views of the *Reframing Reinfection* report

19 ODNs responded to HCV Action's ODN survey

A STORY OF IMPACT

CONNECTING HEPATITIS C
PROFESSIONAL STAKEHOLDERS

Three years after the first HCV Action hepatitis C ODN Stakeholder event, it is now seen to be the annual event for hepatitis C professionals to develop understanding and share perspectives on the nationwide hepatitis C elimination programme.

We held this year’s event across the month of November, with a series of webinars to discuss developments, share best practice and identify solutions to shared challenges.

Over 120 people attended the main half-day webinar, which featured national-level updates from the NHS England Hepatitis C Elimination Programme team, the UK Health Security Agency and HCV Action Chair Professor Stephen Ryder presenting the findings of our survey of ODNs. Other talks included a patient/peer perspective, a reflection on 20 years of The Hepatitis C Trust, and updates on three of the elimination initiatives operating as part of the elimination programme (the Primary Care Patient Search Identification tool, the peer-to-peer support programme, testing and treatment in drug services).

Three subsequent webinars focused on specific areas of hepatitis C care, which included hepatitis C in the criminal justice system, hepatitis C in community pharmacies and hepatitis C reinfections & harm prevention.

“Enjoyable and inspiring. Reminded me of some things we’re already doing well, as well as a good prod in some areas where we can still improve.”

Event participant, 2021

“A good overview of where we were, where we are, and the collaborative nature of the next steps.”

Event participant, 2021

“The annual event for hepatitis C professionals to develop understanding and share perspectives.”

STORY OF IMPACT
REFRAMING
REINFECTION



“The report highlighted that the key issues identified at the root of reinfection reflect the most critical challenges faced by the UK hepatitis C elimination programme as a whole.”

Our *Reframing Reinfection* report, produced this year as a joint initiative with HCV Action and The Hepatitis C Trust, looked at the relatively under-examined topic of hepatitis C reinfections, to further understand the scale of the problem, the factors that influence reinfections, and what can be done to prevent them.

The report research involved a project to analyse existing literature on hepatitis C reinfections; conducting a survey of expert professionals; hosting focus groups and interviews with relevant experts and patients.

Our findings were that reinfection is seen both as a positive and a negative sign. Positive in as far it shows services are reaching, testing and diagnosing the right people, and then diagnosing them again. But negative in that it is also a sign that opportunities for prevention are being missed in current treatment pathways. The report findings highlighted that the key issues identified at the root of reinfection reflect the most critical challenges faced by the UK hepatitis C elimination programme as a whole, and that ongoing reinfections suggest there are unknown groups who are not being found, and who are transmitting hepatitis C. These findings may mean that the road to elimination is longer than some have currently predicted.

The report sets out five key recommendations to address reinfections and progress towards sustainable elimination.

- Strengthen HCV prevention and harm reduction services
- Use hepatitis C treatment opportunities to address wider needs of mental health, housing, addiction, and more
- Increased, consistent testing
- Support people with complex needs who are not currently in services
- Ensure robust data and surveillance of first infections and reinfections is collected

Following publication, the issues covered were also raised with Government ministers in Written Parliamentary Questions.

OUR 2022-23 PRIORITY

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

ART ON A POSTCARD

Established in 2014, our Art on a Postcard initiative continues to successfully raise money for the work of The Hepatitis C Trust through art auctions and a burgeoning print shop. This year we moved towards holding more curated auctions, allowing us to refresh the circulation of artists we use, and in some cases bring in artists who might usually be out of our reach.

SPRING HAS SPRUNG, CURATED BY JEALOUS GALLERY

Our spring 2021 exhibition saw 20 artists from Jealous Gallery kindly donate their artworks for our first Art on a Postcard hosted auction. The exhibition was packed full of all the idiosyncrasies we love about Jealous, with playful artwork and a sense of humour imbued with optimism.

SHE CURATES X AOAP

We were delighted to engage the curating skills of Mollie E Barnes aka *She Curates* to produce a mini auction as part of The Hepatitis C Trust's 20 year celebrations. An independent curator based in the south of England, Mollie is keen to address the gender and equality disparity in the art world. She founded *She Curates* in 2020 as a platform to champion the voices and stories of women and queer artists around the world.

2021 SUMMER AUCTION

We had a superb line up for our 2021 summer auction. Our partners Dreweatts and GowithYamo helped us produce a wonderful auction, which raised £70,000 for the Trust with work donated by Anish Kapoor, Jordan Wolfson, Shezad Dawood, Hush, Rana Begum and many more.

2021 WINTER AUCTION

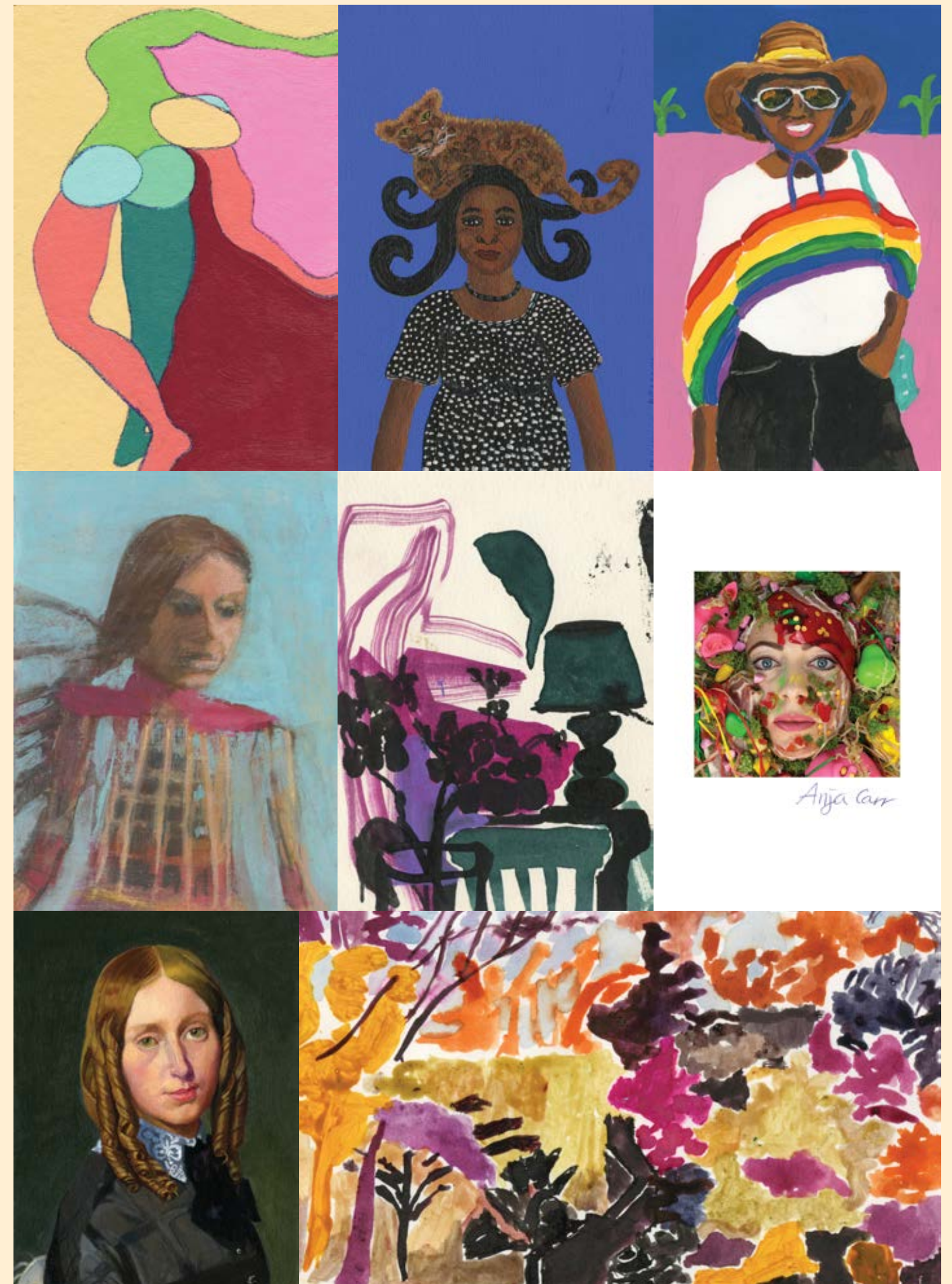
Our annual winter auction returned bigger and better than before – it was the largest auction we had held with over 500 lots. Our partners The Auction Collective and GowithYamo helped us produce this fantastic auction which raised £68,000 for the Trust, with incredible work donated by Hurvin Anderson, Mick Rooney, Catherine Repko, Deborah Batt, Andrew Salgado and many more.

INTERNATIONAL WOMEN'S DAY 2022

We were thrilled to celebrate International Women's Day with a line-up of over 200 female identifying artists. The money raised went towards the Trust's work in expanding our women's hepatitis C prison work beyond the prison walls into probation services and women's centres. As part of this show we also took part in the Power of Women (POW) event in Margate, and hosted a talk at The Turner Gallery reflecting on how women's creativity isn't valued in the same way as men's.

PRINT SALES

We had several successful print releases, with a sell-out Helen Bead print in winter, followed by another Caroline Coon print in March on 2022.



Clockwise from top left picture: **Helen Beard** - Dancer, **Phindile Mamba** - My Husband Exhausts Me, **Alan Fears** - The Big Wow, **Anja Carr** - Soup (pig), **Hurvin Anderson** - Turtle Bay, **Mark Peppé** - Detail of Ingres' portrait of Madame Frédéric Reiset, **Pippa Blake** - Little Amal. Centre picture: **Allison Gildersleeve** - Untitled 3.

GOVERNANCE AND MANAGEMENT

LEGAL ENTITY

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

CHARITABLE OBJECTS

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

OUR TRUSTEES

(those who served during the year and/or were responsible for the annual report)
The Hon David Macmillan (Chair)
Mr Simon Lincoln (Treasurer)
Sir Adrian Baillie
Dr M F Bassendine

Mr Peter Holt
Mr Edward Mead
Mr Charles Walsh
Mr John Jolly

OUR PATRONS

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

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

The charity’s Trustees are also the company directors for the purposes of company law. Subsequent Trustees may be appointed by ordinary resolution. When vacancies occur new Trustees are recruited through a variety of means including advertising. The Trust wishes to have patients as a majority of its Board, which increases the challenge of finding suitable and willing Trustees. Potential Trustees have an initial meeting with the Chief Executive who explains the Trust’s philosophy and

how it works in practice. They are then asked to attend a Board meeting to get a better understanding. Newly appointed Trustees are sent briefing information about The Trust and their role as a trustee. They are then asked to spend a day at the Trust’s London offices, meeting the staff and learning more about each project and in particular financial oversight.

KEY MANAGEMENT PERSONNEL

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

RISK ASSESSEMENT

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

KEY RISKS	MITIGATING ACTION
Resurgence of Covid-19 or a Covid like pandemic	Implement Covid/pandemic strategies and procedures
Insufficient reserves	New fundraising strategy to broaden funding base
Failures/errors in planning	More resources devoted to planning/ forecasting
Adverse publicity	Media crisis planning

FINANCIAL REVIEW



Rana Begum

FUNDING

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

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

RESERVE POLICY

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

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

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP 2015 (FRS 102);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

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

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

AUDITORS

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

SMALL COMPANY RULES

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

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



.....
The Hon David Macmillan Date 22nd 12 2022

INDEPENDENT AUDITOR'S REPORT

THE HEPATITIS C TRUST FINANCIAL STATEMENTS

For the year ended 31 March 2022

Registered in England and Wales Charity Number: 1104279

Registered in Scotland Charity Number: SC039914

Registered Company Number: 5069924

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF THE HEPATITIS C TRUST

OPINION

We have audited the financial statements of The Hepatitis C Trust (the 'charitable company') for the year ended 31 March 2022 which comprise the Statement of Financial Activities, the Balance Sheet, the Cash Flow Statement and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 March 2022, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

The other information comprises the information included in the trustees annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information contained within the annual report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

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

We have nothing to report in this regard.

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of directors’ remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies’ regime and take advantage of the small companies’ exemptions in preparing the directors’ report and from the requirement to prepare a strategic report.

RESPONSIBILITIES OF TRUSTEES

As explained more fully in the trustees’ responsibilities statement, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial

statements that are free from material misstatement, whether due to fraud or error.

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

AUDITOR’S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

- Performing audit work over the risk of management bias and override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for indicators of potential bias.

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

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

USE OF OUR REPORT

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

John Howard FCA (Senior Statutory Auditor)

For and on behalf of Azets Audit Services
Statutory Auditor
2nd Floor, Regis House
45 King William Street
London
EC4R 9AN

Azets Audit Services

Date 22nd 12 2022

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

The Hepatitis C Trust
Statement of financial activities:
incorporating an income and expenditure account
for year ended 31 March 2022

	Note	Unrestricted Funds £	Restricted Funds £	Total 2022 £	Total 2021 £
Income from:					
Donations	2	210,443	-	210,443	273,195
Investments	3	336	-	336	151
Charitable activities	4	1,641,380	3,136,767	4,778,147	3,339,178
Rental income		-	-	-	20,302
Total		1,852,159	3,136,767	4,988,926	3,632,826
Expenditure on:					
Raising funds	5	172,834	-	172,834	210,094
Charitable activities	6	1,125,069	3,113,727	4,238,796	2,806,869
Other		-	-	-	20,302
Total		1,297,903	3,113,727	4,411,630	3,037,265
Net income for the year before transfers		554,256	23,040	577,296	595,561
Transfers	13	168,502	(168,502)	-	-
Net income		722,758	(145,462)	577,296	595,561
Fund balances at 1st April 2021	13	468,076	824,254	1,292,330	696,769
Fund balances at 31st March 2022	13	1,190,834	678,792	1,869,626	1,292,330

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

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


The Hepatitis C Trust
Balance Sheet
as at 31st March 2022

	Note	2022 £	2022 £	2021 £	2021 £
Fixed Assets					
Tangible assets	10		-		-
Current Assets					
Debtors	11	720,881		575,383	
Cash at bank and in hand		2,313,341		1,615,073	
		3,034,222		2,190,456	
Creditors: Amounts falling due within one year	12	(1,164,596)		(898,126)	
Net Current Assets			1,869,626		1,292,330
Total Net Assets			1,869,626		1,292,330
Funds					
Unrestricted funds	13		883,410		468,076
Designated funds	13		307,424		-
Restricted funds	13		678,792		824,254
			1,869,626		1,292,330

The accounts have been prepared in accordance with FRS 102.

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

The financial statements were approved by the Board of Trustees and authorised for issue on 22nd December, 2022 and signed on their behalf by:


.....
Hon David Macmillan

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

The Hepatitis C Trust
Statement of cash flows
for the year ended 31 March 2022

	Notes	2022 £	2021 £
Cash (used in)/generated from operating activities:			
Net cash (used in)/provided by operating activities	see below	697,932	1,217,001
Cash flows from investing activities:			
Interest income	3	336	151
Purchase of property, plant and equipment	10	-	-
Net cash (used in)/provided by investing and operating activities		698,268	1,217,152
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		1,615,073	397,921
Cash and cash equivalents at the end of the reporting period		2,313,341	1,615,073
Reconciliation of net expenditure to net cash flow from operating activities			
		2022 £	2021 £
Net expenditure (as per the statement of financial activities)	SOFA	577,296	595,561
Adjustments for:			
Depreciation charges	10	-	-
Investment income	3	(336)	(151)
(Increase)in debtors	11	(145,498)	(202,468)
Increase in creditors	12	266,470	824,059
Net cash (used in)/provided by operating activities		697,932	1,217,001
Analysis of cash and cash equivalents			
		2022 £	2021 £
Cash in hand		2,313,341	1,615,073
Total cash and cash equivalents		2,313,341	1,615,073

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

1. ACCOUNTING POLICIES

Basis of Preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2021, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

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

The financial statements are prepared under the historical cost concept.

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

Going Concern Basis

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

Income

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

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

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

Expenditure

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

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

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

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

1. ACCOUNTING POLICIES (continued)

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

Fund accounting

Restricted funds are subject to restrictions imposed by the donor. These are accounted for separately from unrestricted funds and full details are given in note 13.

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

Cash and cash equivalents

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

Debtors and creditors

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

Tangible Fixed Assets and Depreciation

Tangible fixed assets costing less than £500 are not capitalised and are written off in the year of purchase. Depreciation is provided so as to write off the cost of the fixed assets over their estimated useful lives at the following annual rates:

- | | |
|---------------------------------|------------------------------|
| • Computer and Office Equipment | Straight Line over 4 years |
| • Property Improvements | Over the length of the lease |
| • Motor Vehicles | Straight Line over 4 years |

Pension

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

Critical accounting estimates and areas of judgement

The annual depreciation charge for property, plant and equipment is sensitive to change in useful economic life and residual values of assets. These are reassessed annually.

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

2. Donations

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Donations	6,010	-	6,010
Art on a Postcard	204,433	-	204,433
	210,443	-	210,443

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Donations	11,423	-	11,423
Art on a Postcard	261,772	-	261,772
	273,195	-	273,195

3 Investment Income

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Bank interest	336	-	336
	336	-	336

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Bank interest	151	-	151
	151	-	151

4. Income for charitable activities

Year to 31 March 2022		Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Grants	4a	1,641,380	3,136,767	4,778,147
		1,641,380	3,136,767	4,778,147

Year to 31 March 2021		Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Grants	4a	400,506	2,938,672	3,339,178
		400,506	2,398,672	3,339,178

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

4a Grants

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
AbbVie Ltd	-	674,346	674,346
AbbVie Ltd (HCV Action)	-	55,040	55,040
Barts Health NHS Trust	80,000	-	80,000
Birmingham and Solihull Mental Health NHS Foundation	-	14,484	14,484
Bournemouth Christchurch and Poole Council	-	2,000	2,000
Brighton and Sussex University Hospitals NHS Foundation Trust	85,000	-	85,000
Cambridge University Hospitals NHS Foundation Trust	76,142	366	76,508
Coventry City Council	15,000	-	15,000
Crossroads Care South East London	-	5,760	5,760
East Lancashire Hospitals NHS Trust	80,000	-	80,000
Falkirk Council	-	5,000	5,000
Gilead - Scotland Peer Project	-	4,996	4,996
Gilead - HCV Action & Parliamentary Work	-	52,500	52,500
Gilead HITT	-	130,000	130,000
Hull University Teaching Hospitals	40,000	-	40,000
Kings College Hospital	80,000	24,263	104,263
Leeds Teaching Hospitals NHS Trust	78,867	-	78,867
MSD	-	893,936	893,936
NHS England and NHS Improvement – East Midlands (H&J) NHS	-	140,012	140,012
Thames Valley	70,000	-	70,000
NHS Forth Valley	-	20,000	20,000
NHS West London	79,431	-	79,431
NHS Tayside	-	3,503	3,503
Newcastle Track & Trace	9,000	-	9,000
Nottingham University Hospitals NHS Trust	103,569	2,691	106,260
Other	4,834	546	5,380
Oxleas NHS Foundation Trust	-	50,000	50,000
Pilgrim Trust	-	15,000	15,000
Practice Plus Group Health and Rehabilitation Services Limited	-	730,882	730,882
Public Health Wales NHS Trust	500	150,000	150,500
Royal Surrey NHS Foundation Trust	83,000	546	83,546
Royal Surrey NHS Foundation Trust (HITT)	-	29,383	29,383
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Programme)	60,000	-	60,000
Sheffield Teaching Hospitals NHS Foundation Trust (Training and Volunteers)	-	75,000	75,000
St George's University Hospitals NHS	78,429	-	78,429
The National Health Service Commissioning Board (NHS England)	-	56,513	56,513
The Newcastle upon Tyne Hospitals NHS Foundation Trust	8,873	-	8,873
University Hospital Southampton NHS Foundation Trust	59,431	-	59,431
Hospitals Birmingham NHS Foundation Trust	280,000	-	280,000
Hospitals of Bristol & Weston NHS Foundation Trust	66,227	-	66,227
Leicester NHS Trust	121,077	-	121,077
University Hospitals Plymouth NHS Trust	82,000	-	82,000
	1,641,380	3,136,767	4,778,147

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

4a Grants (Continued)

Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
AbbVie Ltd	-	456,250	456,250
AbbVie Ltd (HCV Action)	-	25,000	25,000
Brighton and Sussex University Hospitals NHS Foundation Trust	25,000	-	25,000
Cambridge University Hospitals NHS Foundation Trust	1,022	-	1,022
Care UK/Practice Plus Group Health and Rehabilitation Services Limited	-	665,512	665,512
DWP	3,440	-	3,440
Enigma Consultancy Coaching Ltd	845	-	845
Frontier NX Limited	-	2,000	2,000
Gilead - HCV Action & Parliamentary Work	-	37,500	37,500
Gilead HITT	-	130,680	130,680
Kings College Hospital	53,000	51,000	104,000
Leeds Teaching Hospitals NHS Trust	42,320	-	42,320
MSD	-	1,068,200	1,068,200
MSD (HCV Action)	-	57,865	57,865
NHS England and NHS Improvement – East Midlands (H&J)	-	23,500	23,500
NHS England Health & Justice Materials	-	100,000	100,000
NHS Health and Justice Midlands (Peer Programme)	-	67,500	67,500
NHS Forth Valley	-	20,000	20,000
Nottingham University Hospitals NHS Trust	4,669	-	4,669
Other	2,990	1,165	4,155
Oxford University Hospitals NHS Foundation Trust	10,000	-	10,000
Pilgrim Trust	-	7,500	7,500
Royal Surrey NHS Foundation Trust	10,000	-	10,000
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Programme)	103,809	-	103,809
Sheffield Teaching Hospitals NHS Foundation Trust (Training and Volunteers)	-	75,000	75,000
St George's University Hospitals NHS	45,000	-	45,000
University College London Hospital	-	150,000	150,000
University Hospital Southampton NHS Foundation Trust	20,000	-	20,000
University Hospitals Bristol & Weston NHS Foundation Trust	25,000	-	25,000
University Hospitals of Leicester NHS Trust	53,411	-	53,411

400,506	2,938,672	3,339,178
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The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

5. Cost of Raising Funds

Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Staff costs	44,676	-	44,676
Direct costs	128,158	-	128,158
	172,834	-	172,834
Year to 31 March 2021	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Staff costs	87,405	-	87,405
Direct costs	122,689	-	122,689
	210,094	-	210,094

6. Analysis of Charitable Expenditure by type

Year to 31 March 2022	Staff Cost 2022 £	Direct Cost 2022 £	Support Cost 2022 £	Total 2022 £
Advocacy and drug services	2,266,691	565,409	92,009	2,924,109
HCV Action and parliamentary work	-	102,233	-	102,233
Helpline	7,964	1,491	-	9,455
National volunteer & trainer	70,537	70,441	1,297	142,275
NHS Health & Justice prison peers	698,954	190,879	27,837	917,670
Scotland peer project	48,242	19,578	-	67,820
Women's prisons	48,489	26,682	-	75,171
World Hepatitis Day	-	63	-	63
	3,140,877	976,776	121,143	4,238,796
Year to 31 March 2021	Staff Cost 2021 £	Direct Cost 2021 £	Support Cost 2021 £	Total 2021 £
Advocacy and drug services	1,470,442	252,039	103,257	1,825,738
HCV Action and parliamentary work	-	85,320	-	85,320
National volunteer & trainer	-	10	-	10
NHS Health & Justice materials	-	53,386	-	53,386
NHS Health & Justice prison peers	646,545	103,906	-	750,451
Scotland peer project	56,548	6,808	-	63,356
Women's prisons	17,127	7,373	-	24,500
World Hepatitis Day	-	4,108	-	4,108
	2,190,662	512,950	103,257	2,806,869

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

7. Support Costs

	Total 2022 £	Total 2021 £
Staff costs	22,383	10,697
Rent, rates, light and heat	57,839	81,945
Travel and subsistence	-	585
Insurance	3,353	2,050
Office supplies and maintenance	10,903	5,881
Telephone	6,464	1,900
Computer costs	1,227	1,148
Sundry costs	778	1,110
Legal and professional costs	192	13
Audit and accountancy	17,580	17,870
Bank charges	424	360
	121,143	123,559

During 2021 other expenses in the SOFA are made up of Rent £20,302 paid by HCT and reimbursed by WHA.

8. Staff costs

	2022 £	2021 £
Wages and salaries	2,815,087	2,031,055
Social security costs	288,289	203,645
Pension costs	82,177	43,367
	3,185,553	2,278,067
	Number	Number
Average number of employees during the year	94	63
Average number of volunteers during the year	134	100

One employee was paid in the range £60,000 to £69,999 in the year (2021: one).

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers national insurance contributions of the charity's key management personnel were £282,125(2021: £227,735). Four employees (2021: four) were considered to be key management personnel during the year.

9. Trustees and related parties

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

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

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

10. Fixed Assets

All fixed assets are held for use by the charity.

	Motor Vehicles £	Computer and Office Equipment £	Property Improvements £	Total £
Cost				
At 1 April 2021	35,746	58,402	29,820	123,968
Additions	-	-	-	-
At 31 March 2022	<u>35,746</u>	<u>58,402</u>	<u>29,820</u>	<u>123,968</u>
Depreciation				
At 1 April 2021	35,746	58,402	29,820	123,968
Charge for the year	-	-	-	-
At 31 March 2022	<u>35,746</u>	<u>58,402</u>	<u>29,820</u>	<u>123,968</u>
Net Book Value				
At 31 March 2022	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
At 31 March 2021	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

11. Debtors

	2022 £	2021 £
Trade debtors	714,615	568,249
Other debtors	2,933	2,850
Prepayments	3,333	4,284
	<u>720,881</u>	<u>575,383</u>

12. Creditors: Amounts falling due within one year

	2022 £	2021 £
Trade creditors	28,793	8,709
Tax and social security costs	80,121	58,744
Sundry creditors	5,347	3,206
Income received in advance	1,002,264	733,094
Accruals	48,070	94,373
	<u>1,164,595</u>	<u>898,126</u>

Income received in advance is funding for project work to be completed in the year 2022-23

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

13. Statement of Funds

	Funds at 31 March 2021 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2022 £
Unrestricted funds	468,076	1,852,159	(1,297,903)	(138,922)	883,410
Designated fund	<u>-</u>	<u>-</u>	<u>-</u>	<u>307,424</u>	<u>307,474</u>
	<u>468,076</u>	<u>1,852,159</u>	<u>(1,297,903)</u>	<u>168,502</u>	<u>1,190,834</u>
Restricted funds					
Advocacy and Drug Services	455,071	1,747,142	(1,808,558)	(60,969)	332,686
HCV Action & Parliamentary Work	37,046	107,540	(102,233)	-	42,353
National Volunteer & Training	74,990	80,760	(142,275)	-	13,475
NHS Health & Justice Prison Peers	247,636	1,095,614	(917,670)	(141,854)	283,726
Scotland Peer Project	-	33,499	(67,820)	34,321	-
Women's Prisons	9,511	72,212	(75,171)	-	6,552
	<u>824,254</u>	<u>3,136,767</u>	<u>(3,113,727)</u>	<u>(168,502)</u>	<u>678,792</u>
	<u>1,292,330</u>	<u>4,988,926</u>	<u>(4,411,630)</u>	<u>-</u>	<u>1,869,626</u>

	Funds at 31 March 2020 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2021 £
Unrestricted funds	197,345	694,154	(430,402)	6,979	468,076
Restricted funds					
Advocacy and Drug Services	409,798	1,725,449	(1,629,841)	(50,335)	455,071
HCV Action and Parliamentary Work	-	122,366	(85,320)	-	37,046
National Volunteer & Training	-	75,000	(10)	-	74,990
NHS Health & Justice Prison Peers	63,125	988,347	(803,836)	-	247,636
Scotland Peer Project	-	20,000	(63,356)	43,356	-
Women's Prisons	26,501	7,510	(24,500)	-	9,511
	<u>499,424</u>	<u>2,938,672</u>	<u>(2,606,863)</u>	<u>(6,979)</u>	<u>824,254</u>
	<u>696,769</u>	<u>3,632,826</u>	<u>(3,037,265)</u>	<u>-</u>	<u>1,292,330</u>

Designated Fund

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

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

13. STATEMENT OF FUNDS (continued)

A transfer of £202,823 (2021: £50,335) was made from the restricted fund to the unrestricted funds to cover budgeted core spending provided for within the agreed budget

A transfer of £34,321 (2021: £43,356) was made from unrestricted funds to restricted funds for the overspend on a restricted project that will not be reimbursed next financial year.

Restricted Funds

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

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

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

National Volunteer and Training Service:

The National team operate through two strands:

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

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

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

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

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

The Hepatitis C Trust
Notes for the financial statements
for year ended 31 March 2022

14. Analysis of Net Assets between Funds

Year to 31 March 2022	Unrestricted Funds 2022 £	Designated Funds 2022 £	Restricted Funds 2022 £	Total 2022 £
Fixed assets	-	-	-	-
Current assets	2,048,006	307,424	678,792	3,034,222
Current liabilities	(1,164,596)	-	-	(1,164,596)
	883,410	307,424	676,792	1,869,626

Year to 31 March 2021

	Unrestricted Funds 2021 £	Restricted funds 2021 £	Total 2021 £
Fixed assets	-	-	-
Current assets	1,366,202	824,254	2,190,456
Current liabilities	(898,126)	-	(898,126)
	468,076	824,254	1,292,330

15. Operating Lease Commitments

	Equipment		Land and buildings	
	2022 £	2021 £	2022 £	2021 £
Operating lease which expire:				
Less than 1 year	3,096	3,239	14,104	13,204
Within 2-5 years	9,288	12,955	-	-
	12,384	16,194	14,104	13,204

THANK YOU

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

We would like, in particular, to thank:

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

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