



THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

THE HEPATITIS  TRUST

ANNUAL REPORT & ACCOUNTS 2023

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

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

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OUR FOCUS

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

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

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

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

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

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

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

OUR STRATEGY

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

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

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



WHAT IS HEPATITIS C?

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

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

FOREWORD

LETTER FROM THE CEO & TRUSTEES ●

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



THE YEAR IN NUMBERS

30,904

people in the community
tested for hepatitis C

49,239

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

14,749

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

1,200

people supported to start
treatment while in prison

45

external blood-borne
virus professional training
events

116

peer volunteers
completed induction
training

5,007

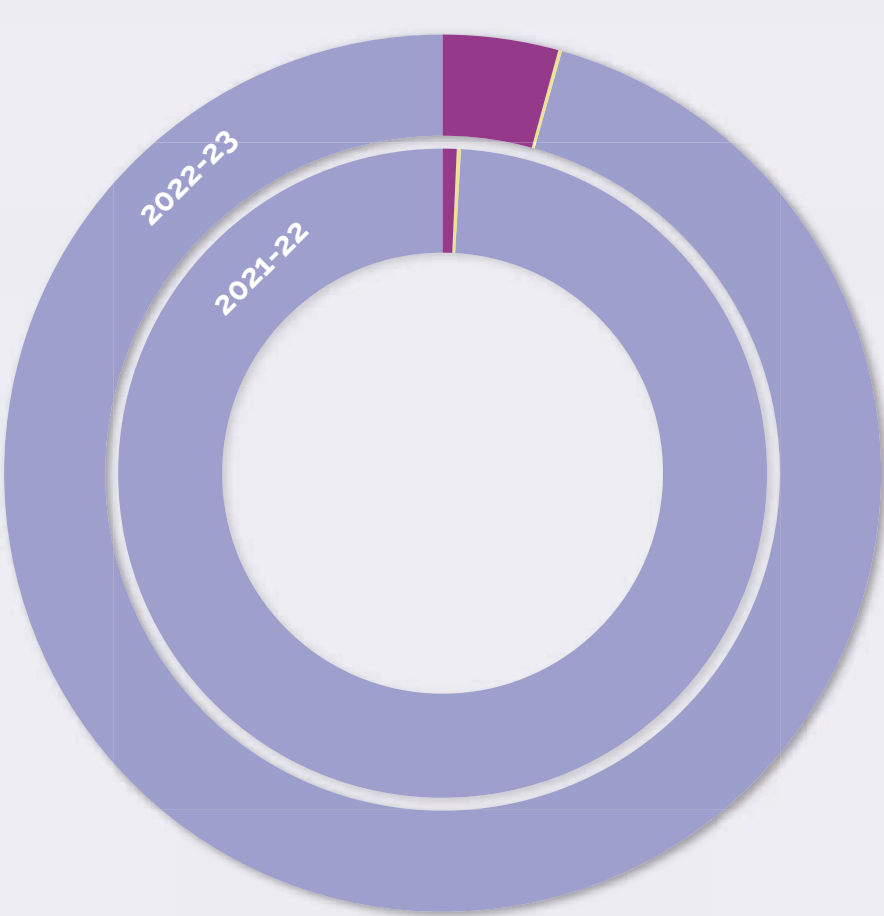
contacts via
the helpline

314




people attended the
HCV Action conference
in person and online

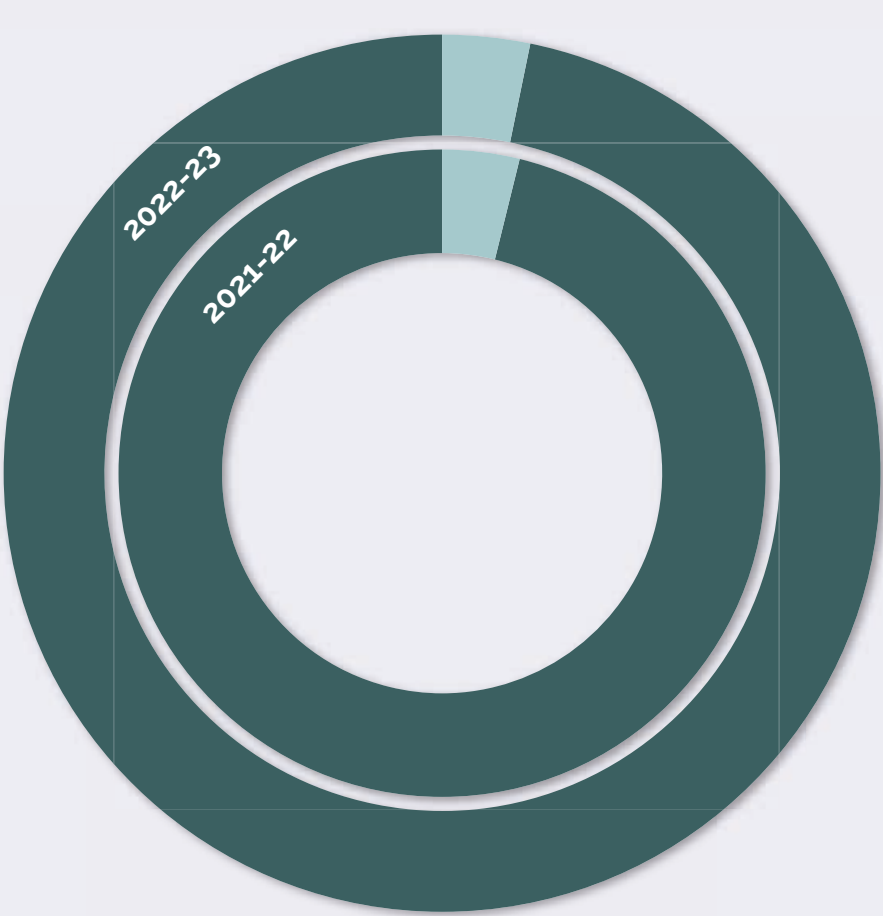
FINANCIAL OVERVIEW

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




TOTAL INCOME

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



TOTAL EXPENDITURE

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



LEAVING NO ONE BEHIND IN THE COMMUNITY

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

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

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

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

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

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

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

STORY OF IMPACT

BRINGING TREATMENT TO PEOPLE IN NORTH DEVON

Our work in North Devon has always faced a number of challenges, including poor public transport systems, staff vacancies at local hospitals and the limited capacity of drug and treatment services.

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

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

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

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

FROM REHAB TO EMPLOYMENT

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

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

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

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

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

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

* The names in these stories have been changed

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We decided to bring treatment to Dave."

STORY OF IMPACT

GOING THE EXTRA MILE: OUR SUPPORT FOR SAM

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

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

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

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

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

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

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

* The names in these stories have been changed

OUR 2023-24 PRIORITY

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

LEAVING NO ONE BEHIND IN PRISONS

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

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

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

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

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

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

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

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

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

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



STORY OF IMPACT

LUCY'S HEPATITIS C STORY

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

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

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

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

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

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

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

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

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

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

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

* The names in these stories have been changed

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

STORY OF IMPACT

SEAN'S PEER JOURNEY

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

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

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

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

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

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

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

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

* The names in these stories have been changed

OUR 2023-24 PRIORITY

- To increase our reach across the criminal justice system and ensure that all people with hepatitis C within custodial settings have access to testing and treatment.
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TRAINING TO MAKE SURE NO ONE IS LEFT BEHIND

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

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

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

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

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

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

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

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

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

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

DAMIAN'S PEER STORY

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

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

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

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

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

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

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

DEB'S TRAINING STORY

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

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

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

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

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

OUR 2023-24 PRIORITY

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

SUPPORT FOR THE INFECTED BLOOD COMMUNITY

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



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

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

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

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

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

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

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

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

ONLINE SUPPORT FOR THE INFECTED BLOOD COMMUNITY

The long-running Infected Blood Inquiry

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

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

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

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

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

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

SUPPORT GROUP PARTICIPANT

HELPING PEOPLE ACCESS SUPPORT SCHEMES

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

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

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

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

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

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

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

* The names in these stories have been changed

OUR 2023-24 PRIORITY

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

WORLD HEPATITIS DAY 2022

189

events held in partnership with services and charities across the UK

4,019

people engaged

1,741

people tested

KEEPING HEPATITIS C ELIMINATION ON THE POLITICAL AGENDA

2022-23 TARGET

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

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

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

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

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

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

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

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

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



PARLIAMENTARY RECEPTION

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

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

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

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

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

“
We’ve made great progress in tackling hep C in recent years but more needs to be done.”

MAGGIE THROUP MP

OUR 2023-24 PRIORITY

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





KEEPING THE HEPATITIS C PROFESSIONAL COMMUNITY INFORMED AND CONNECTED

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

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

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

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

elimination and for healthcare professionals to learn from each other.

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

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

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

TAKING THE INITIATIVE

In Spring 2023, we published our report,

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

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

The report outlines:

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

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

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

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

NHS ENGLAND HEPATITIS C ELIMINATION PROGRAMME TEAM

HCV ACTION ANNUAL CONFERENCE

This year, we were delighted to host the annual

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

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

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

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

CONFERENCE ATTENDEE

OUR 2023-24 PRIORITY

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

ART ON A POSTCARD

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

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

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

MINI AUCTIONS

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

AUCTION FOR UKRAINE

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

SUMMER AUCTION 2022

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

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

WINTER AUCTION 2022

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

INTERNATIONAL WOMEN'S DAY AUCTION 2023

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

ONLINE SHOP

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



GOVERNANCE AND MANAGEMENT

LEGAL ENTITY

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

CHARITABLE OBJECTS

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

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

OUR TRUSTEES

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

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

OUR PATRONS

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

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

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

KEY MANAGEMENT PERSONNEL

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

RISK ASSESSMENT

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

FINANCIAL REVIEW

FUNDING

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

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

RESERVE POLICY

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

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

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

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

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

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

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

AUDITORS

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

SMALL COMPANY RULES

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



The Hon David Macmillan

22nd December 2023

FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 MARCH 2023

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SCO39914

Registered Company
Number: 5069924

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

OPINION

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

In our opinion the financial statements: give a true and fair view of the state of the charitable company's affairs as at 31 March 2023, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended; have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

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

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

We have nothing to report in this regard.

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

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

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

RESPONSIBILITIES OF TRUSTEES

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

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

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

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

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

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

This description forms part of our auditor's report.

USE OF OUR REPORT

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

Lorraine Curtis ACA BFP FCCA
(Senior Statutory Auditor)



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

22nd December 2023

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

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

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

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

The notes on pages 48 to 61 form part of the financial statements.

The Hepatitis C Trust
Balance Sheet
as at 31 March 2023

	Note	2023 £	2022 £
Current Assets			
Debtors	10	1,783,098	720,881
Cash at bank and in hand		<u>2,538,587</u>	<u>2,313,341</u>
		4,321,685	3,034,222
Creditors: Amounts falling due within one year			
	11	<u>(1,670,521)</u>	<u>(1,164,595)</u>
Net Current Assets		<u>2,651,164</u>	<u>1,869,626</u>
Total Net Assets		<u>2,651,164</u>	<u>1,869,626</u>
Funds			
Unrestricted funds	12	1,624,026	883,410
Designated funds	12	560,932	307,424
Restricted funds	12	<u>466,206</u>	<u>678,792</u>
		<u>2,651,164</u>	<u>1,869,626</u>

The accounts have been prepared in accordance with FRS 102.

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

The financial statements were approved by the Board of Trustees and authorised for issue on 22 December 2023 and signed on their behalf by:



.....
Hon David Macmillan

Registered Company Number: 5069924

The notes on pages 48 to 61 form part of the financial statements.

The Hepatitis C Trust
Statement of Cash Flows
For the year ended 31 March 2023

	Notes	2023 £	2022 £
Cash generated from operating activities:			
Net cash provided by operating activities	see below	209,641	697,932
Cash flows from investing activities:			
Interest income	3	15,605	336
Net cash provided by investing and operating activities		225,246	698,268
Change in cash and cash equivalents in the reporting period			
Cash and cash equivalents at the beginning of the reporting period		2,313,341	1,615,073
Cash and cash equivalents at the end of the reporting period		2,538,587	2,313,341

Reconciliation of net expenditure to net cash flow from operating activities

		2023 £	2022 £
Net expenditure (as per the statement of financial activities)	SOFA	781,538	577,296
Adjustments for:			
Investment income	3	(15,605)	(336)
Increase in debtors	10	(1,062,217)	(145,498)
Increase in creditors	11	505,925	266,470
Net cash provided by operating activities		209,641	697,932

Analysis of cash and cash equivalents

	2023 £	2022 £
Cash in hand	2,538,587	2,313,341
Total cash and cash equivalents	2,538,587	2,313,341

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

1 Accounting Policies

Basis of Preparation

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

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

The financial statements are prepared under the historical cost concept.

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

Going Concern Basis

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

Income

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

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

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

Expenditure

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

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

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

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

1. Accounting Policies (continued)

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

Fund accounting

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

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

Cash and Cash Equivalents

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

Debtors and creditors

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

Pension

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

Critical accounting estimates and areas of judgement

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

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

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

2. Donations

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

Year to 31 March 2022	Unrestricted Funds 2022	Restricted funds 2022	Total 2022
	£	£	£
Donations	6,010	-	6,010
Art on a Postcard	204,433	-	261,772
	210,443	-	210,443

3. Investment Income

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

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

4. Income for Charitable Activities

Year to 31 March 2023	Unrestricted Funds 2023	Restricted funds 2023	Total 2023
	£	£	£
Grants	3,201,983	3,773,727	6,975,709
	3,201,983	3,773,727	6,975,709

Year to 31 March 2022	Unrestricted Funds 2022	Restricted funds 2022	Total 2022
	£	£	£
Grants	1,641,381	3,136,767	4,778,147
	1,641,381	3,136,767	4,778,147

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

4a Grants

Year to 31 March 2023

	Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
AbbVie Ltd	-	675,000	675,000
AbbVie Ltd (HCV Action)	-	25,000	25,000
Barts Health NHS Trust	127,295	-	127,295
Betsi Cadwaladr University Local Health Board	-	98,276	98,276
Birmingham and Solihull Mental Health NHS Foundation	-	25,361	25,361
Bournemouth Christchurch and Poole Council	-	2,000	2,000
Brighton and Sussex University Hospitals NHS Foundation Trust	134,947	-	134,947
Cambridge University Hospitals NHS Foundation Trust	161,206	-	161,206
Cheshire and Merseyside ODN	-	39,759	39,759
East Lancashire Hospitals NHS Trust	156,011	-	156,011
Gilead - Scotland Peer Project	-	47,755	47,755
Gilead - HCV Action & Parliamentary Work	-	42,500	42,500
Gilead HITT	-	130,000	130,000
Hull University Teaching Hospitals	201,141	-	201,141
Kings College Hospital	98,000	-	98,000
Leeds Teaching Hospitals NHS Trust	113,399	39	113,438
Mary Kinross Charitable Trust	-	38,000	38,000
Merseycare	37,500	-	37,500
MSD	-	944,715	944,715
MSD – HCV Action	-	75,000	75,000
NHS England	-	390,521	390,521
NHS England and NHS Improvement – East Midlands (H&J)	-	105,009	105,009
NHS Manchester	66,692	-	66,692
NHS Thames Valley	176,747	-	176,747
NHS Forth Valley	-	5,000	5,000
NHS West London – Imperial College NHS Trust	160,569	-	160,569
Nottingham University Hospitals NHS Trust	230,026	34,786	264,812
Other	38,695	24,077	62,772
Oxleas NHS Foundation Trust	-	50,000	50,000
Practice Plus Group Health and Rehabilitation Services Limited	-	301,557	301,557
Public Health Wales NHS Trust	-	2,940	2,940
Royal Surrey NHS Foundation Trust	110,000	-	110,000
Sheffield Teaching Hospitals NHS Foundation Trust (Peer Education)	136,795	-	136,795
Sheffield Teaching Hospitals NHS Foundation Trust (T&V)	-	306,440	306,440
South Tees Hospitals NHS Foundation	9,661	-	9,661
Spectrum	-	259,992	259,992
St George's University Hospitals NHS	119,715	-	119,715
The Newcastle upon Tyne Hospitals NHS Foundation Trust	112,624	-	112,624
University College London	-	150,000	150,000
University Hospital Southampton NHS Foundation Trust	142,569	-	142,569
University Hospitals Birmingham NHS Foundation Trust	309,979	-	309,979
University Hospitals Bristol & Weston NHS Foundation Trust	163,468	-	163,468
University Hospitals of Leicester NHS Trust	241,299	-	241,299
University Hospitals Plymouth NHS Trust	153,647	-	153,647
	3,201,983	3,773,727	6,975,709

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

4a Grants (Continued)

Year to 31 March 2022

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

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

5. Cost of Raising Funds

Year to 31 March 2023	Unrestricted Funds 2023 £	Restricted funds 2023 £	Total 2023 £
Staff Costs	86,477	-	86,477
Direct Costs	132,179	-	132,179
	218,657	-	218,657
Year to 31 March 2022	Unrestricted Funds 2022 £	Restricted funds 2022 £	Total 2022 £
Staff Costs	44,676	-	44,676
Direct Costs	128,158	-	128,158
	172,834	-	172,834

6. Analysis of Charitable Expenditure by type

Year to 31 March 2023	Staff Cost 2023 £	Direct Cost 2023 £	Support Cost 2023 £	Total 2023 £
Advocacy and Drug Services	3,225,289	899,694	-	4,124,982
HCV Action and Parliamentary Work	-	131,884	-	131,884
Helpline	16,586	2,698	-	19,825
National Volunteer & Trainer	82,212	89,867	-	172,079
NHS Health & Justice Prison Peers	977,302	347,192	-	1,324,494
Scotland Peer Project	32,795	12,373	-	45,168
Women's Prisons	101,898	30,826	-	132,724
World Hepatitis Day	-	3,947	-	3,947
	4,436,083	1,518,481	-	5,954,564
Year to 31 March 2022	Staff Cost 2022 £	Direct Cost 2022 £	Support Cost 2022 £	Total 2022 £
Advocacy and Drug Services	2,266,691	565,409	92,009	2,924,109
HCV Action and Parliamentary Work	-	102,233	-	102,233
Helpline	7,964	1,491	-	9,455
National Volunteer & Trainer	70,537	70,441	1,297	142,275
NHS Health & Justice Prison Peers	698,954	190,879	27,837	917,670
Scotland Peer Project	48,242	19,578	-	67,820
Women's Prisons	48,489	26,682	-	75,171
World Hepatitis Day	-	63	-	63
	3,140,877	976,776	121,143	4,238,796

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

7. Support Costs

	Total 2023 £	Total 2022 £
Staff costs	2,028	22,383
Staff training	17,316	-
Staff support costs	5,766	-
Rent, rates, light and heat	128,865	57,839
Travel and subsistence	10,123	-
Insurance	23,080	3,353
Office move	24,376	-
Office supplies and maintenance	29,023	10,903
Telephone	31,828	6,464
Computer Costs	9,109	1,227
Sundry costs	483	778
Legal and professional costs	49,162	192
Audit and accountancy	22,500	17,580
Bank charges	373	360
	354,032	123,559

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

8. Staff Costs

	2023 £	2022 £
Wages and salaries	3,989,050	2,815,087
Social Security costs	410,771	288,289
Pension costs	125,638	82,177
	4,525,459	3,185,553
	Number	Number
Average number of employees during the year	124	94
Average number of volunteers during the year	150	134

One employee was paid in the range £60,000 to £69,999 in the year (2022: one).

Key management personnel include the Trustees, Chief Executive (and senior management reporting directly to the Chief Executive). The total employee benefits, including pension costs and employers national insurance contributions of the charity's key management personnel were £293,302 (2022: £282,125). Four employees (2022: four) were considered to be key management personnel during the year.

9. Trustees and related parties

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

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

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

10. Debtors

	2023 £	2022 £
Trade debtors	1,758,326	714,615
Other debtors	24,772	2,933
Prepayments	-	3,333
	<u>1,783,098</u>	<u>720,881</u>

11. Creditors: Amounts falling due within one year

	2023 £	2022 £
Trade creditors	5,614	28,793
Tax and social security costs	112,038	80,121
Sundry creditors	24,185	5,347
Income received in advance	1,454,235	1,002,264
Accruals	74,449	48,070
	<u>1,1670,521</u>	<u>1,164,595</u>

Income received in advance is funding for project work to be completed in the year 2023-24

12. Statement of Funds

	Funds at 31 March 2022 £	Income £	Expenditure £	Transfer of funds £	Funds at 31 March 2023 £
Unrestricted funds	883,410	3,535,063	(2,747,154)	(47,293)	1,624,026
Designated fund	307,424	-	-	253,508	560,932
	<u>1,190,834</u>	<u>3,535,063</u>	<u>(2,747,154)</u>	<u>206,215</u>	<u>2,184,958</u>
Restricted funds					
Advocacy and Drug Services	332,686	1,775,458	(1,973,749)	(47,700)	86,695
HCV Action & Parliamentary Work	42,353	142,500	(131,884)	-	52,969
National Volunteer & Training	13,475	306,440	(172,079)	-	147,836
NHS Health & Justice Prison Peers	283,726	1,373,804	(1,324,494)	(161,916)	171,120
Scotland Peer Project	-	52,755	(45,169)	-	7,586
Women's Prisons	6,552	122,771	(132,724)	3,401	-
	<u>678,792</u>	<u>3,773,728</u>	<u>(3,780,099)</u>	<u>(206,215)</u>	<u>466,206</u>
	<u>1,869,626</u>	<u>7,308,791</u>	<u>(6,527,253)</u>	<u>-</u>	<u>2,651,164</u>

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

12. Statement of Funds (Continued)

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

Designated Fund

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

A transfer of £209,616 (2022: £202,823) was made from the restricted fund to the unrestricted funds to cover budgeted core spending provided for within the agreed budget.

A transfer of £3,401 (2022: £34,321) was made from unrestricted funds to restricted funds for the overspend on a restricted project that will not be reimbursed next financial year.

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

12. Statement of Funds (continued)

Restricted Funds

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

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

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

National Volunteer and Training Service:

The National team operate through two strands:

1. The delivery and oversight of core mandatory training and development of our staff including induction. Hepatitis C training to professionals and other service providers.
2. The delivery of The Hepatitis C Trust volunteering programme which includes supporting our volunteers across different areas of our work and ensuring that all are provided with opportunity to access training and development to both support them in their roles and further their employment opportunities.

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

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

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

The Hepatitis C Trust
Notes to the Financial Statements
For the year ended 31 March 2023

13. Analysis of Net Assets between Funds

Year to 31 March 2023	Unrestricted Funds 2023 £	Designated Funds 2023 £	Restricted Funds 2023 £	Total 2023 £
Current assets	2,048,006	307,424	678,792	3,034,222
Current liabilities	(1,164,596)	-	-	(1,164,596)
	883,410	307,424	676,792	1,869,626
Year to 31 March 2022	Unrestricted Funds 2022 £	Designated Funds 2022 £	Restricted Funds 2022 £	Total 2022 £
Current assets	2,048,006	307,424	678,792	3,034,222
Current liabilities	(1,164,596)	-	-	(1,164,596)
	883,410	307,424	676,792	1,869,626

14. Operating Lease Commitments

	Equipment		Land and buildings	
	2023 £	2022 £	2023 £	2022 £
Operating lease which expire:				
Less than 1 year	-	-	-	14,104
Within 2-5 years	3,096	3,096	91,250	-
	9,288	12,384	91,250	14,104

THANK YOU

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

We would like, in particular, to thank:

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

THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

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Charity Number: SC039914

Registered Company
Number: 5069924

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