



THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

ANNUAL REPORT & ACCOUNTS 2024

THE HEPATITIS  TRUST

WHAT IS HEPATITIS C?

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

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

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OUR FOCUS

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

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

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

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

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

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

OUR STRATEGY

Our strategy is focused around two strategic goals:

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

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

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

OUR MISSION

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

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

“

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

ZOE JENNINGS, VIRAL HEPATITIS CLINICAL NURSE SPECIALIST



LETTER FROM THE CEO & TRUSTEES

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rachel Halford
CEO



THE YEAR IN NUMBERS

37,178

people in the community
tested for hepatitis C

58,339

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

16,022

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

16

prison sites achieved micro
elimination

575

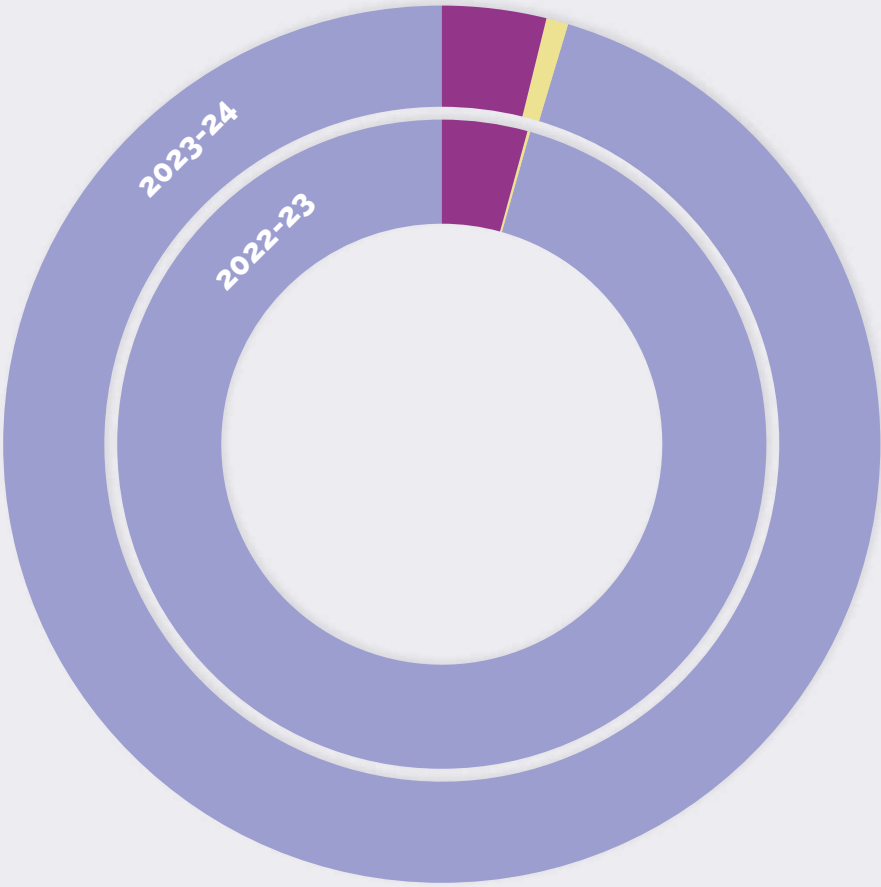
days contributed by peer
volunteers

4,013

contacts via the
helpline

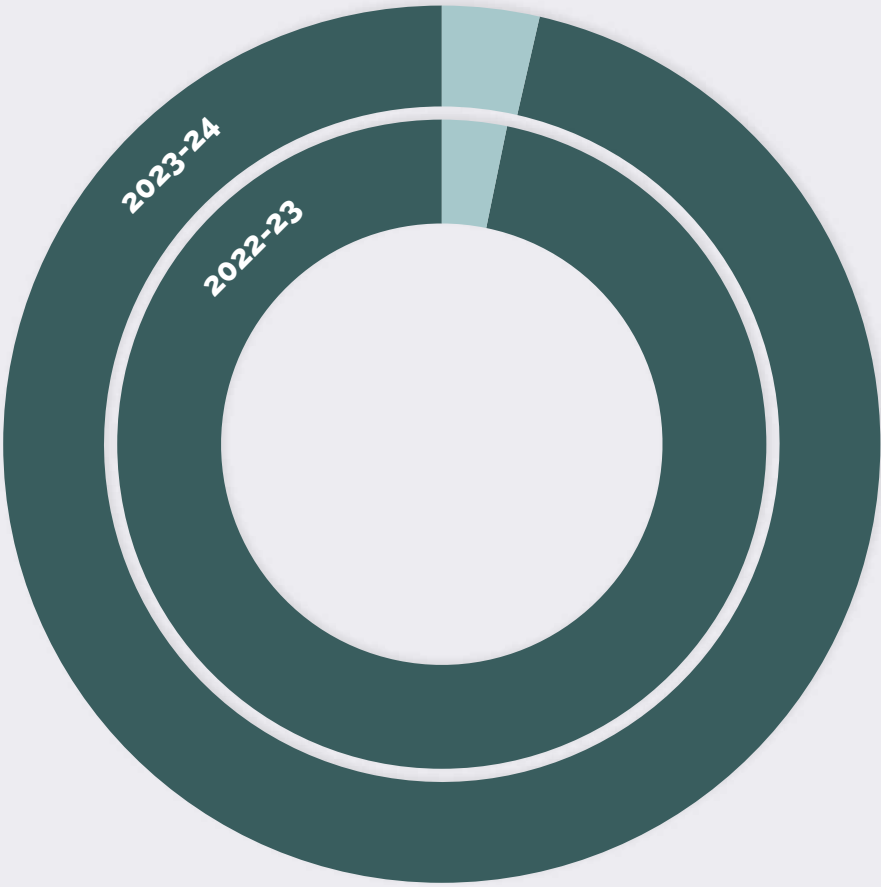
FINANCIAL OVERVIEW

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



TOTAL INCOME

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



TOTAL EXPENDITURE

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



LEAVING NO ONE BEHIND IN THE COMMUNITY

2022-23 TARGET

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

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

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

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

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

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

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

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

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

NEVER GIVE UP: OUR SUPPORT FOR JENNY

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

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

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

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

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

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

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

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

*This name has been changed

“

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

STORY OF IMPACT

ABOVE AND BEYOND: SUPPORT THROUGH TREATMENT

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

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

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

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

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

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

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

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

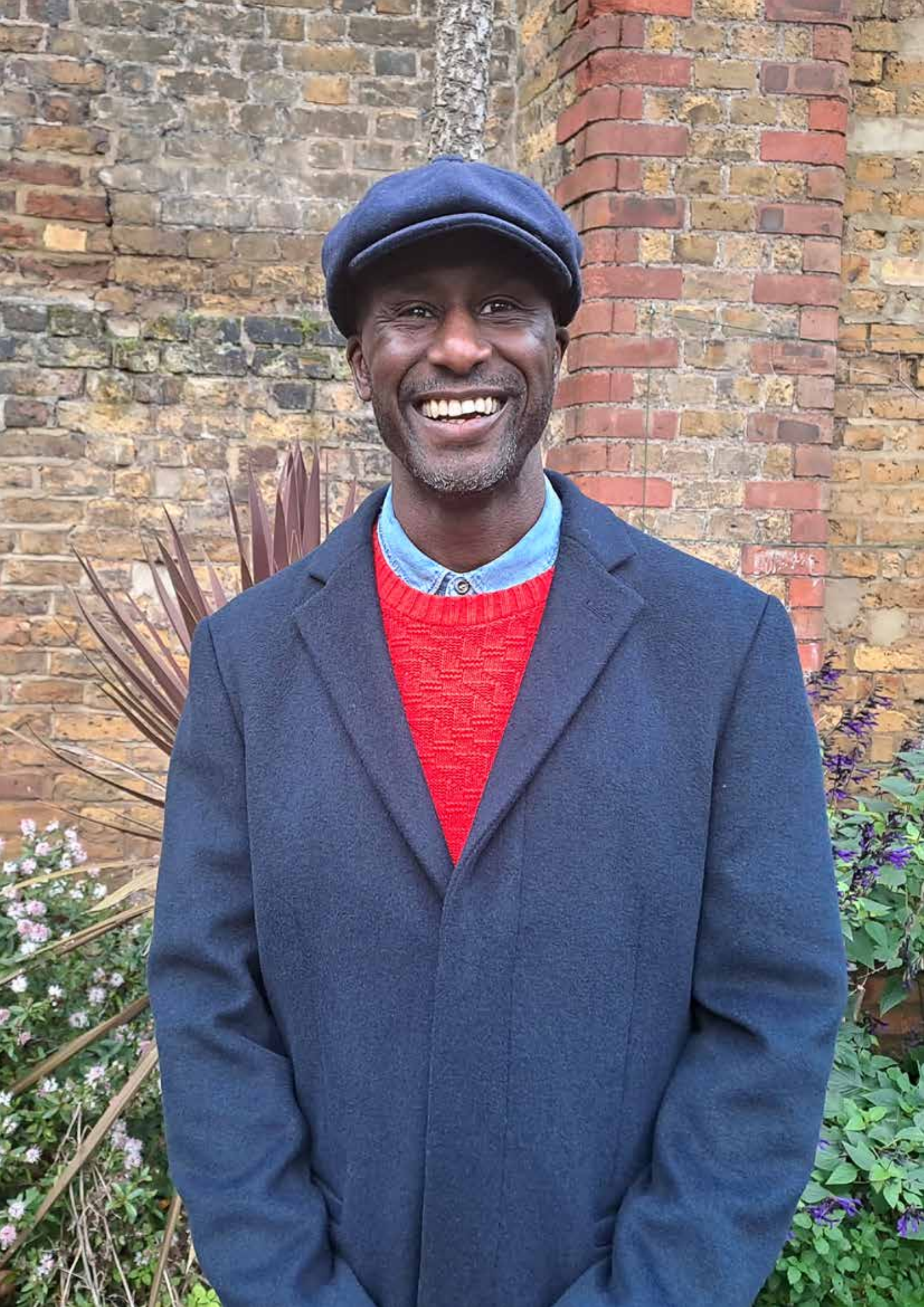
*This name has been changed

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

2024-25 PRIORITY

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



LEAVING NO ONE BEHIND IN PRISONS

2022-23 TARGET

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

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

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

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

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

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

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

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

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

CHRIS' PEER JOURNEY

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

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

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

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

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

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

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

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

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

*This name has been changed

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

STORY OF IMPACT

TACKLING STIGMA AT HMP BERWYN

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

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

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

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

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

300 men who initially declined testing to put themselves forward.

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

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

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

*This name has been changed

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

2024-25 PRIORITY

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



TRAINING TO ENSURE NO ONE IS LEFT BEHIND

2023-24 TARGET

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

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

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

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

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

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

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

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

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

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

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

TOMMY'S PEER STORY

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

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

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

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

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

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

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

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

“

Volunteering for the Trust has given me purpose.”

STORY OF IMPACT

CHELSEA'S PEER STORY

I grew up in a family that struggled with addiction.

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

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

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

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

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

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

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

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



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

OUR 2024-25 PRIORITY

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



**JUSTICE
DELAYED IS
JUSTICE
DENIED**

#CONTAMINATEDBLOOD

THE HEPATITIS  TRUST

SUPPORT FOR THE INFECTED BLOOD COMMUNITY

2023-24 TARGET

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

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

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

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

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

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

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

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

BOB'S STORY: FROM CALLER TO VOLUNTEER

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

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

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

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

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

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

“

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

STORY OF IMPACT

DEMANDING ACTION FROM WESTMINSTER

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

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

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

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

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

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


“

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

2024-25 PRIORITY

- To increase support for the infected blood community following the publication of the final report of the Infected Blood Inquiry and the implementation of new financial support schemes.
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WORLD HEPATITIS DAY 2023: DON'T MISS THE TARGET

66

events held in
partnership with
services and charities
across the UK

1,882

people engaged.

786

people tested.



KEEPING HEPATITIS C ELIMINATION ON THE POLITICAL AGENDA

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

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

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

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

2023-24 TARGET

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

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

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

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

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

PARLIAMENTARY DROP-IN EVENT

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

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

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

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

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

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



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

PAULA BARKER MP

STORY OF IMPACT

HOME AFFAIRS SELECT COMMITTEE REPORT

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

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

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

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

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



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

HOME AFFAIRS SELECT COMMITTEE REPORT ON DRUGS

OUR 2024-25 PRIORITY

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



KEEPING HEPATITIS C PROFESSIONALS CONNECTED

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

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

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

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

2023-24 TARGET

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

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

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

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

OUR 2024-25 PRIORITY

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



RESEARCH

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

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

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

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

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

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

“

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

REBECCA BULMER, PEER RESEARCHER



ART ON A POSTCARD

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

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

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

SUMMER AUCTION 2023

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

GREETINGS CARDS RANGE

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

SUMMER AUCTION 2023

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

WINTER AUCTION 2023

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

INTERNATIONAL WOMEN'S DAY AUCTION 2024

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

GOVERNANCE AND MANAGEMENT

LEGAL ENTITY

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

CHARITABLE OBJECTS

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

OUR TRUSTEES

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

The Hon David Macmillan (Chair)

Mr Simon Lincoln (Treasurer)

Sir Adrian Baillie

Dr M F Bassendine

Resigned 31st December 2023

Mr Peter Holt

Mr Edward Mead

Mr Charles Walsh

Mr John Jolly

OUR PATRONS

Ms Emilia Fox

Ms Sadie Frost

Boy George

Mr Andrew Loog Oldham

The Lord Mancroft

Mr Alan McGee

Ms Justine Roddick

Mr Robbie Williams

CHIEF EXECUTIVE

Rachel Halford

RECRUITMENT AND APPOINTMENT OF TRUSTEES

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

KEY MANAGEMENT PERSONNEL

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

RISK ASSESSMENT

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

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

FINANCIAL REVIEW

FUNDING

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

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

RESERVE POLICY

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

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

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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

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

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

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

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

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

AUDITORS

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

SMALL COMPANY RULES

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



The Hon David Macmillan

12th December 2024

FINANCIAL STATEMENT

FINANCIAL STATEMENTS FOR THE YEAR ENDED

31 MARCH 2024

Registered in England and Wales

Charity Number: 1104279

Registered in Scotland

Charity Number: SCO39914

Registered Company

Number: 5069924

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

OPINION

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 March 2024, and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

BASIS FOR OPINION

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

CONCLUSIONS RELATING TO GOING CONCERN

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

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

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

OTHER INFORMATION

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

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

We have nothing to report in this regard.

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

OPINIONS ON OTHER MATTERS PRESCRIBED BY THE COMPANIES ACT 2006

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

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

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

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

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

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

RESPONSIBILITIES OF TRUSTEES

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

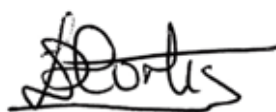
Due to the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from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

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

USE OF OUR REPORT

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

Lorraine Curtis ACA BFP FCCA
(Senior Statutory Auditor)



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

12th December 2024

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

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

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

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

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

The Hepatitis C Trust

Balance Sheet as at 31 March 2024

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

The accounts have been prepared in accordance with FRS 102.

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

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



.....
Hon David Macmillan

Registered Company Number: 5069924

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

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

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

Reconciliation of net expenditure to net cash flow from operating activities

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

Analysis of cash and cash equivalents

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

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

Accounting Policies

Basis of Preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland issued in October 2019, the Financial Reporting Standard applicable in the United Kingdom and Republic of Ireland (FRS 102), the Charities Act 2011, the Companies Act 2006 and UK Generally Accepted Accounting Practice.

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

The financial statements are prepared under the historical cost concept.

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

Going Concern Basis

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

Income

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

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

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

Expenditure

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

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

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

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

1. Accounting Policies (continued)

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

Fund accounting

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

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

Cash and Cash Equivalents

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

Debtors and creditors

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

Pension

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

Critical accounting estimates and areas of judgement

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

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

2. Donations

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

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

3. Investment Income

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

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

4. Income for Charitable Activities

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

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

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

4a Grants

Year to 31 March 2024

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

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

4a Grants (Continued)

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

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

5. Cost of Raising Funds

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

6. Analysis of Charitable Expenditure by type

Year to 31 March 2024	Staff Cost 2024 £	Direct Cost 2024 £	Support Cost 2024 £	Total 2024 £
Advocacy and Drug Services	3,734,986	992,418	992,508	5,719,912
Consulting	-	712	3,763	4,475
HCV Action and Parliamentary Work	-	64,038	-	64,038
Helpline	16,882	4,150	-	21,032
National Volunteer & Trainer	93,073	44,825	14,284	152,182
NHS Health & Justice Materials	-	51,600	-	51,600
NHS Health & Justice Prison Peers	1,107,962	338,468	77,037	1,523,467
Research	-	79,403	-	79,403
Scotland Peer Project	66,850	19,183	-	86,033
Women's Prisons	88,107	28,661	6,764	123,533
World Hepatitis Day	-	23,690	10,000	33,690
	<u>5,107,860</u>	<u>1,647,148</u>	<u>1,104,356</u>	<u>7,859,365</u>
Year to 31 March 2023	Staff Cost 2023 £	Direct Cost 2023 £	Support Cost 2023 £	Total 2023 £
Advocacy and Drug Services	3,225,288	899,694	-	4,124,982
HCV Action and Parliamentary Work	-	131,884	-	131,884
Helpline	16,588	2,698	-	19,826
National Volunteer & Trainer	82,212	89,867	-	172,079
NHS Health & Justice Prison Peers	977,302	347,192	-	1,324,494
Scotland Peer Project	32,795	12,373	-	45,168
Women's Prisons	101,898	30,826	-	132,724
World Hepatitis Day	-	3,947	-	3,947
	<u>4,436,083</u>	<u>1,518,481</u>	<u>-</u>	<u>5,955,104</u>

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

7. Support Costs

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

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

8. Staff Costs

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

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

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

9. Trustees and related parties

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

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

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

10. Debtors

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

11. Creditors: Amounts falling due within one year

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

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

12. Statement of Funds

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

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

12. Statement of Funds (Continued)

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

Designated Fund

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

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

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

The Hepatitis C Trust

Notes to the Financial Statements

For the year ended 31 March 2024

12. Statement of Funds (continued)

Restricted Funds

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

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

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

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

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

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

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

Research: Two bespoke pieces of work:

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

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

Consultancy: Secondment of staff member salary costs

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

13. Analysis of Net Assets between Funds

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

14. Operating Lease Commitments

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

THANK YOU

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

We would like, in particular, to thank:

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

THE HEPATITIS C TRUST

Working together to eliminate hepatitis C

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SCO39914

Registered Company
Number: 5069924