

Leaving No One Behind



Annual Reports
and Accounts
2024—2025

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

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

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Our Focus

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

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

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

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

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

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

Our mission is focused around three strategic goals:

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

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



Letter from the CEO & Trustees

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

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

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

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

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

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

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

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

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

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

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

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

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

Rachel Halford
CEO



The Year in Numbers

- 35,392

people in the community tested for Hepatitis C
- 60,143

people engaged through Hepatitis C awareness sessions or conversations in the community
- 2,162

prisoners supported to be tested who had previously refused
- 14

prison sites achieved micro elimination
- 26,708

hours contributed by peer volunteers
- 10,741

contacts via helpline

The Year in Figures

Financial Overview—Income

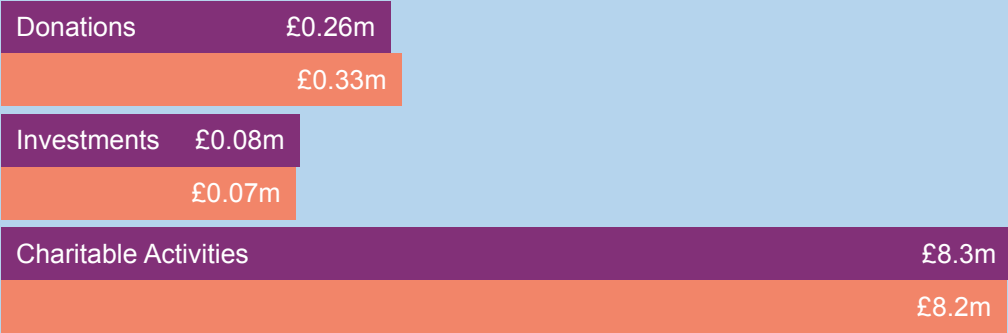
An overview of our total income for this year, with a comparison to that of last year.

■ 2024—25
■ 2023—24

Total Income

£8.7m*

£8.6m*



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

Financial Overview—Expenditure

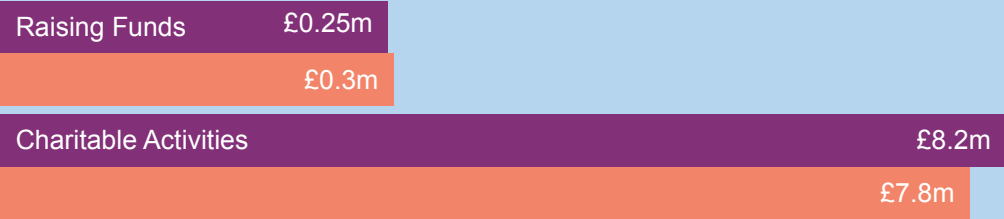
An overview of our total expenditure for this year, with a comparison to that of last year.

■ 2024—25
■ 2023—24

Total Expenditure

£8.5m*

£8.1m*



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

Leaving No One Behind

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

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

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

Our Work in the Community

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

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

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

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

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

2024/25 Target

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

60,143

people engaged through hepatitis C awareness sessions or conversations

35,392

people in the community tested for hepatitis C

2,705

people commencing hepatitis C treatment

Story of Impact:

Tailored Support for the Individual

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

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

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

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

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

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

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

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

Story of Impact:

Our Judgement-free Approach

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

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

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

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

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

2025/26 Priority

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



Our Work in Prisons

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

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

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

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

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

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

2024/25 Target

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

2,162

prisoners supported to be tested who had previously refused

1,675

prisoners supported through treatment

14

prison sites achieved micro elimination

Story of Impact:

Working in Partnership

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

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

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

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

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

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

Story of Impact:

Follow Me Improvement Yorkshire & Humberside

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

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

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

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

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

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

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

2025/26 Priority

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



Training

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

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

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

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

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

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

2024/25 Target

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

317 HAT training sessions

26,708

hours contributed by peer volunteers

21 volunteers gaining paid employment

Story of Impact:

Feedback from our Volunteers

What we do well:

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

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

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

What we could do better:

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

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

"Maybe more opportunities for accredited training."

2025/26 Priority

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



Our Helpline & Support for the Infected Blood Community

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

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

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

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

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

2024/25 Target

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

10,741

calls and emails received and responded to

15

support groups sessions held for the infected blood community

3,500

people either attended or watched back our infected blood compensation webinars

Helpline Story of Impact:

Hearing from People we've Supported

Helpline Callers

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

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

Support Groups

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

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

Helpline Story of Impact:

Advice, Advocacy and Finding Records

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

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

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

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

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

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

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

2025/26 Priority

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

Making Change

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



The Infected Blood Inquiry & the Government's Response

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

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

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

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

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

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

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

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

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

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

2025/26 Priority

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

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

The Inquiry Report,
Volume 1 p273

Keeping Hepatitis C Elimination on the Political Agenda

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

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

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

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

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

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

2024/25 Target

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

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

10

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

7

one-to-one meetings with MPs

2025/26 Priority

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





Keeping Hepatitis C Professionals Connected

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

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

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

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

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

2024/25 Target

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

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

80+

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

19

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

70

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

Research

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

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

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

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

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

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

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

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

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

World Hepatitis Day 2024

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

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

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





Art on a Postcard

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

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

Highlights from 2024–25

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

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

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

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

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



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

Governance and Management

Legal Entity

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

Charitable Objects

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

Our Trustees

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

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

Our Patrons

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

Chief Executive

Rachel Halford

Recruitment and Appointment Of Trustees

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

Key Management Personnel

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

Risk Assessment

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

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

Financial Review

Funding

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

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

Reserve Policy

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

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

Statement of Trustees’ Responsibilities

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

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

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

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

In so far as the Trustees are aware:

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

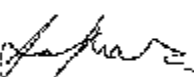
Auditors

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

Small Company Rules

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

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



The Hon David Macmillan

Date: 19.12.2025

Financial Statement

Financial Statements for the Year Ended 31 March 2025

Registered in England and Wales Charity Number: 1104279

Registered in Scotland Charity Number: SC039914

Registered Company Number: 5069924

Independent Auditors’ Report to Members of the Hepatitis C Trust

Opinion

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

In our opinion the financial statements:

- give a true and fair view of the state of the charitable company’s affairs as at 31 March 2025, and of its incoming resources and application of resources, including its income and expenditure, for the year ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

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

Conclusions relating to going concern

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

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

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

Other information

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

Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Independent Auditors’ Report to
Members of the Hepatitis C Trust

Opinions on other matters prescribed by the
Companies Act 2006

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

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

Matters on which we are required to report by
exception

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

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

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

Responsibilities of trustees

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

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

Auditor’s responsibilities for the audit of the
financial statements

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

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

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

Independent Auditors’ Report to
Members of the Hepatitis C Trust

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

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

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

This description forms part of our auditor’s report.

Use of our report

This report is made solely to the charitable company’s members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company’s members those matters we are required to state to them in an auditor’s report and for no other purpose.

To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company’s members as a body, for our audit work, for this report, or for the opinions we have formed.



Lorraine Curtis ACA BFP FCCA
(Senior Statutory Auditor)

For and on behalf of Nordens Audit Limited
Statutory Auditor

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

Date: 22.12.2025

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

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

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

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

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

Balance Sheet as at
31 March 2025

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

The accounts have been prepared in accordance with FRS 102.

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

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



.....

Hon David Macmillan

Registered Company Number: 5069924

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

Statement of Cash Flows
For the year ended 31 March 2025

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

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

1. Accounting Policies

Basis of Preparation

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

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

The financial statements are prepared under the historical cost concept.

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

Going Concern Basis

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

Income

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

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

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

Expenditure

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

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

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

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

1. Accounting Policies (continued)

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

Fund accounting

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

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

Cash and Cash Equivalents

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

Debtors and creditors

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

Pension

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

Critical accounting estimates and areas of judgement

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

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

2. DONATIONS

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

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

3. INVESTMENT INCOME

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

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

4. INCOME FOR CHARITABLE ACTIVITIES

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

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

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

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

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

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

Notes to the Financial Statements

For the year ended 31 March 2025

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

Notes to the Financial Statements

For the year ended 31 March 2025

5. COST OF RAISING FUNDS

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

6. ANALYSIS OF CHARITABLE EXPENDITURE BY TYPE

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

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

6. ANALYSIS OF CHARITABLE EXPENDITURE BY TYPE
(continued)

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

7. SUPPORT COSTS

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

All support costs were proportionally allocated to funders and core.

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

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

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

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

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

9. TRUSTEES AND RELATED PARTIES

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

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

10. DEBTORS

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

11. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR

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

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

Notes to the Financial Statements

For the year ended 31 March 2025

12. STATEMENT OF FUNDS

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

Designated Fund

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

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

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

Notes to the Financial Statements

For the year ended 31 March 2025

12. STATEMENT OF FUNDS

Restricted Funds

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

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

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

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

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

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

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

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

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

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

Consultancy: Secondment of staff member salary costs

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

13. ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

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

14. OPERATING LEASE COMMITMENTS

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

Thank You

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

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

We would like, in particular, to thank:

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

The Hepatitis C Trust
Annual Reports & Accounts
2024—2025

Registered in England and Wales
Charity Number: 1104279

Registered in Scotland
Charity Number: SCO39914

Registered Company
Number: 5069924

