



Auditor's Annual Report 2023/24

Somerset NHS Foundation Trust

—

June 2024

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This report is addressed to Somerset NHS Foundation Trust (the Trust). We take no responsibility to any member of staff acting in their individual capacities, or to third parties.

External auditors do not act as a substitute for the audited body's own responsibility for putting in place proper arrangements to ensure that public business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.



01 Executive Summary

Executive Summary

Purpose of the Auditor’s Annual Report

This Auditor’s Annual Report provides a summary of the findings and key issues arising from our 2023-24 audit of Somerset NHS Foundation Trust (the ‘Trust’). This report has been prepared in line with the requirements set out in the Code of Audit Practice published by the National Audit Office and is required to be published by the Trust alongside the annual report and accounts.

Our responsibilities

The statutory responsibilities and powers of appointed auditors are set out in the Local Audit and Accountability Act 2014. In line with this we provide conclusions on the following matters:



Accounts - We provide an opinion as to whether the accounts give a true and fair view of the financial position of the Trust and of its income and expenditure during the year. We confirm whether the accounts have been prepared in line with the Group Accounting Manual prepared by the Department of Health and Social Care (DHSC).



Annual report - We assess whether the annual report is consistent with our knowledge of the Trust. We perform testing of certain figures labelled in the remuneration report.



Value for money - We assess the arrangements in place for securing economy, efficiency and effectiveness (value for money) in the Trust’s use of resources and provide a summary of our findings in the commentary in this report. We are required to report if we have identified any significant weaknesses as a result of this work.



Other reporting - We may issue other reports where we determine that this is necessary in the public interest under the Local Audit and Accountability Act.

Findings

We have set out below a summary of the conclusions that we provided in respect of our responsibilities:

Accounts	<p>We issued an unqualified opinion on the Trust’s accounts on 27 June 2024. This means that we believe the accounts give a true and fair view of the financial performance and position of the Trust.</p> <p>We have provided further details of the key risks we identified and our response on page 7.</p>
Annual report	<p>We did not identify any significant inconsistencies between the content of the annual report and our knowledge of the Trust.</p> <p>We confirmed that the Governance Statement had been prepared in line with the Department of Health and Social Care requirements.</p>
Value for money	<p>We are required to report if we identify any matters that indicate the Trust does not have sufficient arrangements to achieve value for money.</p> <p>We identified one significant weakness relating to the arrangements for governance associated with the CQC maternity inspection in the year. We have provided further detail on page 13-14.</p>
Other reporting	<p>We did not consider it necessary to issue any other reports in the public interest.</p>



02 Audit of the Financial Statements

Audit of the financial statements

KPMG provides an independent opinion on whether the Trust's financial statements:

- Give a true and fair view of the state of the Trust's affairs as at 31 March 2024 and of its income and expenditure for the year then ended;
- Have been properly prepared in accordance with the accounting policies directed by NHS England with the consent of the Secretary of State in February 2024 as being relevant to NHS Foundation Trusts and included in the Department of Health and Social Care Group Accounting Manual 2023/24; and
- Have been prepared in accordance with the requirements of the National Health Service Act 2006 (as amended).

We conducted our audit in accordance with International Standards on Auditing (UK) ("ISAs (UK)") and applicable law. We have fulfilled our ethical responsibilities under, and are independent of the Trust in accordance with, UK ethical requirements including the FRC Ethical Standard. We believe that the audit evidence we have obtained is a sufficient and appropriate basis for our opinion.

Audit opinion on the financial statements

We issued an unqualified opinion on the Trust's financial statements on 27 June 2024.

The full opinion is included in the Trust's Annual Report and Accounts for 2023/24 which can be obtained from the Trust's website.

Further information on our audit of the financial statements is set out overleaf.

Audit of the financial statements

The table below summarises the key risks that we identified to our audit opinion as part of our risk assessment and how we responded to these through our audit.

Risk	Procedures undertaken	Findings
<p>Management override of controls</p> <p>We are required by auditing standards to recognise the risk that management may use their authority to override the usual control environment.</p>	<ul style="list-style-type: none"> – Our audit methodology incorporates the risk of management override as a default significant risk. In line with our methodology, we evaluated the design and implementation of the controls in place for the approval of manual journals posted to the general ledger to ensure that they are appropriate; – We analysed all journals through the year and focus our testing on those with a higher risk, such as journals impacting expenditure recognition; – We assessed the appropriateness of changes compared to the prior year to the methods and underlying assumptions used to prepare accounting estimates; – We reviewed the appropriateness of the accounting for significant transactions that are outside the Trust's normal course of business, or are otherwise unusual; and – We assessed the controls in place for the identification of related party relationships and test the completeness of the related parties identified. We will verify that these have been appropriately disclosed within the financial statements. 	<ul style="list-style-type: none"> – We identified a number of journal entries and other adjustments which met our pre-determined high risk criteria. These included unusual entries to cash and borrowings as well as journal entries which were posted to accruals in the last quarter of the year. Our review and examination of supporting documents did not identify an instances of management override of controls. – We did not identify any material misstatements in relation to this significant risk.
<p>Fraudulent expenditure recognition</p> <p>Auditing standards suggest for public sector entities a rebuttable assumption that there is a risk expenditure is recognised inappropriately. We recognised this risk over all expenditure, excluding payroll costs and depreciation.</p>	<ul style="list-style-type: none"> – We evaluated the design and implementation of controls for developing manual expenditure accruals at the end of the year to verify that they have been completely recorded; – We inspected a sample of invoices of expenditure and payments made, in the period after 31 March 2024, to determine whether expenditure has been recognised in the correct accounting period; – We inspected journals posted as part of the year end close procedures that decrease the level of expenditure recorded in order to critically assess whether there was an appropriate basis for posting the journal and the value can be agreed to supporting evidence; – We performed a retrospective review of prior year accruals in order to assess the existence and accuracy with which accruals had been recorded at 31 March 2023 and consider the impact on our assessment of the accruals at 31 March 2024. – We performed a year on year comparison of the accruals made in the prior year and current year and challenged management where the movement is not in line with our understanding of the entity. 	<ul style="list-style-type: none"> – We sampled a number of invoices of expenditure and cash payments in the period following 31 March 2024, and did not identify any inappropriate entries. – We performed a retrospective review of accruals (both through consideration of prior year accruals and through comparison to current year accruals), and did not identify any inappropriate entries. – We did not identify any material misstatements relating to this risk.



03 Value for Money

Value for Money

Introduction

We are required to consider whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources or 'value for money'. We consider whether there are sufficient arrangements in place for the Trust for the following criteria, as defined by the National Audit Office (NAO) in their Code of Audit Practice:



Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services.



Governance: How the Trust ensures that it makes informed decisions and properly manages its risks.



Improving economy, efficiency and effectiveness: How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

Approach

We undertake risk assessment procedures in order to assess whether there are any risks that value for money is not being achieved. This is prepared by considering the findings from other regulators and auditors, records from the organisation and performing procedures to assess the design of key systems at the organisation that give assurance over value for money.

Where a significant risk is identified we perform further procedures in order to consider whether there are significant weaknesses in the processes in place to achieve value for money.

We are required to report a summary of the work undertaken and the conclusions reached against each of the aforementioned reporting criteria in this Auditor's Annual Report. We do this as part of our commentary on VFM arrangements over the following pages.

We also make recommendations where we identify weaknesses in arrangements or other matters that require attention from the Trust.

Summary of findings

	Financial sustainability	Governance	Improving economy, efficiency and effectiveness
Commentary page reference	12-13	14	15-16
Identified risks of significant weakness?	No	Yes	No
Actual significant weakness identified?	No	Yes	No
2022-23 Findings	No significant weakness identified	No significant weakness identified	No significant weakness identified
Direction of travel	↔	↓	↔

Value for Money

NATIONAL CONTEXT

Financial performance

The 2023-24 financial year saw a significant increase in the level of financial pressures facing the NHS sector. This followed the end of Covid-19 related financing arrangements. The sector has faced cost pressures from a range of factors, most significantly the impacts of inflation and the costs of industrial action.

At the end of January 2024 NHS England forecast that the NHS would record an overspend of £1.1bn against its agreed budgets. This came after additional funding had been made available earlier in the year to support the costs of industrial action.

Operational performance

In January 2023 the Government announced five pledges for 2023, including reducing NHS waiting lists and the time people wait for procedures. Waiting lists had grown significantly during the Covid-19 pandemic as elective activity was postponed in order to prioritise the treatment of Covid patients and ensure safe working.

According to the Health Foundation the NHS waiting list had grown from 6.2 million patients at the beginning of 2022 to 7.2 million in January 2023. There had also been a significant increase in the number of patients with long waits. At the end of 2023 there remained 355,000 patients that had been waiting over a year for treatment. Income arrangements for the acute sector were revised in year to reimburse providers for elective activity based on the actual number of patients treated.

System working

The Health and Care Act 2022 formally established integrated care systems (ICSs), 42 partnerships within local geographies to promote closer working between the organisations responsible for healthcare delivery. Integrated Care Boards were formed on 1 July 2022, taking over commissioning responsibility from Clinical Commissioning Groups.

In their first full year of operation ICSs have continued to work to develop and embed governance arrangements.

LOCAL CONTEXT

Somerset NHS Foundation Trust provides, acute, community and mental health services throughout the county of Somerset. During the year, the Trust merged with Somerset NHS Foundation Trust to form the new Somerset NHS Foundation Trust.

Financial performance

The Trust has delivered a surplus of £23k in the year, broadly consistent with the prior year breakeven position. The position is aligned to the original breakeven plan submitted in April 2024 and the ICS reforecast in month 9.

Delivery of the financial plan remains a key challenge for the Trust, and this is achieved through a focus cost improvement programmes ('CIP'). The Trust was able to deliver most of the identified savings in 2023/24, delivering £15.7 million recurrent savings with a further £15.2 million of savings being delivered on a non-recurrent basis.

System working

The Trust recognises being part of a ICS with a challenging financial position, with the system reporting a current year breakeven position however with an underlying deficit of over £81.8 million.

The 2024/25 Trust and ICS plan was approved by the Board on March 2024 and subsequently updated in June 2024, with the Trust and ICS forecasting to breakeven at the end of 2024/25. The plans include challenging cost improvement targets of c. 5.6% for the Trust, which is greater than the CIP delivered in the current year.

Maternity CQC Inspection

Following a CQC inspection of the maternity services in December 2023, the Trust were issued with a Section 29A letter. The Trust are currently working through the actions required of them by the CQC, however were unable to implement all required actions by 31 March 2024.

Financial Sustainability

How the Trust plans and manages its resources to ensure it can continue to deliver its services.

We have considered the following in our work:

- How the Trust ensures that it identifies all the significant financial pressures that are relevant to its short and medium-term plans and builds these into them;
- How the Trust plans to bridge its funding gaps and identifies achievable savings;
- How the Trust plans finances to support the sustainable delivery of services in accordance with strategic and statutory priorities;
- How the Trust ensures that its financial plan is consistent with other plans such as workforce, capital, investment, and other operational planning which may include working with other local public bodies as part of a wider system; and
- How the Trust identifies and manages risks to financial resilience, e.g. unplanned changes in demand, including challenge of the assumptions underlying its plans

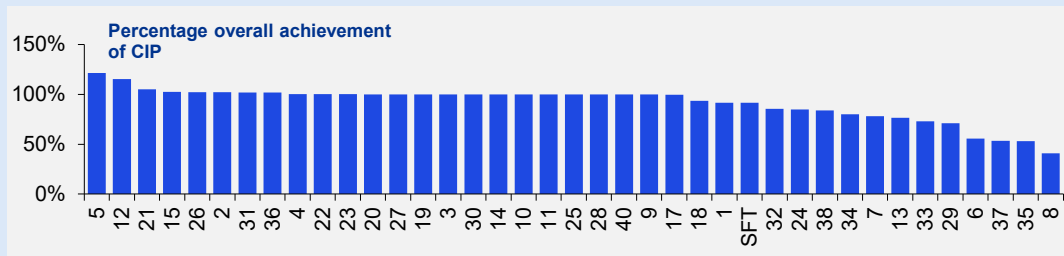
Summary of arrangements

We have **not identified a significant weaknesses** in the Trust’s arrangements in relation to financial sustainability.

Delivery against 2023-24 financial plan

The original Trust financial plan for 2023/24 was a breakeven plan, which formed part of a wider ICS breakeven budget. The budgets were prepared based on appropriate local and national planning assumptions and were approved at both a Trust and ICS level prior to submission. The Trust has maintained appropriate oversight of its financial performance throughout the period, with regular papers being presented to the Finance Committee, with a full finance report being presented at each Trust Board meeting. The Trust was able to mitigate the reported month 9 deficit and achieved a £23k surplus at the year end, with the main driver for this improved performance being delivery of CIPs .

To support achievement of the financial position, the Trust planned delivery of £33.8 million of CIPs. The Trust was able to deliver most of the identified savings in 2023/24, with £15.7 million recurrent savings and a further £15.2 million of savings being on a non-recurrent basis. The overall achievement of CIP, compared to other providers, is drawn out further on the graph below.



The Trust has continued to work closed with Somerset Integrated Care Board and recognise being part of a system with a £83.0 million underlying deficit. The Trust year merged with Yeovil District Hospital NHS Foundation Trust on 1 April 2023, with many of the savings from the merger to be realised from financial year 2024/25 onwards. The Trust continues to integrate the wholly owned subsidiaries of the Group into the wider Group governance and financial management disciplines and reports are presented for Simply Serve Limited and Symphony Healthcare Services Limited.

The Trust remains in a strong financial position, with a closing cash balance of £76.6 million. As part of the 2024/25 planning process the Trust has submitted a breakeven plan to NHS England, with a forecast closing cash balance of £48.1 million.

Financial Sustainability

Capital Spend

As part of the 2023/24 plan, the Trust identified £84.6 million of capital spend, largely relating to sustainability and transformation works as well as the completion of the new Musgrove Park surgical centre. The delivery of plans are monitored through the Finance Committee. The Trust delivered total capital spend of £83.4 million during the year, with the performance against plan being largely driven by underspend associated with clinical diagnostic equipment.

Planning process for 2024-25

The Trust has worked with ICS partner organisations to develop plans for 2024/25 in line with the national guidance, with planning initiatives, which include involvement in the System Wide Finance Group and the identification of key actions including the implementation of additional cost controls at both a Trust and subsidiary entity level. In particular, the Trust has ensured all relevant stakeholders including the Board, Finance Committee and throughout the process, with necessary background and detail included within such updates.

The final Trust and ICS plans were submitted in June 2024, in line with the revised submission deadlines from NHS England, with both the Trust and System submitting a breakeven plan for 2024/25. This plan includes a challenging CIP target of £64.3 million, split between £34.7m recurrent and £29.6 million non-recurrent savings. The Trust will need to ensure appropriate focus is maintained on the delivery of both the recurrent and non-recurrent CIP targets.

Key financial and performance metrics (Trust only):	2023-24	2022-23
Planned performance (adjusted financial performance)	Breakeven	Breakeven
Actual performance (adjusted financial performance)	£23k surplus	Breakeven
Planned CIP as a % of spend	Planned CIP of £33.8 million:	Planned CIP of £14.2 million:
- Recurrent	— £24.0 million recurrent	— £11.0 million recurrent
- Non-recurrent	— £9.8 million non-recurrent	— £3.2 million non-recurrent
Actual CIP as a % of spend	Achieved CIP of £31.0 million:	Achieved CIP of £13.3 million:
- Recurrent	— £15.6 million recurrent	— £5.3 million recurrent
- Non-recurrent	— £15.3 million non-recurrent	— £8.0 million non-recurrent
Year-end cash position	£76.6 million	£42.5 million

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

Summary of arrangements

We have identified **one significant weakness** in the Trust's arrangements in relation to governance.

Risk Management Process

The identification and scoring of risks is a key part of the Trust Risk Management Strategy. The Trust has defined processes in place to monitor and assess risk, with key documents including the Board Assurance Framework (BAF) being regularly reviewed by the Audit Committee and by the Trust Board. Alongside this, the Trust's Corporate Risk Register is regularly reviewed and challenged by the Audit Committee, containing the operational risks to the Trust. The Trust utilise a 5x5 matrix to score operational risks which include the risk of access to primary care, the increased demand of the Emergency Department as well of the age of both the acute and community elements of the Trust estate. Individual risks identified are marked and described within the documents, including relevant updates to the risk since the date of the last review.

Care and Quality Commission Inspection

During the year, the Trust underwent an inspection of their maternity services at both Musgrove Park Hospital and Yeovil. The inspection rated the maternity services to be inadequate at both the Musgrove Park Hospital and Yeovil District Hospital sites.

The overall inspection and finalised inspection reports downgraded the overall rating of both sites from "Good" to "Requires Improvement" in both the safe and well-led categories of the CQC ratings, with the maternity services being rated as inadequate in the reports published in May 2024. The rating for Somerset NHS Foundation Trust remained as "Good" overall.

As a result of the inspection and findings identified during the visit the Trust was issued a Section 29(A) notice under the Health and Social Care Act 2006 in December 2023 and covered a number of areas including;

- The lack of clear triage in place at Musgrove Park Hospital to ensure the safety of women, birthing people and babies, which was not included on the relevant maternity risk register;
- The service not having a regular program of audits to ensure the safety and quality of the service is monitored and processes to learn from incidents were not found to be effective;
- Leadership systems were found to be ineffective to improve quality of the service or maintain clear oversight of maternity services to keep women, birthing people and babies safe; and
- The service did not ensure that Policies and Procedures were in place to provide staff with relevant guidance.

Governance

How the Trust ensures that it makes informed decisions and properly manages its risks.

We have considered the following in our work:

- how the Trust monitors and assesses risk and how the body gains assurance over the effective operation of internal controls, including arrangements to prevent and detect fraud;
- how the Trust approaches and carries out its annual budget setting process;
- how the Trust ensures effective processes and systems are in place to ensure budgetary control; to communicate relevant, accurate and timely management information (including non-financial information where appropriate); supports its statutory financial reporting requirements; and ensures corrective action is taken where needed, including in relation to significant partnerships;
- how the Trust ensures it makes properly informed decisions, supported by appropriate evidence and allowing for challenge and transparency; and
- how the body monitors and ensures appropriate standards, such as meeting legislative/regulatory requirements and standards in terms of management or Board members' behaviour

In addition to the above, management were also issued with a warning notice under Section 31 of the Health and Social Care Act 2008 in December 2023. This related to concerns raised as part of the inspection process with regards to the security of the maternity wards at Musgrove Park Hospital. Management were given 48 hours to rectify the issues specifically covered by this notice and this has since been withdrawn.

Response to Inspection Findings

In response to the inspection report findings and Section 29A warning notice, the Trust developed an improvement plan with identified “must do” and “should do” actions with reporting of progress against the identifiable actions to both the Quality Committee, where progress against the maternity recommendations is a recurring agenda item and also as part of the Board level reporting.

The Trust have been working alongside the local CQC team in order to track progress and have met all deadlines with regards to the reporting of actions achieved, and those planned for the future. Management have provided the CQC inspection team with detailed briefing notes outlining both the areas of concern raised in the initial inspection alongside the actions that have been implemented since the inspection in order to address the concerns.

In May 2024, the Trust received notification from the CQC that they were satisfied with the actions completed by the Trust to date in order to address the concerns identified from the initial inspection into maternity services. The CQC confirmed that at this stage, they were not intending to take further regulatory action.

Conclusion:

The Trust have completed a significant amount of work during the year in order to address the concerns identified through the CQC inspection surrounding maternity services in November 2023. Whilst progress has been made, due to the timing of the inspection a number of remedial actions have not been put in place by 31 March 2024 and the Trust are still working towards implementing a number of the required actions. Whilst the Trust have received confirmation from the CQC that they are satisfied with the progress made to date, the inspection findings were not originally captured as risks on maternity risk registers prior to the inspection being completed.

Due to the timing of the CQC inspection, and the finalised inspection reports not being published until May 2024, many of the remedial actions had not been in place for the full financial year and a number of actions had not yet been fully implemented as at year end. Therefore, we consider this to be a **significant weakness** in the governance arrangements in place at the Trust and make the following recommendation:

The Trust should continue to maintain the current level of focus and direct resources to improve the levels of service provided by the maternity services at the Trust based on the Section 29A warning notice and the “Must Do” actions of the full CQC report.

Governance

	2024	2023
Control deficiencies reported in the Annual Governance Statement	None	None
Head of Internal Audit Opinion	Moderate assurance	Reasonable assurance
Oversight Framework segmentation	2	2
Care Quality Commission rating	Good(Safe and Well-led)	Good (Safe and Well-led)

Improving economy, efficiency and effectiveness

How the Trust uses information about its costs and performance to improve the way it manages and delivers its services

We have considered the following in our work:

- how financial and performance information has been used to assess performance to identify areas for improvement;
- how the Trust evaluates the services it provides to assess performance and identify areas for improvement;
- how the Trust ensures it delivers its role within significant partnerships and engages with stakeholders it has identified, in order to assess whether it is meeting its objectives; and
- where the Trust commissions or procures services, how it assesses whether it is realising the expected benefits.

Summary of arrangements

We have **not identified a significant weaknesses** in the Trust's arrangements in relation to improving economy, efficiency and effectiveness.

Assessing Value for Money and Opportunities for Improvement

A monthly paper is presented to the Trust's Finance Committee in order to report on financial performance, allowing the Trust to assess the level of value for money being achieved. Management also maintain and monitor costs by reviewing the information received from the Model Hospital as well as performing detailed analysis over patient level costing. This benchmarking data is used for financial planning and contracting rounds to shape efficiency plans.

Partnership Working

System working is embedded as business as usual to enact the appropriate actions and change. This is underpinned by the Somerset Long term plan, which in its agreement principles, states that all providers agree to work within the aggregate of organisational control totals.

The Trust forms part of the Somerset ICS and members of the Board and Leadership team are integrated within the governance of the system. This includes the involvement and integration of key members of the Trust in the System Finance Group. This ensures the Trust is integrated into key system decisions and feeds back to the Trust the Board and Finance Committee. Planning is performed at an ICS level as well as considering the individual entities that make up the ICS, with the aim of achieving financial sustainability at a system level, although there also remains a focus on achieving financial balance at a organisational level.

Following the merger of Yeovil District Hospital NHS Foundation Trust into Somerset NHS Foundation Trust on 1 April 2023, the Somerset ICS is now made up of one provider and one commissioner, driving a closer working partnership.

Monitoring of Performance of Services

The Trust has a performance management framework in place to set the structure of performance management. This details the format of reporting, outlining roles and responsibilities for each level. The main element of performance reporting is the integrated performance report which provides the Finance Committee, and subsequently the Board, with key operational performance indicators on a monthly basis. This report highlights performance in different domains in line with the Trust's strategy and highlights key areas for improvement within each domain. For these areas further information is provided, such as trends, to help inform the Finance Committee and provide the full context. Escalation reports for key areas are presented to the Board.

Recommendations

We raised the following recommendations in response to significant weaknesses identified in our value for money procedures.

#	Recommendation	Management Response
1	<p>The following recommendation is raised in relation to the significant weakness identified in the Trust's governance arrangements associated with the CQC inspection:</p> <p><i>Whilst we recognise the Trust has taken action in response to the warning notice, the timing of the notification means that the Trust has not been able to demonstrate sufficient action within the period. The Trust should continue to maintain the current level of focus and direct resources to improve the level of services provided by the maternity services at the Trust based on the Section 29A warning notice and the "Must Do" actions of the full CQC report.</i></p>	<p>The Trust has established a Maternity and Neonatal Action Group (MNAG) , jointly chaired by the Chief Nurse and Chief Operating Officer, to oversee the response to the CQC inspection reports and delivery of the actions in relation to the s29A warning notice. As identified in this report, the Trust has submitted action plans in respect of the s29A notice and also in respect of the CQC inspection reports Must and Should Do recommendations and has established liaison meetings with the CQC to inform and update on the delivery of these. MNAG meets twice a month and reports monthly to the Trust's Quality and Governance Assurance Committee which reports directly to the Board at each of its public board meetings. These arrangements will continue until the action plans are completed and/or a further CQC inspection of maternity services is undertaken.</p>



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Document Classification: KPMG Public