



East Suffolk and North Essex NHS Foundation Trust

Well-led review of leadership and governance

Executive Summary extracted from the Final Report dated 21 February 2023 for publication on the ESNEFT website only

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25 April 2023

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Dear Board of Directors

**East Suffolk and North Essex NHS Foundation Trust – Leadership and governance review using the NHSI well-led framework – Executive Summary for publication on the ESNEFT website**

In accordance with our Engagement Letter dated 18 February 2022 ('the Contract') for a leadership and governance review using the NHSI well-led framework, we enclose an Executive Summary extract from our Final Report dated 21 February 2023 (the Executive Summary).

The Executive Summary is confidential to the Trust and is subject to the restrictions on use specified in the Contract. No party, except the addressee, is entitled to rely on this Executive Summary for any purpose whatsoever and we accept no responsibility or liability to any party in respect of the contents of this Executive Summary. This Executive Summary is prepared for the Board of Directors as a body alone, and our responsibility is to the full Board and not individual Directors.

Whilst we have agreed that this Executive Summary may be published on the ESNEFT website, such publication may only be made on a non-reliance basis since no person except the addressee is entitled to rely on the Executive Summary for any purpose whatsoever and to the extent permitted by law we accept no responsibility or liability to any other person in respect of the contents of this Executive Summary. Should any person other than ESNEFT choose to rely on this Executive Summary, they will do so at their own risk.

The Executive Summary must not, save as expressly provided for in the Contract be recited or referred to in any document, or copied or made available (in whole or in part) to any other person. The Board is responsible for determining whether the scope of our work is sufficient for its purposes and we make no representation regarding the sufficiency of these procedures for the Trust's purposes. If we were to perform additional procedures, other matters might come to our attention that would be reported to the Trust.

We have assumed that the information provided to us and management's representations are complete, accurate and reliable; we have not independently audited, verified or confirmed their accuracy, completeness or reliability. In particular, no detailed testing regarding the accuracy of the financial information has been performed.

The matters raised in this Executive Summary are only those that came to our attention during the course of our work and are not necessarily a comprehensive statement of all the strengths or development areas that may exist or all improvements that might be made. Any recommendations for improvements should be assessed by the Trust for their full impact before they are implemented.

Yours faithfully



Deloitte LLP

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Please note that the sections highlighted below have been extracted from the Final Report dated 21 February 2023 at the request of the Trust.

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Executive Summary for publication on ESNEFT website: 25/04/23

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# Scope of work and approach

Executive Summary for publication on ESNEFT website: 25/04/23

# Scope of work and approach

This Executive Summary is extracted from our Final Report dated 21 February 2023. It sets out a summary of the findings from our independent developmental review of leadership and governance at East Suffolk and North Essex NHS Foundation Trust (hereafter 'ESNEFT' or 'the Trust'), using the NHSI well-led framework.

As set out in our contract dated 18 February 2022, our approach to delivering our work with you has consisted of:

1. A **desktop review** of relevant documentation which included board, committee and divisional papers to consider the effectiveness of debate, appropriateness of agendas and quality of papers.
2. A **board effectiveness survey** that was completed by all board members and other directors (22 responses), a **staff survey** (1,275 responses: 685 clinical and 590 non-clinical staff) and a **governors survey** (15 participants). These surveys sought views on the effectiveness of current leadership and governance arrangements.
3. Undertaking 1-1.5 hour virtual non-attributable **interviews with each member of the Board** (18 interviews).
4. Undertaking 1 hour virtual non-attributable **interviews with a sample of senior staff** (20 interviews) and joint interviews with the **divisional leadership teams** (7 interviews)
5. Undertaking **virtual meeting observations** of the public and private Board of Directors meetings on 3 November; Audit and Risk Committee on 21 September; Executive Management Committee on 22 September; Performance Assurance Committee on 28 September; People and Organisational Development Committee on 29 September; and the Quality and Patient Safety Committee on 27 October.
6. Undertaking **three staff focus groups** with a range of community, clinical and non-clinical staff from across the Trust (23 participants) and **one governors focus group** with a selection of the Council of Governors (6 participants).

7. Obtaining the views of **external stakeholders** via 30-minute telephone interviews (12 interviews). These were with stakeholders including your ICS, neighbouring trusts, CCGs, and local authorities.
8. Following completion of the above activities, we **shared the emerging themes** with the Project Sponsors on 24 November 2022.
9. We facilitated a virtual **workshop with the Board** on 1 December 2022 to provide feedback from the review, and to collectively explore further refinements to leadership and governance arrangements.

This Executive Summary sets out a summary of the findings from our review. We would like to thank board members, staff, governors and external stakeholders for their valued engagement in this project. The review was managed by the Trust in an organised and professional way, and all staff involved in the review were unfailingly helpful and welcoming.

# Executive summary

Executive Summary for publication on ESNEFT website: 25/04/23

# Executive summary

We have undertaken a review of leadership and governance at East Suffolk and North Essex NHS Foundation Trust (hereafter 'ESNEFT' or 'the Trust') against the eight Key Lines of Enquiry (KLOEs) set out in the Well-led Framework. We provide a summary of our overall conclusions below:

The Trust is led by a highly experienced board which has a good record of delivery, including leading a successful post-merger integration process following formation of the Trust in 2018, as well as the subsequent transfer of additional community services. The Trust has benefited from stability in leadership and the Board is functioning at a mature level. Areas of excellence observed during our review include a range of initiatives aimed at positively influencing culture, a strong reputation externally as an 'anchor' organisation, an innovative approach to leadership development, a relatively high focus on research and innovation and high levels of clinical engagement with the digital agenda. We also noted good practices in relation to the functioning of Divisional Assurance Meetings (DAMs), organisational risk management and use of data analytics.

We have observed scope for cultural improvements at the Trust and have made recommendations aimed at improving diversity of board membership, enhancing external stakeholder engagement in strategy development, and reinforcing the clinically led model, whilst clarifying expectations amongst senior leaders regarding accountability and performance review. In addition, we have made suggestions regarding board development, as well as recommendations for refreshing governance and risk at the Trust, following what appears to have been a period where these areas have not been dynamically maintained.

A detailed summary of our findings against each of the eight Key Lines of Enquiry (KLOEs) is outlined over the next few pages.

## KLOE 1: LEADERSHIP

- The Board comprises an experienced group of Executive Directors (ED) and Non-Executive Directors (NED), and we observed a high level of maturity in board functioning, with engaged discussion and a good standard of scrutiny and challenge across the attended meetings. The board benefits from a relatively high level of stability in ED membership, and a range of NEDs who have operated at a senior level across multiple sectors. We also observed strong board leadership from the Chair and Chief Executive, who we observed to be working well together. We would also highlight a good record of delivery from the Trust, in terms of performance and in relation to post-merger integration.
- In terms of board development opportunities, we noted a tendency for discussions in board and committees to go into a greater level of granularity and operational discussion than we would typically advise. We also observed scope for a greater level of diversity in board member composition. This observation was made in relation to various characteristics of the Board including type of experience, cultural diversity and cognitive diversity. By way of example, the latter two points were evident in the observed private board meeting where the level of board engagement in relation to sensitive cultural topics, and willingness to challenge a strong point of view expressed by colleagues in relation to staff welfare, was lower than we would typically observe in more diverse boards. The need for greater board diversity was also referenced in interviews with board members and staff. Whilst this area is being actively considered by the Chair, there is an opportunity to place higher priority on this topic to consider succession planning for both NEDs and EDs.

## KLOE 2: STRATEGY

- The Trust has placed considerable emphasis on the 2019-2024 Trust Strategy and interviewees have reported that the Time Matters Board provides a robust strategic implementation forum for the oversight of strategic plans that are refreshed on an annual basis. There is good recognition from external stakeholders that ESNEFT is an 'anchor' organisation, having a positive impact on the community that the Trust serves. The Trust has also successfully delivered the initial stages of a merger integration strategy, bringing together the two legacy organisations and integrating community services from other organisations. Furthermore, the Trust has developed a range of enabling strategies and there is strong momentum around the development of the clinical, quality and data strategies.



# Executive summary (continued)

## KLOE 2: STRATEGY (continued)

- We observed a good focus on strategic agenda items in board committees, supported by a governance structure that enables time for strategic discussions. However, the engagement of internal and external stakeholders in strategy development was a consistent theme across our review and worthy of further consideration by the executive team. Specifically, we received feedback from staff that there was a tendency for strategy to be ‘top down’, with a suggestion that divisional leaders should be more engaged in the formulation of strategy. This feedback was consistent with that received from external stakeholders and governors regarding the opportunity for greater stakeholder engagement in strategy development. A few NEDs also indicated that there was potential for greater levels of board engagement in setting strategy, although we recognise the impact of the pandemic on this process.

## KLOE 3: CULTURE

- The Trust has a clear set of values and has made good strides with the integration of cultures across the Ipswich and Colchester sites post-merger. However, work is ongoing to integrate culture across the acute sites and especially with community services. There is also a drive to promote the Equality, Diversity and Inclusion (EDI) agenda, and the Trust has recently recruited a new Head of EDI to accelerate progress in this area. In addition, we received generally good feedback in relation to other initiatives aimed at positively influencing culture. For example, Health and Wellbeing (HWB), Freedom to Speak Up (FTSU) and Guardian of Safe Working (GOSW). Staff have reported that they have had difficulty accessing some services due to workload or geographical location.
- The Trust is set-up as a ‘clinically led’ organisation, with Divisional Directors being the accountable officer within the divisional leadership teams. This model is not embedded, with a level of confusion amongst divisional leaders regarding the respective accountabilities and the role of the DD. Divisional leaders have also indicated that there has been minimal engagement with the clinical strategy to date and that there is potential for further engagement with clinical leaders in future. We recognise though that this document was at an early stage of development during our review.
- The above point is compounded by the fact that there is perception amongst some internal and external stakeholders that the Trust is a performance led organisation. Furthermore, we received feedback that the approach to

performance review was perceived by some staff to be overly robust and that senior leaders were not always ‘living the values’ in terms of their approach to performance management. However, views expressed by colleagues were inconsistent and we did not observe any inappropriate behaviours directly. Regardless of this, there is an opportunity to address perceptions by relaunching the clinically led model and clarifying expectations amongst senior leaders at the divisional and Clinical Delivery Group (CDG) levels regarding accountability and performance review.

## KLOE 4: GOVERNANCE

- The Trust governance structure, including board committees, is generally consistent with good practice. Furthermore, we have observed many examples of board committees operating to a good standard and would highlight several areas of good practice in relation to the Divisional Assurance Meetings (DAMs), including how they are being mirrored at the Clinical Delivery Group (CDG) level
- Whilst we have not identified material gaps in governance arrangements, there are a series of areas that, in combination, impact the effectiveness of the oversight function. This includes reports from some board members that there is some ambiguity over the coverage of performance in committees and our observation that there is scope for improvements to committee attendance, executive presentations, format of Chair’s Key Issue (CKI) reports and use of executive summaries and dashboards. In addition, there is potential for streamlining format, removing duplication, and modifying the range of topics covered across key executive oversight forums, including Executive Management Committee (EMC), Executive Leadership Team (ELT), Operational Delivery Group (ODG) and DAMs. This exercise should be conducted in the context of optimising participant time and ensuring relevance to all attendees.
- The above points, combined with our commentary in relation to risk management under KLOE 5, indicate that governance and risk may not have been dynamically maintained over the last few years and that a systematic approach to refreshing arrangements should be a significant priority for the Trust in the immediate future. We note that the Trust has recognised this as a gap and progress had already been made with new appointments to support the governance function, and a revision of processes is underway.



# Executive summary (continued)

## KLOE 5: RISK AND PERFORMANCE

- Risk management is an area of current focus for the organisation, with a Risk Management Policy and a Risk Management Strategy in the final stages of being refreshed at the time of our fieldwork. The Board has also undertaken several risk related development sessions, including risk appetite and target scoring, and work is underway to refresh the Board Assurance Framework (BAF) template. We note that the use of the BAF across committees is not yet embedded and have identified several opportunities for improving the BAF, including categorising risks under the strategic objectives, expanding and improving risk articulation, and increasing connectivity between risk causes and controls. We would also suggest reinstating the recently stood down Executive Risk Oversight Committee (EROC), to provide a central executive forum to oversee risk and the organisational risk profile.
- Risk management processes within the divisions follow many areas of good practice, with good oversight of divisional risk in the DAMs, but there is opportunity to improve the quality of divisional risk registers and to develop the Corporate Risk Register (CRR) so that the divisional risk profile is more accurately reflected. There is also scope to reflect the Trust's risk appetite in the CRR, and to adjust target scores accordingly. Staff awareness regarding quality impact assessments is also low and this area would benefit from further examination. See also KLOE 4 for commentary relating to a systematic refresh of governance and risk.

## KLOE 6: INFORMATION

- The Trust has a relatively low level of digital maturity due to an intentional decision to delay implementation of an EPR system while it prioritised progression of merger integration. Despite this delay, the Trust has progressed improvements to infrastructure in other areas, including investment in community connectivity and in the self-serve BI portal. In addition, the quality of data reported inside and outside the Trust is regarded as good.
- The Trust is now in an advantageous position where it can learn from challenges experienced with earlier EPR implementations. This learning is now incorporated in a robust plan to support development and implementation over the next 18 months. We are positive regarding the level of board and clinical engagement in the project, since engagement issues have been problematic in earlier implementation at other trusts. The extent of clinical engagement more generally with the digital agenda compares favourably with other trusts.

## KLOE 7: STAKEHOLDER ENGAGEMENT

- The Trust deploys a wide range of methods to communicate and engage with staff and the Chief Executive has maintained particularly good levels of visible leadership. Executives are also regarded as visible, and we observed good examples of staff engagement including the trialling of several innovative initiatives. Staff have indicated though that there is scope for more consistency in ED visibility. Separately, we observed high levels of commitment and engagement from NEDs, but their visibility within the organisation is perceived as relatively low and there are opportunities for NEDs to increase engagement with staff and re-establish visibility.
- External stakeholders reflected positively on the quality of system engagement from a range of EDs, the Chair, and other senior leaders and the Trust exhibits many characteristics of an exemplar organisation in this area. Stakeholders specifically described the Trust as a good partner and an 'anchor' organisation (see KLOE 2), with system leadership provided on several fronts, including digital, estates and analytics procurement.
- The Trust has a diverse group of governors who are well engaged in a range of forums. Our interviews and survey results reflect positively on the levels of engagement between governors and the Board. Chief Executive engagement with governors is an area for development and governors have reported potential for increased engagement on strategy and scope for a more structured approach to induction.
- Patient engagement has developed significantly over the last year, and we are aware of several patient panels, including one focused on the EDI agenda. The Trust is moving towards the use of the patient voice in the design of services and pathways, but it is acknowledged that this is an area for improvement, with plans for further development and investment. We would support this approach, especially as this is an increased area of focus under the new Care Quality Commission (CQC) assessment framework.

## Executive summary (continued)

### KLOE 8: LEARNING AND INNOVATION

- We would highlight the Trust's approach to the recently launched Visible Leaders development programme, and a range of initiatives to promote research and innovation, as areas of excellence at the Trust. In addition, the Trust follows several areas of good practice in relation to Quality Improvement (QI) and learning from incidents, including many examples of QI projects being undertaken by staff and an open culture where staff feel comfortable reporting incidents. It is recognised that further work is required to further embed QI at the Trust and that there is scope for further cross Trust sharing of themes and learning from incidents, including triangulation of themes from incidents with findings from complaints, SI's and legal cases.

Please see Appendix 1 on pages 12 to 13 for the full list of the recommendations. A glossary of terms can be found in Appendix 2 on page 14.

#### Next steps

We suggest that the Board reflects on the findings outlined within this Final Report and collectively agrees a response to the matters raised. In particular the Board should:

- define clear timescales for delivery;
- clearly align recommendations to executive leads; and
- align groups of recommendations to the appropriate committee to enable oversight of progress.

Executive Summary for publication on ESNEFT website: 25/04/20

# Appendices

Executive Summary for publication on ESNEFT website: 25/04/23

# Appendix 1

## Summary of recommendations

Set out below is a summary of the recommendations contained within this report, including a reference to the section to which they relate. Recommendations for improvements should be assessed by the organisation for their full impact before they are implemented.

KLOE	#	Recommendation	Priority rating*
1	1	Future board development activities should include a workshop focused on effective scrutiny and challenge in the context of seeking strategic assurance.	MEDIUM
	2	The Trust should consider scope for placing greater priority and emphasis on succession planning for NEDs and EDs, with a view to enhancing board diversity.	HIGH
2	3	The Trust should consider introducing additional opportunities for engagement with internal and external stakeholders to address a common perception across staff, external stakeholders, governors, and some board members that there is potential for increased and more timely engagement in strategy development.	MEDIUM
3	4	The Trust should consider relaunching the clinically led model, reinforcing the role of Divisional Directors within this model, and clearly setting expectations regarding accountability and the Trust's approach to performance review.	HIGH
4	5	Review the ToR and forward plans for the Performance and Assurance Committee, People and Organisational Development Committee, and Quality and Patient Safety Committee, to ensure a balanced coverage of performance and to minimise any duplication across committees. This exercise should also review the rebalancing of committees to mitigate against the need for a separate finance sub-group meeting.	MEDIUM
	6	The Trust should conduct a systematic review of attendance, executive presentations, format of Chair's Key Issue reports and use of executive summaries and dashboards in committees, with a view to improving consistency and impact. This process should also consider the benefits of engaging support for executive coaching in relation to the effective presentation of papers.	HIGH
	7	The Trust should undertake a detailed review of Terms of Reference, agendas and papers across DAMs, ODG, EMC and ELT with a view to identifying scope for streamlining, removing duplication or modifying the range of topics covered across these executive oversight forums.	MEDIUM

\* High: Immediate action; Medium: Action within 3-6 months

# Appendix 1 (continued)

## Summary of recommendations

KLOE	#	Recommendation	Priority rating
5	8	The Trust should consider the suggestions made in section 5.2 of this report for further enhancing the Board Assurance Framework.	MEDIUM
	9	The Trust should consider the reintroduction of an executive risk management forum as the central forum for assessing and triangulating organisational risk.	MEDIUM
	10	The Trust should consider the various suggestions made in sections 5.4 and 5.5 of this report to improve the CRR and divisional risk registers.	MEDIUM
	11	The Trust should further explore the reasons for the unusually low level of familiarity amongst staff regarding quality impact assessments for cost improvements, with a view to assessing whether further guidance or training is required.	MEDIUM
7	12	The Trust should consider the development of a board engagement plan aimed at increasing NED connection with the organisation through various electronic and in-person engagement initiatives, such as buddying arrangements with divisions, participation in webinars or increased divisional engagement at committee level.	HIGH
	13	Future board development seminars should explore the reasons for a significant divergence in views and deviation from the benchmark in relation to how the Board encourages staff to proactively engage with patients and the public.	MEDIUM
8	14	The Trust should prioritise activities aimed at further embedding QI and for further cross Trust sharing of themes and learning from incidents, including triangulation of themes from incidents with findings from complaints, SI's and legal cases.	MEDIUM

\* High: Immediate action; Medium: Action within 3-6 months

# Appendix 2

## Glossary of terms used

<b>BAF</b>	Board Assurance Framework
<b>CCG</b>	Clinical Care Group
<b>CDG</b>	Clinical Delivery Group
<b>CKI</b>	Chair's Key Issue
<b>CQC</b>	Care Quality Commission
<b>CRR</b>	Corporate Risk Register
<b>DAM</b>	Divisional Assurance Meetings
<b>DD</b>	Divisional Director
<b>ED</b>	Executive Director
<b>EDI</b>	Equality, Diversity and Inclusion
<b>ELT</b>	Executive Leadership Team
<b>EMC</b>	Executive Management Committee

<b>EPR</b>	Electronic Patient Record
<b>EROC</b>	Executive Risk Oversight Committee
<b>ESNEFT</b>	East Suffolk and North Essex NHS Foundation Trust
<b>FTSU</b>	Freedom to Speak Up
<b>GOSW</b>	Guardian of Safe Working
<b>HWB</b>	Health and Wellbeing
<b>ICS</b>	Integrated Care System
<b>NED</b>	Non-Executive Director
<b>ODG</b>	Operational Delivery Group
<b>QI</b>	Quality Improvement
<b>SI</b>	Serious Incident
<b>ToR</b>	Terms of Reference

# Appendix 3

## Basis of review

The enclosed Executive Summary has been prepared principally from information supplied by and obtained from discussions with the Board, staff, governors and external stakeholders and a review of documentation pursuant to the scope of the work as agreed in the engagement letter dated 18 February 2022. You are responsible for determining whether the scope of our work specified is sufficient for your purposes and we make no representation regarding the sufficiency of these procedures for your purposes. If we were to perform additional procedures, other matters might come to our attention that would be reported to you. This Executive Summary should not be taken to supplant any other enquiries and procedures that may be necessary to satisfy the requirements of the recipients of this Final Report. You will appreciate that our work was not designed to identify all matters that may be relevant to you and this Executive Summary is not necessarily a comprehensive statement of all weaknesses which may exist in the governance of the organisation or of all improvements which may be made.

Our work, which is summarised in this Executive Summary, has been limited to matters which we have identified that would appear to us to be significant within the context of the scope. In particular, this Review will not identify all of the gaps that exist in relationship to the Trust's approach to governance; rather the review will seek to consider performance in the areas outlined in the scope and to identify the most material gaps or areas where insufficient evidence may give rise to the identification of material gaps in the future.

We have not undertaken a detailed review of the skills, competencies and expertise of individual Board and Committee Members. Further, we have not undertaken: a detailed review of the effectiveness or appropriateness of the governance structure or framework; management information; the level of company secretarial resources; the IT systems; or the appropriateness of any strategy or risk document.

This work does not constitute an internal audit in accordance with relevant UK Chartered Institute of Internal Auditors – UK and Ireland Standards and Guidance. As agreed with you in our engagement letter, unless otherwise stated in our Final Report, we have not sought to verify the information contained herein nor to perform the procedures necessary to enable us to express an audit opinion on any of the financial or non-financial information contained in this Final Report. Indeed, as you will appreciate, much of the additional, non-financial information contained in this Final Report cannot be subjected to audit or otherwise independently verified.

This Executive Summary has been extracted from our Final Report dated 21 February 2023, which was prepared in accordance with the terms of our contract with East Suffolk and North Essex NHS Foundation Trust dated 18 February 2022 (“the Contract”), and is subject to the restrictions on use specified in the Contract. No party other than East Suffolk and North Essex NHS Foundation Trust is entitled to rely on this Executive Summary for any purpose whatsoever and we accept no responsibility or liability to any party other than the Trust in respect of the contents of this Executive Summary. We have agreed that ESNEFT can publish this Executive Summary on the Trust website on a non-reliance basis. All copyright and other proprietary rights in the Executive Summary remain the property of Deloitte LLP and any rights not expressly granted in these terms or in the Contract are reserved. This Executive Summary and its contents do not constitute financial or other professional advice. Specific advice should be sought about your specific circumstances. To the fullest extent possible, both Deloitte LLP and East Suffolk and North Essex NHS Foundation Trust disclaim any liability arising out of the use (or non-use) of the Executive Summary and its contents, including any action or decision taken as a result of such use (or non-use).

This Executive Summary is dated 25 April 2023 and may only be relied upon in respect of the matters to which it refers. In relying upon this Executive Summary, you agree that we have no responsibility to and we will not perform any work subsequent to the date of the Final Report nor to consider, monitor, communicate or report the impact upon governance arrangements of any events, circumstances or inaccuracies which may in future occur or may come to light subsequent to the date of the Final Report (“Subsequent Events”).





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