

Essex Partnerships University NHS Foundation Trust

Auditor's Annual Report
Year ending 31 March 2025
29 September 2025



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Audit Committee
Essex Partnership University NHS Foundation Trust

29 September 2025

Dear Audit Committee Members,

2024/25 Auditor's Annual Report

We are pleased to attach our Auditor's Annual Report including the commentary on the Value for Money (VFM) arrangements for Essex Partnership University NHS Foundation Trust. This report and commentary explains the work we have undertaken during the year and highlights any significant weaknesses identified along with recommendations for improvement. The commentary covers our findings for audit year 2024/25.

This report is intended to draw to the attention of the Trust any relevant issues arising from our work. It is not intended for, and should not be used for, any other purpose.

We welcome the opportunity to discuss the contents of this report with you at the Audit Committee meeting on 7 November 2025.

Yours faithfully

Janet Dawson

For and on behalf of Ernst & Young LLP

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The contents of this report are subject to the terms and conditions of our appointment as set out in our engagement letter of 10 May 2023.

This report is made solely to the **Audit Committee, Council of Governors, Board of Directors and management of Essex Partnerships University NHS Foundation Trust** in accordance with our engagement letter. Our work has been undertaken so that we might state to the **Audit Committee, Council of Governors, Board of Directors and management of Essex Partnerships University NHS Foundation Trust** those matters we are required to state to them in this 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 **Audit Committee, Council of Governors, Board of Directors and management of Essex Partnerships University NHS Foundation Trust** for this report or for the opinions we have formed. It should not be provided to any third-party without our prior written consent.



01 Executive Summary

Executive Summary

Purpose

The purpose of the Auditor's Annual Report is to bring together all of the auditor's work over the year and the value for money commentary, including confirmation of the opinion given on the financial statements; and, by exception, reference to any reporting by the auditor using their powers under the Local Audit and Accountability Act 2014. As set out in the Code of Audit Practice 2024 (the 2024 Code) issued by the National Audit Office (NAO) and the accompanying Auditor Guidance Note 3 (AGN 03), this commentary aims to highlight to the Trust, and the wider public, relevant issues identified during our audit. It includes the recommendations arising from our current year's audit as well as a follow-up on recommendations issued in previous years. Additionally, it includes our assessment of whether prior recommendations have been satisfactorily implemented.

Responsibilities of the appointed auditor

We have undertaken our 2024/25 audit work in accordance with the Audit Plan that we issued on 11 April 2025. We have complied with the National Audit Office's (NAO) Code of Audit Practice 2024, other guidance issued by the NAO and International Standards on Auditing (UK).

As auditors we are responsible for:

Expressing an opinion on:

- The 2024/25 financial statements;
- The parts of the remuneration and staff report to be audited;
- The consistency of other information published with the financial statements, including the Annual Report;
- Whether the consolidation schedules are consistent with the Trust's financial statements for the relevant reporting period.

Reporting by exception:

- If the Governance Statement does not comply with relevant guidance or is not consistent with our understanding of the Trust;
- To NHS England if we have concerns about the legality of transactions or decisions taken by the Trust;
- Any significant matters or written recommendations that are in the public interest; and
- If we identify a significant weakness in the Trust's arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Responsibilities of the Trust

The Trust is responsible for preparing and publishing its financial statements, Annual Report and Governance Statement. It is also responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in its use of resources.

Executive Summary (cont'd)

2024/25 conclusions

Financial statements	Unqualified - the financial statements give a true and fair view of the financial position of the Trust as at 31 March 2025 and of its expenditure and income for the year then ended. We issued our auditor's report on 28 July 2025.
Parts of the remuneration report and staff report subject to audit	We had no matters to report.
Consistency of the other information published with the financial statement	Financial information in the Annual Report and published with the financial statements was consistent with the audited accounts.
Value for money (VFM)	We had no matters to report by exception on the Trust's VFM arrangements. We have included our VFM commentary in Section 03.
Consistency of the annual governance statement	We were satisfied that the annual governance statement was consistent with our understanding of the Trust
Referrals to the Secretary of State and NHS England	We made no such referrals.
Public interest report and other auditor powers	We had no reason to use our auditor powers.

Executive Summary (cont'd)

2024/25 conclusions (cont'd)	
Reporting to the Trust on its consolidation schedules	We concluded that the Trust's consolidation schedules agreed, within a £600,000 tolerance, or £300,000 tolerance for losses and special payments, gifts and contingent liability disclosures, to the audited financial statements.
Reporting to the National Audit Office (NAO) in line with group instructions	We have reported to the NAO in line with their group instructions.
Certificate	We cannot formally conclude the audit and issue an audit certificate until the NAO, as group auditor, has confirmed that no further assurances will be required from us as component auditors of Essex Partnership University NHS Foundation Trust

Executive Summary (cont'd)

Value for money scope

Under the 2024 Code, we are required to consider whether the Essex Partnership University NHS Foundation Trust has put in place 'proper arrangements' to secure economy, efficiency and effectiveness in its use of resources. The Code requires the auditor to design their work to provide them with sufficient assurance to enable them to report to the Trust a commentary against specified reporting criteria (see below) on the arrangements the Trust has in place to secure value for money through economic, efficient and effective use of its resources for the relevant period.

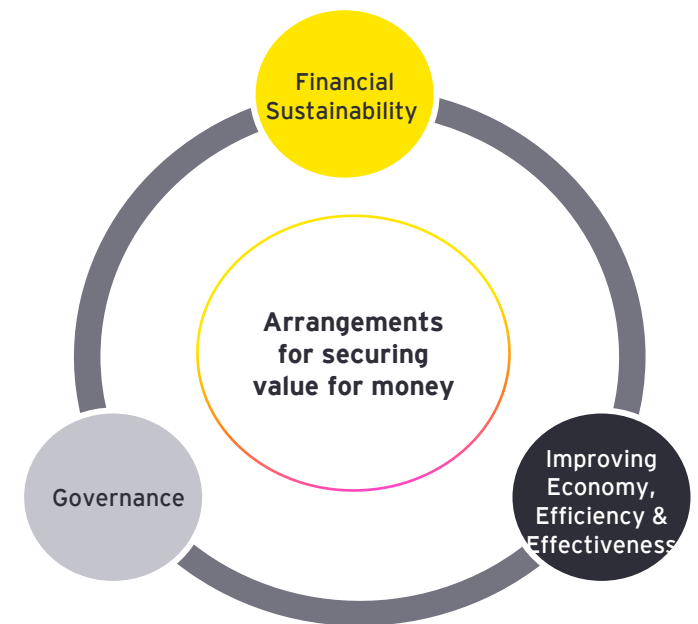
We do not issue a 'conclusion' or 'opinion', but where significant weaknesses are identified we will report by exception in the auditor's opinion on the financial statements.

The specified reporting criteria are:

- 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.

In undertaking our procedures to understand the Trust's arrangements against the specified reporting criteria, we identify whether there are risks of significant weakness which require us to complete additional risk-based procedures. AGN 03 sets out considerations for auditors in completing and documenting their work and includes consideration of:

- our cumulative audit knowledge and experience as your auditor;
- reports from internal audit which may provide an indication of arrangements that are not operating effectively;
- our review of Trust committee reports;
- meetings with the officers of the Trust;
- information from external sources; and
- evaluation of associated documentation through our regular engagement with Trust management and the finance team.



Executive Summary (cont'd)

Reporting

Our commentary for 2024/25 is set out in Section 03. The commentary on these pages summarises our understanding of the arrangements at the Trust based on our evaluation of the evidence obtained in relation to the three reporting criteria (see table below) throughout 2024/25. We include the associated recommendations we have agreed with the Trust in Appendix A.

In accordance with the 2024 Code, we are required to report a commentary against the three specified reporting criteria. The table below sets out the three reporting criteria, whether we identified a risk of significant weakness as part of our planning procedures, and whether, at the time of this report, we have concluded that there is a significant weakness in the body's arrangements.

Reporting criteria	Risks of significant weaknesses in arrangements identified?	Actual significant weaknesses in arrangements identified?
Financial sustainability: How the Trust plans and manages its resources to ensure it can continue to deliver its services	No significant risks identified	No significant weakness identified
Governance: How the Trust ensures that it makes informed decisions and properly manages its risks	No significant risks identified	No significant weakness identified
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	No significant risks identified	No significant weakness identified

Executive Summary (cont'd)

Independence

The FRC Ethical Standard requires that we provide details of all relationships between Ernst & Young (EY) and the Trust, and its members and senior management and its affiliates, including all services provided by us and our network to the Trust, its members and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on the our integrity or objectivity, including those that could compromise independence and the related safeguards that are in place and why they address the threats.

There are no relationships from 1 April 2024 to the date of this report, which we consider may reasonably be thought to bear on our independence and objectivity.

EY Transparency Report 2024

Ernst & Young (EY) has policies and procedures that instil professional values as part of firm culture and ensure that the highest standards of objectivity, independence and integrity are maintained.

Details of the key policies and processes in place within EY for maintaining objectivity and independence can be found in our annual Transparency Report which the firm is required to publish by law. The most recent version of this Report is for the year end 30 June 2024:

[EY UK 2024 Transparency Report | EY - UK](#)



02 Audit of financial statements

Audit of financial statements

Key findings

The Annual Report and Accounts is an important tool for the Trust to show how it has used public money and how it can demonstrate its financial management and financial health.

On 28 July 2025, we issued an unqualified opinion on the financial statements. We reported our audit scope, risks identified and detailed findings to the 25 June 2025 Audit Committee meeting in our Audit Results Report and provided an updated report to Those Charged With Governance on 21 July 2025. We outline below the key issues identified as part of our audit. We reported the following two areas for improvement in the control environment in our Audit Results Report:

- Maintenance of the fixed asset register - The fixed asset register records all movements in property, plant and equipment at a summary level, but does not show the underlying accounting treatment in one place and so a further analysis of the fixed asset register is required to reconcile through to the financial statements. This increases the risk of error in accounting for property, plant and equipment.
- Maintenance of a contract register - Our audit work identified that there is not one centrally maintained contract register and a number of contracts are unsigned, meaning that the Trust may find it more difficult to enforce contracts that they are party to.

Financial statement risks

Significant risk

Conclusion

Misstatements due to fraud or error - Management override of controls

We did not identify any instances of inappropriate judgements or estimates being applied. Our work did not identify any other transactions during our audit which appeared unusual or outside the Trust's normal course of business.

Misstatements due to fraud or error - Risk of fraud in revenue and expenditure recognition

Our audit work found no indication of fraud in either revenue or expenditure balances.

Inappropriate capitalisation of revenue expenditure

Our work did not identify any instances of inappropriate judgements being applied.

Provider collaborative income/expenditure

Our work did not identify any matters to report in this area. The Trust appropriately assessed the principal versus agent application for these contracts.

Audit of financial statements

Key findings - continued

Financial statement risks

Significant risk	Conclusion
Valuation of Land and Buildings	We identified changes in asset valuation methodology between the Trust's previous valuation experts and the valuers used for 2024/25 for a sample of assets. We assessed the reasons and impacts of these changes and concluded that they were reasonable We identified a historic issue with the Trust incorrectly holding debit balances on the revaluation reserve at a component level for its assets with a total value of £27.1m in 2024/25 and £15.0m in 2023/24. We concluded that we were satisfied with management's proposal to correct the matter by releasing brought forward debit balances on 1 April 2024 and reprocessing the 2024/25 valuation which resulted in an increase in the impairment recognised in 2024/25 of £17m.
Lampard Inquiry	We revisited management's assessment of the basis upon which the £15.2m provision for costs associated with the Lampard Inquiry was recognised. We concluded that the Inquiry in and of itself did not meet the definition of an obligating event and only £2.1m relating to the provision of legal support to employees met the criteria for recognition of a provision, and the remaining balance £13.1m should be released. When applying the same methodology to costs provided for in 2023/24, we concluded that the prior year provision was misstated by £16.0m which had a material impact on the opening position for 2024/25. Management made a prior year adjustment to reverse £8.7m of provision costs recognised in 2023/24 relating to internal project and communication team costs, as well as patient inquest costs. Although the full £16.0m should have been released as the correction of an error, the remaining amount carried forward did not have a material impact on the provision for 2024/25 and we were able to conclude in this area.
Valuation of pension assets and liabilities	Our work did not identify any instances of inappropriate judgements being applied. Methodologies and assumptions used by management were appropriate.



03 Value for money commentary

Value for Money Commentary

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

No significant weakness identified

Essex Partnership University NHS Foundation Trust has continued to focus on the management of financial resources over the financial year and has maintained both its governance and financial oversight arrangements. The management of the financial position has continued despite significant underlying financial pressures within all catchments of the Integrated Care Systems (ICSs).

The Lampard Inquiry into mental health inpatient deaths has continued to impact on the financial position of the Trust throughout 2024/25. In April 2024, the terms of reference for the Inquiry were released. These expanded the period of the Inquiry through to December 2023 and also broadened the scope of areas to be considered by the Inquiry. The Trust has continued to engage with NHS England to explore options to mitigate the impact on the Trust's future cash flow position and to obtain support with managing the overall expenditure. The Trust is currently forecasting that, without additional funding, cash balances will continue to decline throughout 2025/26 down to £9.6 million at 31 March 2026. Currently the Trust is funding the Lampard Inquiry from internally generated funds and has not received any additional central funding in relation to the costs of the Lampard Inquiry.

The Trust submitted a breakeven plan for 2024/25 which included £28.7 million efficiency savings and reported an overall deficit position of £11.1 million (adjusted financial performance). The Trust had delivered an overall deficit position at 31 March 2025 of £10.4 million which represents a positive improvement against the control target set of £10.7 million. After in year adjustments resulting from the audit the Trust delivered a deficit position of £3.82 million. During the year the Trust have reported efficiency savings to NHS England of £23.26 million or 81% of the planned target. The Trust has a consistent record of delivery of a high level of efficiency savings and is expected to continue this trend in 2025/26. Internal Audit completed a review of the efficiency program in the prior period which provided a reasonable assurance conclusion, demonstrating the Trust's effectiveness in this area. There has not been an internal audit review in 2024/25 for this area.

The Trust agreed its Operational Plan with NHS England which identifies a £20.5 million deficit position for 2025/26 before application of deficit support funding to achieve a break even position. This is dependent on delivery of a significant efficiency programme of £31.3 million in 2025/26, a majority of which comes from the benefits realisation of the Time to Care programme (£5.8 million), further reduction in temporary staffing (£17.8 million), and a cost reduction in corporate services (£4.0 million). The focus of the plans is to ensure transformational change to improve services for patients and move to a more stable staffing model.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2024/25 to enable it to plan and manage its resources to ensure that it can continue to deliver its services.

Value for Money Commentary (cont'd)

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

No significant weakness identified

The Trust has continued to develop its governance structures through regular review of its existing frameworks throughout the year.

During the year, the Trust has continued its governance oversight arrangements through the Accountability Framework Model, which was implemented in 2021/22. Monthly meetings take place with the six Care Units, which enable teams to meet internally to review their positions ahead of meeting the Executive Team representatives. These also provide a common structure to produce the supporting data packs. The development of the framework has been jointly led by the Chief Finance Officer and Chief Operating Officer, with the meetings used to encourage empowerment, transparency, accountability and dialogue.

The Trust has continued to make progress on the establishment of a new Electronic Patient Records (EPR) system which is a joint project with Mid and South Essex Hospital Trust ('MSFET') now named the "Nova Programme". Full business case approval was obtained in July 2024 from NHS England. Board approval was obtained for the procurement of the provider of the EPR at the 2 October 2024 meeting. The contract was then subsequently signed on 28 November 2024 with Oracle Health for a total value of £65 million. The programme is subject to compliance with the standing financial instructions of both Trusts and all oversight groups are co-chaired by a member of each Trust. Within the Trust, robust governance arrangements have been established with the creation of four work streams (Data and Analytics, Technical, Digital Change and Engagement, and Finance and Procurement) which report into the Senior Leadership Team and Program Management Group. Reporting is then escalated through the EPR Programme Board, which consists of Care Unit Leaders and Patient Ambassadors, before being taken to the Joint Oversight Committee with MSEFT. Recommendations and risks deemed to require escalation are then taken to each Trust's board for consideration and ultimately to Mid and South Essex ICB. Each work stream is responsible for providing progress update reports every two weeks to the Program Management Group which are escalated through the reporting structure as detailed above. The Trust also maintains a detailed decision log indicating the appropriate approvals and ownership of key actions which is reviewed by the Program Management Group. During 2024/25, The Executive Director of Strategy, Transformation and Digital who leads the program was 50% seconded to MSEFT. This decision was made to ensure equivalent representation between the partners in delivering priorities of each Trust. Additionally, the Trusts have established the People Partnership Programme which includes "Lived Experience Ambassadors" to ensure that decisions take into account the views of those the programme will serve.

The Trust has continued as the lead for Adult Secure Services within the Provider Collaborative (PC). There are five other members within this collaborative structure with Cambridge and Peterborough NHS Foundation Trust acting as lead provider for Adult Eating Disorder Services and the host for the Transformation and Commissioning team. Hertfordshire Partnership University NHS Foundation Trust acts as lead provider for Child and Adolescent Mental Health Services. The six member organisations form part of the Collaborative Board reporting to NHS England.

Value for Money Commentary (cont'd)

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

In 2024/25 the Trust has taken on the lead role for the Community Collaborative for MSE ICB, with North East London NHS Foundation Trust (NELFT) & Provide Community Interest Company (Provide CIC) forming the Mid and South Essex Community Collaborative (MSECC) which delivers community services. The decision was made for the Trust to take on this role as it represented the primary provider of services in the area. The Trust has established a Joint Committee and an Accountability Framework to manage the oversight of this role.

The Trust received a CQC inspection report in July 2023, which at the time resulted in the Trust's overall rating being downgraded from Good to Requires Improvement. The CQC report noted that they inspected the Trust because they received information and had concerns about the safety and quality of services. It further noted that concerns were identified with the pace of action implementation in response to previous findings raised in October 2022. They carried out an unannounced comprehensive inspection of six core services between November 2022 and January 2023.

In their findings, the CQC noted that the Trust was in the early stages of implementing processes which would respond to the concerns identified. Our review of the Trust's arrangements for responding to the report has concluded that it has policies in place for the development of responses to inspection findings and for closing actions in relation to these findings. These policies provide a clear approach to responding to CQC findings, including appropriate assignment of responsibilities for each action to an action lead and weekly meetings of the CQC Action Leads to progress against these actions.

A CQC Improvement Plan has been prepared which captures within it all the recommendations from the CQC Inspection Report. Progress against the Improvement Plan is reviewed at the weekly action leads meeting and progress updates are provided to the Executive Operational Committee monthly. As at 28 May 2025, 96% of required actions were marked as complete and 77% marked as closed which indicates independent verification of the action by the Evidence Assurance Group which includes the Trust's ICB partners. Two actions have been noted as past time scale. These have been raised with the executive team and recovery plans have been developed. The Trust has considered all actions in the CQC Action Lead meeting with actions to date and next steps identified. Where an action is overdue the Trust obtains an understanding of the cause of the delay, sets a recovery plan, and escalates as necessary for further executive support. Where an item becomes red rated, which indicates an action is overdue its stated timeline, a task is set to develop a recovery plan and this is followed up on in successive meetings with monitoring of those actions at subsequent meetings. The Trust has also established CQC KPI Reporting. This reporting represents a significant transformation programme which is continuously monitored by the Trust to embed best practices and reporting models on the areas that CQC considers as part of their reviews. During 2024/25 the Trust was subject to two inspections of specific services by CQC both of which resulted in a "Good" rating.

Value for Money Commentary (cont'd)

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

In addition to the CQC inspections, the Essex Mental Health Independent Inquiry was announced by the Government on 21 January 2021, with the aim of publishing a report in Spring 2023. It was established to investigate the circumstances of mental health inpatient deaths which occurred over a 20-year period between 1 January 2000 and 31 December 2020 at the former North Essex Partnership University NHS Foundation Trust, the former South Essex Partnership University Trust and the successor body, Essex Partnership University NHS Foundation Trust. At the end of 2022/2023, it was announced that the independent Inquiry would be transitioned to a statutory inquiry and has since been renamed to the Lampard Inquiry. The Terms of Reference for the updated Lampard Inquiry were released in April 2024. These included a significant increase in both the timeline and the scope of the Inquiry, with the period of investigation extended to 31 December 2023 and the scope broadened to include several other mental health providers.

We have considered the Trust's response to the inquiry as part of our 2024/25 audit. We have concluded that the Trust has put in place appropriate governance arrangements to manage and learn from the Inquiry, once concluded. In 2022/23, a Project Team was established, and an Independent Director appointed. The team continued through 2024/25 to provide regular updates to relevant Committees and the Board. The risk of not responding appropriately to the Inquiry is also noted in the Board Assurance Framework (BAF) as a strategic risk. In January 2024, the Trust established the Lampard Inquiry Oversight Committee. The Senior Responsible Owner provides a monthly update to the Executive Operational Committee. As a result, updates are no longer taken to the Audit Committee. A communications team has also been established to address the reputational impact to the Trust and manage responses to media releases in relation to the Inquiry which is chaired by the Director of Communications. These have all continued to function throughout 2024/25.

Where there have been changes to the scope of the Inquiry, the Trust has considered the implications and ensured that support has been provided in the form of legal representation, internal communications, and back filling posts.

Based on the above and our review of the papers and minutes presented to Audit Committee, Board of Directors, and supported by our discussions with the Senior Trust Officers and attendance at Audit Committee meetings, we are satisfied that the Trust is responding appropriately to the Inquiry and arrangements in place related to support this are adequate

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2024/25 to make informed decisions and properly manage its risks.

Value for Money Commentary (cont'd)

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

No significant weakness identified

The Trust has a variety of ways of measuring its performance across all aspects of its operations. It brings these together in the form of monthly reporting to the Board against national and local indicators. The Integrated Quality & Performance Report which is prepared in a Power BI dashboard sets out the performance of the Trust against a range of key indicators. Where performance is below plan, these reports highlight the action being taken to seek the required improvement.

The effectiveness of the Trust in the provision of its related services is also regularly reviewed by the CQC. As documented above, we believe the Trust has in place arrangements to respond to the CQC findings and has made significant progress against their CQC action plan during 2024/25.

In terms of financial review, monthly finance reports are reported to the Finance and Performance Committee. A detailed summary of the finance position is provided in these reports, covering the current surplus/deficit position along with a forecast to the year end and this is challenged regularly by the Committee. As at year end, the Trust had delivered savings/efficiency targets of £23.26 million against planned savings of £28.7 million. The savings have been monitored throughout the year by the Trust, with monthly reports to the Executive Operational Committee and Finance & Performance Committee, as well as to the Mid and South Essex (MSE) ICB and NHS England as part of the monthly monitoring return.

The Trust is in the second year of their engagement with TIAA who provide Internal Audit and Counter Fraud Services. In the prior year we noted concerns raised by the Audit Committee with respect to the timing of delivery of internal audit reports. From our attendance at committee meetings in 2024/25, and our review of internal audit reports, improvements have been made. The Head of Internal Audit has returned a "Reasonable Assurance" assessment overall for the financial period. We additionally note that Internal Audit have concluded substantial assurance in the areas of Financial Assurance and Assurance and Risk Management which supports the existence of a robust system of internal controls in place for the delivery of these areas.

Conclusion: Based on the work performed, the Trust had proper arrangements in place in 2024/25 to enable it to use information about its costs and performance to improve the way it manages and delivers its services.



04 Appendices

Appendix A – Recommendations

Recommendations brought forward from previous years

The table below sets out the recommendations arising from the value for money work in the prior year, 2024/25, and progress made in the current year. All recommendations have been agreed by management.

Issue	Recommendation	Progress made in 2024/25
Internal Audit	In the second year of the internal audit contract with TIAA management should continue to work with their internal audit provider to ensure clear expectations on timeliness of audits and scoping are established that fit the needs of the Audit Committee while also deliver improved value for money.	We have noted improved communication lines between management, internal audit, and the audit committee. Delivery timelines have been more closely adhered to and plans appropriately agreed. Internal audit reviews delivered during the period increased from 7 in 2023/24 to 13 in 2024/25. We consider this recommendation closed.

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