



Summary of External Audit Findings 2015/16

NHS Wandsworth Clinical Commissioning Group

—

25 May 2016

Content

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We are committed to providing you with a high quality service. If you have any concerns or are dissatisfied with any part of KPMG's work, in the first instance you should contact Neil Thomas, the engagement lead to the CCG, who will try to resolve your complaint. If you are dissatisfied with your response please contact the national lead partner for all of KPMG's work under our contract with Public Sector Audit Appointments Limited, Andrew Sayers (on 0207 6948981, or by email to andrew.sayers@kpmg.co.uk). After this, if you are still dissatisfied with how your complaint has been handled you can access PSAA's complaints procedure by emailing generalenquiries@psaa.co.uk, by telephoning 020 7072 7445 or by writing to Public Sector Audit Appointments Limited, 3rd Floor, Local Government House, Smith Square, London, SW1P 3HZ.

Important Notice

This report is presented under the terms of our PSAA engagement. Circulation of this report is restricted. The content of this report is based solely on the procedures necessary for our audit. This report is addressed to NHS Wandsworth Clinical Commissioning Group (the CCG) and has been prepared for your use only. We accept no responsibility towards any member of staff acting on their own, or to any third parties. The National Audit Office (NAO) has issued a document entitled Code of Audit Practice (the Code). This summarises where the responsibilities of auditors begin and end and what is expected from the CCG. External auditors do not act as a substitute for the CCG'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.

Basis of preparation: We have prepared this External Audit Report (Report) in accordance with our responsibilities under the National Audit Office Code of Audit Practice (the Code) and the terms of our Public Sector Audit Appointments Ltd (PSAA) engagement.

Purpose of this report: This Report is made to the CCG's Audit Committee in order to communicate matters as required by International Audit Standards (ISAs) (UK and Ireland), and other matters coming to our attention during our audit work that we consider might be of interest, and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone (beyond that which we may have as auditors) for this Report, or for the opinions we have formed in respect of this Report.

Limitations on work performed: We have not designed or performed procedures outside those required of us as auditors for the purpose of identifying or communicating any of the matters covered by this Report. The matters reported are based on the knowledge gained as a result of being your auditors. We have not verified the accuracy or completeness of any such information other than in connection with and to the extent required for the purposes of our audit.

Status of our audit: Our audit is not yet complete and matters communicated in this Report may change pending signature of our audit report. We will provide an oral update on the status of our audit at the Audit Committee meeting but would highlight that the following work is still outstanding from our financial statements audit:

- Segmental analysis: Awaiting receipt of revised note;
- Remuneration report: Awaiting receipt of revised note; and
- Review of final set of accounts and template for submission.



Summary

Financial Statements Audit

We intend to issue an unqualified audit opinion on the accounts following the Audit Committee approving on behalf of the Governing Body and receipt of the management representations letter.

We have completed our audit of the financial statements and formed our regularity opinion on whether, in all material respects, the expenditure and income have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them. We have also read the content of the Annual Report (including the Remuneration Report) and reviewed the annual Governance Statement (AGS). Our key findings are:

- There are no unadjusted audit differences.
- We have agreed presentational changes to the accounts with Finance, mainly related to compliance with the Department of Health Group Manual for Accounts (MfA) 2015-16.
- We have read the annual report and have no matters to raise with you.
- We have reviewed the AGS and have no matters to raise with you.
- We have no matters to raise with you in relation to the regularity of transactions.

Value for Money

Based on the findings of our work, we have concluded that the CCG has adequate arrangements to secure economy, efficiency and effectiveness in its use of resources.

Other Matters

We intend to issue an unqualified Group Audit Assurance Certificate to the NAO regarding the Whole of Government Accounts submission, made through the submission of the summarisation schedules.

There were two recommendations made by PwC in the prior year, both of which have been implemented. We have made one recommendation as a result of our 2015/16 work, which relates to journal processes. Further detail is shown in Appendix 1.

In auditing the accounts of a CCG, auditors have a responsibility to consider whether there is a need to issue a public interest report or whether there are any issues which require referral to the Secretary of State. There were no matters in the public interest that we needed to report or refer to the Secretary of State in 2015/16.

We are required to certify that we have completed the audit of the CCG's financial statements in accordance with the requirements of the Code. If there are any circumstances under which we cannot issue a certificate, then we must report this to those charged with governance. There are no issues that would cause us to delay the issue of our certificate of completion of the audit.



Financial Statements Audit

Section Two

Financial Statements Audit

We audit your financial statements by undertaking the following tasks:

Work Performed	Accounts production stage		
	Before	During	After
1. Business Understanding: review your operations	✓	✓	–
2. Controls: assess the control framework	✓	–	–
3. Prepared by Client Request (PBC): issue our prepared by client request	✓	–	–
4. Accounting Standards: agree the impact of any new accounting standards	✓	✓	–
5. Accounts Production: review the accounts production process	✓	✓	✓
6. Testing: test and confirm material or significant balances and disclosures	–	✓	✓
7. Representations and opinions: seek and provide representations before issuing our opinions	✓	✓	✓

We have completed the first six stages shown above and report our key findings below:

1. Business Understanding	In our 2015/16 audit plan we assessed your operations to identify significant issues that might have a financial statements consequence. We confirmed this risk assessment as part of our audit work. We have provided an update on each of the risks identified later in this section.
2. Assessment of the control environment	<p>We have assessed the effectiveness of your key financial system controls that prevent and detect material fraud and error. We found that the financial controls on which we seek to place reliance are operating effectively. As part of our external audit work, we have considered the matters set out in ISAE 3402 'Assurance Reports on Controls at a Service Organisation' relating to the following organisations:</p> <ul style="list-style-type: none"> – NHS Shared Business Services (Finance / Primary Care Services / ESR): There are no issues from this work which we wish to raise with you; – NHS South East London CSU: A number of control issues were identified in the report that impacted on the CCG. Two reports were received from Deloitte which covered the period from April 2015 to February 2016 and the CSU provided a bridging letter to confirm there were no significant control changes for the final month. We did not identify any issues which we wish to raise with you; and – [NHS Business Services Authority: There are no issues from this work which we wish to raise with you.] <p>We have made one recommendation, which relates to journals. We believe this recommendation (shown in Appendix 1) will strengthen your control environment. We have reviewed the work undertaken by RSM, your internal auditors, in accordance with ISA610 and used the findings to inform and planning and audit approach. We have chosen not to place reliance on their work due to the approach we adopted for the financial statements audit. This has not led to any additional resource burden for the CCG.</p>

Section Two

Financial Statements Audit

3. Prepared by client request	We produced this document to summarise the working papers and evidence we ask you to collate as part of the preparation of the financial statements. We discussed and tailored our request with the interim Finance Director and this was issued as a final document to the finance team. The working papers requested were received on time and were generally of a good standard. We have raised a recommendation in Appendix 1 to further enhance the standard of working papers. We implemented a SharePoint site for working papers to be shared quickly and securely, which the CCG has used effectively.
4. Accounting Standards	We work with you to understand the changes to accounting standards and other technical issues. For 2015/16 these changes are limited to accounting for the Better Care Fund. The key areas we have identified in relation to accounting standards and other technical issues which have been considered in detail in the audit are recorded on page 9.
5. Accounts Production	<p>We received complete draft accounts by 22 April 2016 in accordance with the Department of Health's deadline. The accounting policies, accounting estimates and financial statement disclosures are in line with the requirements of MfA 2015-16.</p> <p>We will debrief with the Finance team to share views on the final accounts audit. Hopefully this will lead to further efficiencies in the 2016/17 audit process. In particular, we would like to commend CCG finance staff who were available throughout the audit visit to answer our queries. We thank the finance team for their co-operation throughout the visit which allowed the audit to progress and complete within the allocated timeframe.</p>
6. Testing	We have summarised the findings from our testing of significant risks and areas of judgement within the financial statements on the following pages. During the audit we identified only presentational issues which have been adjusted as they have no material effect on the financial statements.
7. Representations	You are required to provide us with representations on specific matters such as your going concern assertion and whether the transactions in the accounts are legal and unaffected by fraud. We provided a draft of this representation letter to the Chief Finance Officer on 21 May 2016. We draw your attention to the requirement in our representation letter for you to confirm to us that you have disclosed all relevant related parties to us.

We are required under ISA 260 to communicate to you any matters specifically required by other auditing standards to be communicated to those charged with governance; and any other audit matters of governance interest. We have identified the following other matters to report. We have not identified any other matters to specifically report.

Section Two

Financial Statements Audit

To ensure that we have provided a comprehensive summary of our work, we have below and over the next page set out:

- The results of the procedures we performed over accounting for the Better Care Fund, which was identified as a significant risk within our audit plan;
- The results of our procedures to review the required risks of the fraudulent risk of revenue recognition and management override of control; and
- Our view of the level of prudence you have applied to key balances within your financial statements.

SIGNIFICANT audit risk	Account balances effected	Summary of findings
Accounting for the Better Care Fund	Pooled budgets, Better Care Fund: £20m (PY: £nil)	<p>NHS Wandsworth CCG entered into an agreement with Wandsworth Borough Council with effect from 1 April 2015 in regard to Better Care Fund. The CCG is the lead commissioner for the purposes of hosting the arrangement but does not have absolute control of the spend and cannot decide unilaterally on the contracts and their funding. The CCG has therefore shown that element of the spend within the accounts for which it has complete control, and over which it has financial gain and risk.</p> <p>We reviewed the treatment of the BCF arrangements to determine whether they were in accordance with the requirements of the MfA and accounting standards. More specifically we reviewed:</p> <ul style="list-style-type: none"> ■ The financial reporting implications of the s75 arrangement in place. This work identified changes required in the disclosure in the draft financial statements. The changes were agreed and implemented by Management and were presentational in nature; ■ The processes in place to ensure the information requirements of the parties involved are met (particularly financial reporting timing differences between NHS bodies and local authorities) and that these support the accurate and timely production of the CCG's financial statements. We did not identify any issues from this work; ■ How the funds operate, ensuring that gross or net accounting arrangements are fully agreed and understood by all parties and correctly applied in practice by the CCG. We did not identify any issues from this work; and ■ Whether the BCF arrangements in place were correctly accounted for within the CCG's financial statements and that appropriate disclosure of pooled budget arrangements are made (in line with IFRS 12 Disclosure of Interests in Other Entities). The CCG have enhanced the disclosure from the version in the draft accounts.

We also completed a review of related party transactions, including compilation of the Register of Interests and the completeness and accuracy of the disclosures in the financial statements. Our testing did not identify any issues.

Section Two

Financial Statements Audit

Risks that ISAs require us to assess in all cases	Why	Our findings from the audit
<p>Fraud risk from revenue recognition</p>	<p>Professional standards require us to make a rebuttable presumption that the fraud risk from revenue recognition is a significant risk.</p>	<p>We recognise that the incentives in the NHS differ significantly to those in the private sector which have driven the requirement to make a rebuttable presumption that this is a significant risk. These incentives in the NHS include the requirement to meet regulatory and financial covenants, rather than broader financial reporting or share based management concerns.</p> <p>In our External Audit Plan 2015/16 we reported that we do not consider the fraud risk from revenue recognition to be a significant audit opinion risk for NHS bodies, and for CCGs in particular. As the CCG receives a revenue resource allocation from the Department of Health, and has very little direct income, there is unlikely to be an incentive to fraudulently recognise revenue. This is still the case. Since we have rebutted this presumed risk, there has been no impact on our audit work.</p>
<p>Fraud risk from management override of controls</p>	<p>Professional standards require us to communicate the fraud risk from management override of controls as significant because management is typically in a unique position to perpetrate fraud because of its ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.</p> <p>We have not identified any specific additional risks of management override relating to this audit.</p>	<p>Our procedures, including testing of journal entries, accounting estimates and significant transaction outside the normal course of business, no instances of fraud were identified.</p>

Section Two

Financial Statements Audit

Judgements in your financial statements

During the audit we have considered a number of significant judgements and estimates affecting the CCG this year and have summarised our findings below to give the Audit Committee a view as to whether we believe these judgements are reasonable and where within the acceptable range they sit:



Assessment of subjective areas			
Asset/liability class	Current year	Balance (£m)	KPMG comment
Accruals	3	£16.9m (PY:£22.6m)	<p>The CCG has disclosed accruals of £16.9m, which comprises £4.2m (PY: £8.3m) with NHS bodies and £12.4m (PY: £14.3m) with non-NHS bodies. The reason for the decrease in total accruals from the prior year is that debts were received from suppliers before the year end, which did not happen in the previous year.</p> <p>Our testing of accruals included review of estimates made by management based on activity where invoices were not received by the year end. Our testing identified that estimates were made appropriately, and invoice values, once received, were in line with management estimates.</p> <p>We believe the judgement to be balanced based on the testing we have completed.</p>

Other judgements commonly considering across NHS accounts, such as asset valuations, are not material to the CCG's accounts.

Section Two

Financial Statements Audit

Regularity Opinion

We are required to form a view on the regularity of the CCG's income and expenditure i.e. that the expenditure and income included in the CCG's financial statements has been applied to the purposes intended by Parliament and the financial transactions in the financial statements conform to the authorities which govern them.

We have reviewed the CCG's expenditure and income and in our opinion, in all material respects, it has been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Annual report

We have read the contents of the Annual Report (including the Accountability Report, Performance Report and AGS) and audited the relevant parts of the Remuneration Report. Based on the work performed:

- We have not identified any inconsistencies between the contents of the Accountability and Performance Reports and the financial statements.
- We have not identified any material inconsistencies between the knowledge acquired during our audit and the Accountable Officer's statements. The Accountable Officer confirms that the annual report and accounts taken as a whole are fair, balanced and understandable.
- [The parts of the Remuneration Report that are required to be audited were all found to be materially accurate]; and
- The AGS is consistent with the financial statements and complies with relevant guidance subject to updates as outlined within section three.

Independence and Objectivity

ISA 260 also requires us to make an annual declaration that we are in a position of sufficient independence and objectivity to act as your auditors. We have provided this declaration at Appendix 3.

Audit Fees

Our fee for the audit was £67,575 plus VAT (£90,100 in 2014/15). This fee was in line with that highlighted within our audit plan agreed by the Audit Committee in April 2016.

We have not completed any non-audit work at the CCG during the year.

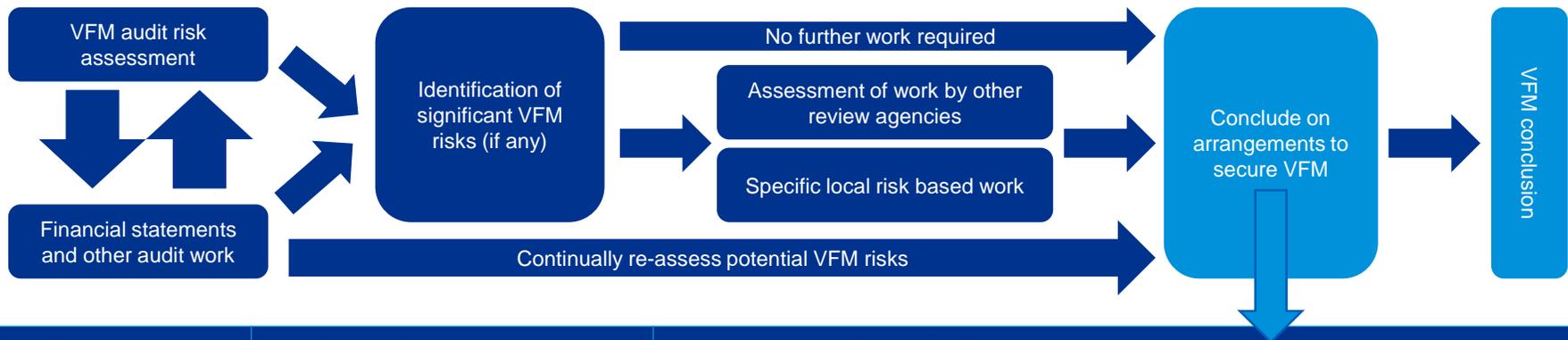


Value for Money

Section Three

Value for Money

From 2015/16 our value for money (VFM) work follows the NAO's new guidance. It is risk based and targets audit effort on the areas of greatest audit risk. Our methodology is summarised below. We identified two significant VFM risks which are reported overleaf. We provide a summary below of the routine work required to issue our VFM conclusion, which is that we are satisfied that the CCG has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ending 31 March 2016.



AGS review	Regulatory review	Other matters considered in risk assessment
<p>We reviewed the 2015/16 AGS and took into consideration the work of internal audit.</p> <p>We confirm that the AGS reflects our understanding of the CCG's operations and risk management arrangements.</p>	<p>We considered the outcomes of relevant regulatory reviews (NHS England, CQC, etc.) in reaching our conclusion.</p> <p>We have not identified any issues.</p>	<p>As part of our risk assessment we reviewed various matters, including:</p> <ul style="list-style-type: none"> • forecast financial position; • current operational performance and provider relationships; • planned VS actual outturn; • Management's assessment of the CCG's ability to continue as a going concern; and • partnership arrangements / relationships with key third parties.

Section Three

Value for Money

VfM risk	Why this risk is significant	Our audit response and findings
St George's NHS Foundation Trust	<p>About half of the CCG's expenditure on acute providers is with St George's NHS FT (£102m budget for 15/16). Monitor are currently investigating financial sustainability concerns, triggered by a deterioration in the financial position. Enforcement undertakings were announced on 29 July 2015. The Trust's forecast deficit position at the end of M8 was £39.8m (£2.5m ahead of reforecast plan). Overall year end forecast deficit is £63m, although the Board is working to achieve a final deficit closer to £50m. £21.6m of CIPs achieved at M8 against plan of £25.4m. Total forecast for the year is £37.8m.</p> <p>This is position of St Georges is included on the CCG's Assurance Framework and as a result numerous actions have been put in place. These include regular meetings between St George's and the CCG. The aim of the CCG is to ensure effective systems are in place at the Trust, thus enabling the CCG to have assurance that funds are being spent efficiently.</p>	<p>We reviewed minutes and papers from liaison meetings between the CCG and St George's to support our conclusion on the effectiveness of the CCG's monitoring of the Trust and the effectiveness of partnership working.</p> <p>Our review of minutes and papers from liaison meetings throughout the year have not identified any issues relating to the effectiveness of partnership working between the CCG and the Trust.</p>
Better Care Fund	<p>This is a new arrangement with Wandsworth Borough Council, which is covered by an s75 agreement. As this is a new arrangement for the CCG, there is a risk that there are insufficient controls in place to ensure that expenditure is incurred in line with the principles of economy, efficiency and effectiveness.</p> <p>The CCG's share of the budget for 2015/16 is £12.7m. London Borough of Wandsworth has a budget of £8.6m. The combined budget is £21.4m.</p>	<p>We reviewed papers and minutes of the CCG's Transformation and Integration Committee and the Integrated Care Board, to assess whether adequate arrangements have been put in place to support working in partnership with the local authority. We are satisfied that adequate arrangements are in place to support effective partnership working between the CCG and Wandsworth Borough Council.</p>
Primary Care Co-commissioning	<p>As this is a new arrangement for the CCG, it is important that appropriate controls are in place to ensure expenditure is incurred in line with the CCG's principles. The CCG moved to full delegated commissioning from 1 April 2016.</p>	<p>We assessed the effectiveness of the arrangements for working in partnership with NHSE and making informed decisions. We:</p> <ul style="list-style-type: none"> • Reviewed Primary Care Co Commissioning Committee minutes; and • Held discussions with Management to understand arrangements for working in partnership with NHS England. <p>Our assessment has not identified any issues in respect of the effectiveness of partnerships arrangements.</p>



Appendices

Appendix 1

Recommendations raised and followed up

The recommendations raised as a result of our work in the current year are as follows:

Priority rating for recommendations					
1	Priority one: issues that are fundamental and material to your system of internal control. We believe that these issues might mean that you do not meet a system objective or reduce (mitigate) a risk.	2	Priority two: issues that have an important effect on internal controls but do not need immediate action. You may still meet a system objective in full or in part or reduce (mitigate) a risk adequately but the weakness remains in the system.	3	Priority three: issues that would, if corrected, improve the internal control in general but are not vital to the overall system. These are generally issues of best practice that we feel would benefit you if you introduced them.

#	Risk	Issue, Impact and Recommendation	Management Response / Officer / Due Date
Financial Statements			
1	3	<p>Sequential numbering of journals</p> <p>Our controls testing of journals identified that a robust sequential numbering process is not operating. Unique references are manually entered when staff create journal descriptions, but this control is subject to human error.</p> <p>The CCG should review this control with the CSU to determine whether a conventional sequential number control can be implemented, with all journals automatically being assigned a unique sequential reference.</p>	

We have also follow up the recommendations from the previous years audit by PwC, in summary:

Total number of recommendations	Number of recommendations implemented	Number outstanding (repeated below):
2	2	0

Appendix 2

Audit Differences

We are required by ISA (UK and Ireland) 260 to communicate to those charged with governance all unadjusted audit differences (including disclosure misstatements) identified during the course of our audit, other than those that we believe are clearly trivial. As part of our planning process we agreed a definition of trivial with you which reflected balances below £250K. In line with ISA (UK&I) 450 we request that you correct uncorrected misstatements. We are also required to report all adjusted audit differences that management has corrected but that we believe should be communicated to the Audit Committee to assist it in fulfilling its governance responsibilities.

This appendix sets out the audit differences that we identified following the completion of our audit of the CCG for the year ended 31 March 2016.

There were no adjusted or unadjusted audit differences.

Under UK auditing standards (ISA UK&I 260) we are required to provide the Audit Committee with a summary of adjusted audit differences (including disclosures) identified during the course of our audit. The adjustments below have been included in the revised financial statements.

Appendix 2

Audit Differences

We are required to report any inconsistencies greater than £250,000 between the signed audited accounts and the consolidation data and details of any unadjusted errors or uncertainties in the data provided for intra-group and intra-government balances and transactions regardless of whether a CCG is a sampled or non-sampled component. We have provided details of the inconsistencies that we are reporting to the NAO as follows:

Counter party	Type of balance/ transaction	Balance as per CCG (£'000)	Balance as per counter party (£'000)	Difference (£'000)	Comments on Difference
St George's University Hospitals NHS Foundation Trust	Debtor	£4,548	£6,511	£1,963	The CCG has provided appropriate information to support their balance. No further work required.

Appendix Three

Audit Independence

The purpose of this Appendix is to communicate all significant facts and matters that bear on KPMG LLP's independence and objectivity and to inform you of the requirements of *ISA 260 (UK and Ireland) Communication of Audit Matters to Those Charged with Governance*.

Integrity, objectivity and independence

We are required to communicate to you in writing at least annually all significant facts and matters, including those related to the provision of non-audit services and the safeguards put in place that, in our professional judgement, may reasonably be thought to bear on KPMG LLP's independence and the objectivity of the Engagement Lead and the audit team.

We have considered the fees paid to us by the CCG for professional services provided by us during the reporting period. We are satisfied that our general procedures support our independence and objectivity.

General procedures to safeguard independence and objectivity

KPMG LLP is committed to being and being seen to be independent. As part of our ethics and independence policies, all KPMG LLP Audit Partners and staff annually confirm their compliance with our Ethics and Independence Manual including in particular that they have no prohibited shareholdings.

Our Ethics and Independence Manual is fully consistent with the requirements of the Ethical Standards issued by the UK Auditing Practices Board. As a result we have underlying safeguards in place to maintain independence through: Instilling professional values, Communications, Internal accountability, Risk management and Independent reviews.

We would be happy to discuss any of these aspects of our procedures in more detail. There are no other matters that, in our professional judgement, bear on our independence which need to be disclosed to the those charged with governance.

Audit matters

We are required to comply with *ISA (UK and Ireland) 260 Communication of Audit Matters to Those Charged with Governance* when carrying out the audit of the accounts.

ISA 260 requires that we consider the following audit matters and formally communicate them to those charged with governance:

- Relationships that may bear on the firm's independence and the integrity and objectivity of the audit engagement lead and audit staff.
- The general approach and overall scope of the audit, including any expected limitations thereon, or any additional requirements.
- The selection of, or changes in, significant accounting policies and practices that have, or could have, a material effect on the CCG's financial statements.
- The potential effect on the financial statements of any material risks and exposures, such as pending litigation, that are required to be disclosed in the financial statements.
- Audit adjustments, whether or not recorded by the entity that have, or could have, a material effect on the CCG's financial statements.

Appendix Three

Audit Independence

- Material uncertainties related to event and conditions that may cast significant doubt on the CCG's ability to continue as a going concern.
- Disagreements with management about matters that, individually or in aggregate, could be significant to the CCG's financial statements or the auditor's report. These communications include consideration of whether the matter has, or has not, been resolved and the significance of the matter.
- Expected modifications to the auditor's report.
- Other matters warranting attention by those charged with governance, such as material weaknesses in internal control, questions regarding management integrity, and fraud involving management.
- Any other matters agreed upon in the terms of the audit engagement.

We continue to discharge these responsibilities through our attendance at Audit Committees, commentary and reporting and, in the case of uncorrected misstatements, through our request for management representations.

Auditor Declaration

In relation to the audit of the financial statements of the CCG for the financial year ending 31 March 2016, we confirm that there were no relationships between KPMG LLP and the CCG, its directors and senior management and its affiliates that we consider may reasonably be thought to bear on the objectivity and independence of the audit engagement lead and audit staff. We also confirm that we have complied with Ethical Standards in relation to independence and objectivity.



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