

# TPR General code of practice

South Yorkshire Pension Fund - Scheme Assessment

Prepared for: South Yorkshire Pensions Authority

South Yorkshire Pensions Authority

South Yorkshire Pension Board

Prepared by: Aon

Date: 23 July 2025





# Introduction



# **TPR Code Compliance model**

This report sets out how South Yorkshire Pension Fund complies with the Pension Regulator's (TPR) General code of practice (the Code) in relation to the management of the South Yorkshire Pension Fund which is part of the Local Government Pension Scheme (LGPS).

Note that the Code applies to governing bodies of all occupational, personal and Public Service Pension Schemes and therefore it is generic in nature. This document highlights all the key elements of the Code relevant to Public Service Pension Schemes and sets out whether South Yorkshire Pensions Authority is compliant in each of the Code's modules. There may be a number of requirements relating to these elements that are specifically stipulated within LGPS legislation and it is not the purpose of this compliance model to consider that level of detail.

# Key

rtey	
	Compliant
	Compliant in some but not all areas
	Not currently compliant
PC	Pension Committee (or equivalent)
РВ	Local Pension Board
TPR	The Pensions Regulator
LGPS	Local Government Pension Scheme
Code	TPR's General code of practice
	·



# The governing body

# The governing body – at a glance



## **Board Structure and activities**

# Fully compliant in 4 out of 5 modules

No questions are red and 1 question is amber out of 30 questions.

# **Advisers and service providers**

# Fully compliant in 0 out of 1 module

No questions are red and 4 questions are amber out of 19 questions.

# **Knowledge and understanding requirements**

# Fully compliant in 2 out of 2 modules

No questions are red and no questions are amber out of 20 questions.

# **Risk Management**

# Fully compliant in 3 out of 6 modules

4 questions are red and 3 questions are amber out of 50 questions.

### **Essential actions**

- Process manual to be documented setting out recruitment, succession planning etc (beyond what is in the Constitutions)
   25/26Q1 - This action is now complete processes have been documented and are available in the reading room ACTION COMPLETE
- Consider how to better implement the Equality Scheme within the recruitment practices.
   25/26Q1 - The new DEI scheme 25-28 is in place. Communications will go to district councils and when posts are advertised they will incorporate encouragement of D&I. To be kept as partial as ongoing improvements are being made
- Develop tailored induction specifically focused on Chairs skills/expectations. This will also be built into specific role profiles for both chair and vice-chair.

### **Comments**

General consensus is to put creating an Own Risk Assessment as lower priority whilst focusing on other areas of Code, and also to allow LGPS national guidance to perhaps be released in this area

# Scheme governance

# Fully compliant in 0 out of 1 module

4 questions are red and 6 questions are amber out of 24 questions.

The Administering Authority have selected to answer all questions within this section.

The Administering Authority have selected to include all questions when determining whether they comply with the Code within this section.

# The governing body - changes



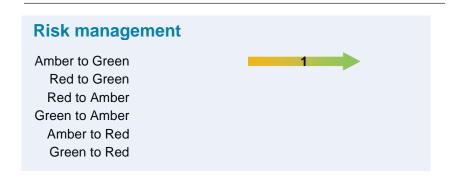
# **Changes since previous report (if relevant)**

The charts below shows how many responses to the questions have changed Red, Amber, Green (RAG) status within each sub-section. If you click within the blue boxes it will take you to the relevant modules (which also records the previous answer and previous score).

# Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red Green to Red



# Advisers and service providers Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red Green to Red



# Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red Green to Red

# The governing body

# **Board structure and activities**

Module	Question	Action
Recruitment and appointment to the governing body	1	Process manual to be documented setting out recruitment, succession planning etc
	Required	(beyond what is in the Constitutions)
		25/26Q1 - This action is now complete - processes have been documented and are
		available in the reading room
		ACTION COMPLETE
2 Recruitment and appointment to the governing body	2	Consider how to better implement the Equality Scheme within the recruitment practices.
	<b>Good Practice</b>	25/26Q1 - The new DEI scheme 25-28 is in place. Communications will go to district
		councils and when posts are advertised they will incorporate encouragement of D&I. To
		be kept as partial as ongoing improvements are being made
Appointment and role of the chair	3	Develop tailored induction specifically focused on Chairs skills/expectations. This will
	Good Practice	also be built into specific role profiles for both chair and vice-chair.
	Cood i idolioc	
		25/26Q1 - This action is now complete, role profiles have been developed
		ACTION COMPLETE
4 Appointment and role of the chair	4	Develop a process to ensure regular reviews of skills/behaviour required of Chairs. Build
	Good Practice	into annual individual review tailored to chair.
		25/26Q1 - This action is now complete, individual skills assessment in place linking into
		individual learning plans - reviews are scheduled in.
		ACTION COMPLETE
		ACTION COMPLETE
Other Actions		
Module	Question	Action
1 No Actions		

# **Knowledge and understanding requirements**

# **Essential Actions**

Module	Question	Action		
1 Governance of knowledge and understanding	4	Develop individual training plans and skills matrix.		
	Required	25/26Q1 - This action is now complete, individual skills assessment and training plans have now been developed and are being implemented.  ACTION COMPLETE		
2 Governance of knowledge and understanding	11	Develop individual training plans and skills matrix.		
	Good Practice	25/26Q1 - This action is now complete, individual skills assessment and training plans have now been developed and are being implemented.  ACTION COMPLETE		

# **Other Actions**

Module	Question	Action		
1 No Actions				

# **Advisers and service providers**

Module	Question	Action
1 Managing advisers and service providers	7	Need to document and clarify who can request work and manage contracts.
	<b>Good Practice</b>	Target to progress during 2025
2 Managing advisers and service providers	8	Need to document and clarify who can request work and manage contracts i.e. improved
	Good Practice	contract management.
		Target to progress during 2025
3 Managing advisers and service providers	13	Need to incorporate a process to ensure improved contact management and regular
	Good Practice	SLA/KPIs, and better escalation processes.
		Target to progress during 2025

4 Managing advisers and service providers	16	Work to be done to consider how robust contract provisions are and ensure everything
	Good Practice	fully incorporated into business continuity plan.
	occur ruciico	25/26Q1 - BCP is well progressed with the business impact assessment fully complete.
		Contract management still targeted to progress during 2025

# **Other Actions**

	Module	Question	Action
1	No Actions		

# Risk management

Module	Question	Action
1 Internal controls	3 Required	Further work to be done in identifying single points of risk and ensuring internal controls are documented for these, as well as ensuring all administration tasks are documented (e.g. non-UPM areas).
		Target July 2025
2 Internal controls	4	Further work to be done in identifying single points of risk and ensuring internal controls
	Required	are documented for these, as well as ensuring all administration tasks are documented (e.g. non-UPM areas).
		Target July 2025
3 Scheme continuity planning	2	Develop new BCP covering full SYPA operations.
	Good Practice	25/26Q1 BCP is well progressed with the business impact assessment fully complete. Target for completion July 25.
4 Scheme continuity planning	5	Further work to be carried out to get assurance on BCPs from all service providers.
	Good Practice	To be progressed during 2025 as part of the development of the contract management framework
5 Scheme continuity planning	10	Develop new BCP covering full SYPA operations.
	Good Practic	e 25/26Q1 - BCP is well progressed with the business impact assessment fully complete  Target for completion July 25.
6 Scheme continuity planning	11	Contingency plans for staffing shortages to be considered as part of new BCP
	Good Practice	development
		25/26Q1 - BCP is well progressed with the business impact assessment fully complete.
		Target for completion July 25.

7 Conflicts of interest	11 Required	To be circulated as part of LPB pre-meet for transparency and information. 25/26Q1 - this action is now complete - the ROI forms part of the regular Governance Updates and is adressed in the pre meets. ACTION COMPLETE
Other Actions		
Module	Question	Action
1 Conflicts of interest	1	Consider moving to one Policy covering all, rather than having a separate one for LPB. 25/26Q1 - this has been progressed ready for approval during Q1
2 Conflicts of interest	5	Looking to record details from declarations in a central spreadsheet.
Scheme governance		
<b>Essential Actions</b>		
Module	Question	Action
1 No Actions		
Other Actions		
Module	Question	Action
1 No Actions		

# The governing body

# **Modules**

### **Board structure and activities**

- Role of the governing body (1)
- Recruiting and appointment to the governing body (2,6)
- Arrangements for member-nominated trustee appointments (7)
- Appointment and role of the chair (5)
- Meetings and decision-making (1)
- Remuneration and fee policy (4)

# **Knowledge & understanding requirements**

- Knowledge and understanding (3,6)
- Governance of knowledge and understanding (3,6)

# Value for scheme members (DC only)

Value for members (7)

### Notes:

The numbers next to the module names above set out Aon's interpretation of the Code for Public Service Pension Schemes. Please note it should not be taken as legal advice.

- (1) Applies
- (2) Mostly applies
- (3) Partially applies
- (4) Good practice
- (5) Mostly good practice
- (6) Partially good practice
- (7) Does not apply



# Advisers and service providers

Managing advisors and service providers (4)

# **Risk management**

- Identifying, evaluating and recording risks (1)
- Internal controls (1)
- Assurance reports on internal controls (1)
- Scheme continuity planning (4)
- Conflicts of interest (3,6)
- Own risk assessment (4)
- Risk management function (7)

## Scheme governance

Systems of governance (4)





# Funding and investment

# Funding and investment – at a glance



## **Investment**

# Fully compliant in 1 out of 4 modules

3 questions are red and 4 questions are amber out of 37 questions.

### **Essential actions**

Terms of reference for Investment Panel to be created

25/26Q1 - TOR now approved and in place. ACTION COMPLETE

- Ongoing reviews of AVCs to be commissioned and ensure happens regularly.
- 25/26Q1 BCP is well progressed with the business impact assessment fully complete. Target for completion July 25.
- Ensure climate risk is considered from an operational perspective is consider (2025/26).
   Will be considered as part of business continuity plan.

25/26Q1 - BCP is well progressed with the business impact assessment fully complete. Target for completion July 25.

 Ensure climate risk is considered from an operational perspective is consider (2025/26).
 Will be considered as part of business continuity

### **Comments**

The Administering Authority have selected to answer all questions within this section.

The Administering Authority have selected to include all questions when determining whether they comply with the Code within this section.

# **Funding and investment - changes**



# **Changes since previous report (if relevant)**

The charts below shows how many responses to the questions have changed Red, Amber, Green (RAG) status within each sub-section. If you click within the blue boxes it will take you to the relevant modules (which also records the previous answer and previous score).



# **Funding and investment**

# Investment

# A

# **Essential Actions**

Module		Question	Action
1 Investment governance Good Practice		7	Terms of reference for Investment Panel to be created 25/26Q1 - TOR now approved and in place. ACTION COMPLETE
2 Investment governance	Good Practice	13	Ongoing reviews of AVCs to be commissioned and ensure happens regularly.
3 Climate change	Good Practice	1	25/26Q1 - BCP is well progressed with the business impact assessment fully complete.  Target for completion July 25.
4 Climate change	Good Practice	3	Ensure climate risk is considered from an operational perspective is consider (2025/26). Will be considered as part of business continuity plan. 25/26Q1 - BCP is well progressed with the business impact assessment fully complete. Target for completion July 25.
5 Climate change	Good Practice	4	Ensure climate risk is considered from an operational perspective is consider (2025/26). Will be considered as part of business continuity plan. 25/26Q1 - BCP is well progressed with the business imapct assessment fully complete. Target for completion July 25.
6 Climate change	Good Practice	5	Ensure climate risk is considered from an operational perspective is consider (2025/26). Will be considered as part of business continuity plan 25/26Q1 - BCP is well progressed with the business impact assessment fully complete. Target for completion July 25.

# **Other Actions**

Module	Question	Action
1 Investment monitoring	8	Consider whether to expand monitoring to incorporate volatility and risk. 25/26Q1 - Still remains as not met - this is being discussed with the newly appointed custodian.

# **Funding and investment**

# **Modules**

### Investment

- Investment governance (4)
- Investment decision making (7)
- Investment monitoring (4)
- Stewardship (6)
- Climate change (3,6)
- Statement of investment principles (6)\*
- Default arrangements and charge restrictions (7)

### Notes:

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- (1) Applies
- (2) Mostly applies
- (3) Partially applies
- (4) Good practice
- (5) Mostly good practice
- (6) Partially good practice
- (7) Does not apply
- \* Note that for the Statement of investment principles module the Code references good practice for PSPSs. However, due to the overriding legal requirement to have an Investment Strategy Statement (ISS) in place we have not included any questions on this module but have referred to the ISS within the Investment governance module.







# Administration

# Administration – at a glance



# **Scheme administration**

# Fully compliant in 0 out of 1 module

1 question is red and 3 questions are amber out of 16 questions.

## IT

# Fully compliant in 1 out of 2 modules

No questions are red and 3 questions are amber out of 17 questions.

# **Information handling**

# Fully compliant in 1 out of 4 modules

No questions are red and 6 questions are amber out of 42 questions.

# **Contributions**

# Fully compliant in 2 out of 3 modules

1 question is red and no questions are amber out of 13 questions.

### **Essential actions**

- All tasks and processes to be reviewed as part of administration improvement plan.
   25/26Q2 - The initial register is in development to identify priority processes and review schedules.
   Plan to complete by 31 December 2025
- All tasks and processes to be reviewed as part of administration improvement plan, together with an ongoing cycle of reviews and better use of performance data.

25/26Q2 The initial register is in development to identify priority processes and review schedules. Plan to complete by 31 December 2025

 As part of management information development, legal timescales will be monitored and reported.

25/26Q2 - Improvements in reporting information have been made - these will also feed through to the Annual Report. Target for full completion December 2025

## **Comments**

The Administering Authority have selected to answer all questions within this section.

The Administering Authority have selected to include all questions when determining whether they comply with the Code within this section.

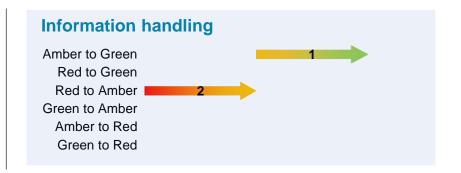
# **Administration - changes**



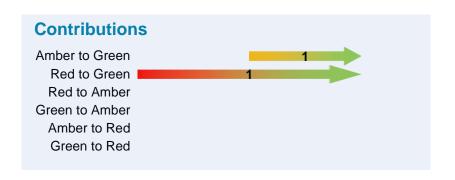
# **Changes since previous report (if relevant)**

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# Scheme administration Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red



# Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red



# **Administration**

# **Scheme administration**

Module	Question	Action
1 Planning and maintaining administration	3	All tasks and processes to be reviewed as part of administration improvement plan.
	Required	25/26Q2 - The initial register is in development to identify priority processes and review
		schedules.
		Plan to complete by 31 December 2025
2 Planning and maintaining administration	10	All tasks and processes to be reviewed as part of administration improvement plan,
	Required	together with an ongoing cycle of reviews and better use of performance data.
		25/26Q2 The initial register is in development to identify priority processes and review
		schedules.
		Plan to complete by 31 December 2025
3 Planning and maintaining administration	11	As part of management information development, legal timescales will be monitored and
	Required	reported.
		25/26Q2 - Improvements in reporting information have been made - these will also feed
		through to the Annual Report. Target for full completion December 2025
4 Planning and maintaining administration	15	Business continuity plan being developed during 2024/25
	Required	
	•	25/26Q2 - BCP is well progressed with the business impact assessment fully complete.
		Target for completion July 25.
5 Planning and maintaining administration	16	Consider whether any non-UPM processes are not documented.
	Required	25/26Q2 All LGA changes are tracked and non-UPM processes are in place.
		ACTION COMPLETE
Other Astiens		
Other Actions		

	Module	Question	Action
1	No Actions		

# **Information handling**

Module	Question	Action
1 Financial transactions	9 Required	Data improvement plan, articulating actions and tracking against them, to be developed 25/26Q2 - The data improvement plan and strategy will be presented to the Authority at the September meeting and this will be embedded once approved. Target for completion December 2025.
2 Record keeping	3 Required	Data retention timescales to be reviewed (including consideration of lawfully retaining data) and implemented 25/26Q2 - Work on Phase 2 of the Information Governance action plan is under way and a project established working on development of a new data retention policy and guidance and information asset registers. Target March 2026
3 Record keeping	4 Required	Review retention policies for legitimate purposes (as above) 25/26Q2 - Work on Phase 2 of the Information Governance action plan is under way and a project established working on development of a new data retention policy and guidance and information asset registers. Target March 2026
4 Record keeping	7 b Required	25/26Q2 - all processes in place and reported on. This action will never achieve 100% ACTION COMPLETE
5 Data monitoring and improvement	1 Required	Put in place Data Improvement Strategy and Data Improvement Plan with actions that are monitored.  25/26Q2 - The Data Quality Strategy is now in place with monitoring and individual data improvement plans.  ACTION COMPLETE
6 Data monitoring and improvement	4 Required	Ensure Data Improvement Plan documents data reviews and their findings, and ongoing actions.  25/26Q2 - Still partial - work ongoing in relation to reporting and evidencing. Revised target December 2025
7 Data monitoring and improvement	5 Required	Put in place Data Improvement Strategy and Data Improvement Plan with actions that are monitored.  25/26Q2 - This action is now partially met - The strategy is now in place but further tracking is required of the individual improvement plans. Target December 2025

8 Data monitoring and improvement	6	Ensure Data Improvement Strategy includes action/decisions relating to where data
	Required	cannot be corrected
		25/26Q2 - This action is now partially met. Priority areas have been agreed, some of
		which are low but need recording on the Data Improvement Plan- target December 2025

# **Other Actions**

	Module	Question	Action
1	Financial transactions	6	Develop KPIs for supplier payments
2	Record keeping	2 a	Ongoing work to improve data and clear backlogs
3	Record keeping	2 c	Work on Phase 2 of the Information Governance action plan is under way and a project established working on development of a new data retention policy and guidance and information asset registers.
4	Record keeping	5	Complete review of need to retain microfiche historical records. Target December 2025 for solution.

# IT

Module	Question	Action
1 Cyber controls	1	Create a specific cyber security policy. Also carry out review against TPR Cyber
	Required	Guidance which is more detailed.
	rtoquirou	25/26Q2 - The development of the cyber security policy is progressing and on track.
		Target Sept 25
2 Cyber controls	8	Cyber hygiene guidelines to be reconsidered as part of review of these policies and
	Required	documents.
	•	25/26Q2 - this is being progressed and on track. Target October 25
3 Cyber controls	9	Data/asset mapping to be updated to assist in identifying any potential target areas for
	Required	cyber crime. Further work to done to incorporate cyber resilience testing for third
	rtoquirou	parties/suppliers.
		25/26Q2 - Work on Phase 2 of the Information Governance action plan is under way and
		a project established working on development of a new data retention policy and
		guidance and information asset registers. Target March 2026
		Third party provider questionnaire will be enhanced. Target Octover 2025

# **Other Actions**

Module	Question	Action
No Actions		

# **Contributions**

# **Essential Actions**

Module	Question	Action
1 Resolving overdue contributions	1 Required	Ensure a documented procedure for recording/monitoring/pursuing missing monthly schedules/contributions is in place (or any gaps in a current documented procedures) 25/26Q2 - Procedure and dashboard now in place and process documented. ACTION COMPLETE
2 Resolving overdue contributions	3 Required	Ensure any written procedure includes clear processes to identify fraudulent activity. 25/26Q2 - This is now partially met. Checks are in place on Epic in relation to contributions, written process to be captured. Target date December 2025
3 Resolving overdue contributions	4 Required	Ensure any written procedure includes clear escalation within SYPA, including when to report to TPR.  25/26Q2 - The process is now in place as part of EPiC workflow.  ACTION COMPLETE

# **Other Actions**

Module		Question	Action
1 Monitoring conti	ibutions :	5	25Q4 - Investigate ways to increase monitoring, perhaps through internal audit.

# **Administration**

# **Modules**

### **Scheme administration**

Planning and maintaining administration (1)

# Information handling

- Financial transactions (1)
- Transfers out (2)
- Record-keeping (3,6)
- Data monitoring and improvement (1)

### Notes:

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- (1) Applies
- (2) Mostly applies
- (3) Partially applies
- (4) Good practice
- (5) Mostly good practice
- (6) Partially good practice
- (7) Does not apply



### IT

- Maintenance of IT systems (1)
- Cyber controls (2,6)

### **Contributions**

- Receiving contributions (3)
- Monitoring contributions (1)
- Resolving overdue contributions (1)





# Communications and disclosure

# Communications and disclosure – at a glance



# Information to members

# Fully compliant in 2 out of 5 modules

3 questions are red and 3 questions are amber out of 22 questions.

## **Public information**

# Fully compliant in 1 out of 2 modules

No questions are red and 1 question is amber out of 14 questions.

### **Essential actions**

Implement legal timescale monitoring within UPM.

25/26Q2 - No change - under review. Target December 2025

 Consider feasibility of reviewing all scheme member communications to meet Plain English standards

25/26Q2 - The website wording is compliant however all levels of documents across the Authority still require review. Target December 2025

• Review digital inclusion.

25/26Q2 - The website wording is compliant however all levels of documents across the Authority still require review. Target December 2025

 Ensure AVC statements issued by Prudential and Scottish Widows are issued within future legal timescales

25/26Q1 - Still partial - Engagement with AVC providers on this is being developed - Target

### **Comments**

The Administering Authority have selected to answer all questions within this section.

The Administering Authority have selected to include all questions when determining whether they comply with the Code within this section.

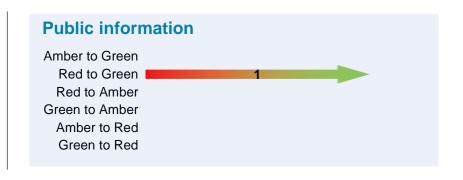
# **Communications and disclosure - changes**



# **Changes since previous report (if relevant)**

The charts below shows how many responses to the questions have changed Red, Amber, Green (RAG) status within each sub-section. If you click within the blue boxes it will take you to the relevant modules (which also records the previous answer and previous score).

# Information to members Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red



# **Communication and disclosure**

# Information to members

### **Essential Actions**

Module	Question	Action
1 General principles for member communications	1 b	Implement legal timescale monitoring within UPM.
	Required	25/26Q2 - No change - under review. Target December 2025
2 General principles for member communications	2	Consider feasibility of reviewing all scheme member communications to meet Plain
	Demined	English standards
	Required	25/26Q2 - The website wording is compliant however all levels of documents across the
		Authority still require review. Target December 2025
3 General principles for member communications	3	Review digital inclusion.
	Required	25/26Q2 - The website wording is compliant however all levels of documents across the
	, toquii ou	Authority still require review. Target December 2025
4 Benefit information statements (PSPS)	4	Ensure AVC statements issued by Prudential and Scottish Widows are issued within
	Required	future legal timescales
	rtoquirou	25/26Q1 - Still partial - Engagement with AVC providers on this is being developed -
		Target December 2025
5 Benefit information statements (PSPS)	5	Check on whether AVC providers are meeting legal requirements in relation to the
	Required	information included on annual statements.
	rtoquirou	25/26Q2 - Process still to be set up - Target December 2025
6 Notification of right to cash transfer sum or	1	Clear backlogs and then ensure that the notifications on rights and options are issued
contribution refund	Required	within 3 month legal timescale
		25/26Q2 - Backlogs still ongoing but on track. Target December 2025

# **Other Actions**

 Module	Question	Action
No Actions		

# **Public information**

	Module	Question	Action
1	Publishing scheme information (PSPS)	2	Review and ensure information published meets the Codes requirements.
		Good Practice	25/26Q2 - This is progressing and on track. Target end of July 2025
2	Publishing scheme information (PSPS)	4	Process to be developed to ensure all changes are made within one month.
		Required	25/26Q2 - Process in place for monthly check ACTION COMPLETE
	Other Actions		
	Module	Question	Action
1	No Actions		

# **Communication and disclosure**

# **Modules**

### Information to members

- General principles for member communications (1)
- Annual pension benefit statements (DC) (7)
- Summary funding and pension benefit statements (DB) (7)
- Benefit information statements (PSPS) (1)
- Retirement risk warnings and guidance (1)
   Notification of right to cash transfer sum or contribution refund
- Chair's statement (7)
- Scams (1)
- Audit requirements (7)

### Notes:

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- (2) Mostly applies
- (3) Partially applies
- (4) Good practice
- (5) Mostly good practice
- (6) Partially good practice
- (7) Does not apply



### **Public information**

- Publishing scheme information (PSPS) (2,6)
- Dispute resolution procedures (2,6)





# Reporting to TPR

# Reporting to TPR – at a glance



# **Regular reports**

# Fully compliant in 1 out of 1 module

No questions are red and no questions are amber out of 3 questions.

Whistleblowing- Reporting breaches of the law

# Fully compliant in 0 out of 4 modules

3 questions are red and 3 questions are amber out of 11 questions.

## **Essential actions**

- Ensure all breaches are identified and recorded (including administration legal timescales and late/estimated contributions)
   25/26Q2 - Still partial - work ongoing revised target from July 2025 to Setember 2025
- Ensure induction training highlights the personal responsibility about reporting significant breaches, as well as what breaches are/ensuring sharing procedure.
- 25/26Q2 The updated policy will be taken to LPB for review Target September 2025
- Ensure induction training highlights the personal responsibility about reporting significant breaches, as well as what breaches are/ensuring sharing procedure.
- 25/26Q2 Still no pension officer induction has been reveiwed and plans are in place to include -Target September 2025
- Ensure breaches log is updated to ensure assessments are carried out in line with procedure

# **Comments**

The Administering Authority have selected to answer all questions within this section.

The Administering Authority have selected to include all questions when determining whether they comply with the Code within this section.

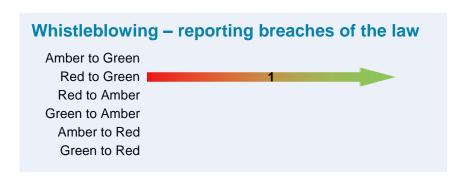
# **Reporting to TPR - changes**



# **Changes since previous report (if relevant)**

The charts below shows how many responses to the questions have changed Red, Amber, Green (RAG) status within each sub-section. If you click within the blue boxes it will take you to the relevant modules (which also records the previous answer and previous score).

# Regular reports Amber to Green Red to Green Red to Amber Green to Amber Amber to Red Green to Red Green to Red



# **Reporting to TPR**



# **Regular reports**

# **Essential Actions**

Module	Question	Action
1 No Actions		
Other Actions		
Module	Question	Action
1 No Actions		

# Whistleblowing - reporting breaches of the law

Module	Question	Action
1 Who must report	1	Ensure all breaches are identified and recorded (including administration legal
	Required	timescales and late/estimated contributions)
	rtoquirou	25/26Q2 - Still partial - work ongoing revised target from July 2025 to Setember 2025
2 Who must report	3	Ensure induction training highlights the personal responsibility about reporting significant
	Required	breaches, as well as what breaches are/ensuring sharing procedure.
	roquilou	25/26Q2 - The updated policy will be taken to LPB for review - Target September 2025
3 Who must report	4	Ensure induction training highlights the personal responsibility about reporting significant
	Required	breaches, as well as what breaches are/ensuring sharing procedure.
		25/26Q2 - Still no - pension officer induction has been reveiwed and plans are in place to
		include - Target September 2025
4 Decision to report	2	Ensure breaches log is updated to ensure assessments are carried out in line with
	Required	procedure
	Required	25/26Q2 - still partial pending review of policy - Target September 2025

5 How to report	3 Required	Ensure breaches log is updated to cover all breaches, not just those that are being reported 25/26Q2 -Still partially met pending approval of updated policy and breach log. Target September 2025.
6 Reporting payment failures	1 Required	Contribution procedures to be updated to include escalation and eventual reporting to TPR.  25/26Q2 - Still no - this will be covered in the breaches training (Pending approval of Policy). Target December 2025.
7 Reporting payment failures	2 Required	Ensure breaches log is updated to cover all breaches, not just reportable ones. 25/26Q2 - Due to the introduction of compulsory direct debit arrangements this risk is now limited and the requirement met. ACTION COMPLETE

# **Other Actions**

Module Question Action

1 No Actions

# **Reporting to TPR**

# **Modules**

# Regular reports

Registrable information and scheme returns (1)

# Whistleblowing - reporting breaches of the law

- Who must report (1)
- Decision to report (1)
- How to report (1)
- Reporting payment failures (1)

### Notes:

The numbers next to the module names above set out Aon's interpretation of the Code for Public Service Pension Schemes. Please note it should not be taken as legal advice.

- (1) Applies
- (2) Mostly applies
- (3) Partially applies
- (4) Good practice
- (5) Mostly good practice
- (6) Partially good practice
- (7) Does not apply





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