

APPENDIX 1

Compliance Action Plan – Administering Authority (October 2020)

Compliance Area	Ref	TPR/SAB Requirement	Compliance Level: April 2019	Recommendations	LBL Actions	Due By Date	Resp. Officer	Direction of Travel	Additional Comments
Knowledge and Understanding	B1	Are there policies and arrangements in place to support pension board members in acquiring and retaining knowledge and understanding?	Partially Compliant	1. The Knowledge and Understanding policy should include the objectives of the policy. 2. Specify how training will be recorded and monitored. 3. Date the policy and make available online.	Update Board policy per recommendations.	Q1 2021	RB	↔	Original date of Q1 2020 pushed back; no progress to date.
Knowledge and Understanding	B2	Has a person been designated to take responsibility for ensuring the framework is developed and implemented?	Partially Compliant	1. Identify and name a designated person in the policy.	Update Board policy to name the Chair as the designated person, with delegated authority to a designated officer supported by the Principal Accountant. Take back to PB for review and adoption.	Q1 2021	RB	↔	Original date of Q1 2020 pushed back; no progress to date.
Knowledge and Understanding	B6	Have all pension board members got access to copies of the scheme rules and relevant Fund documentation?	Partially Compliant	1. The Fund needs to put in place a Governance Compliance Statement. 2. Not all policies are available online. A review of this should be undertaken and any missing policies added. 3. The Full Scheme guide on the Fund's website is out of date and needs updating.	Draft a Governance Compliance Statement and Policy for the Fund. Upload policies to Fund website where missing. Update scheme guide on Fund website.	Q2 2021 Q1 2021 Q1 2021	RB RB RB	↔ ↔ ↔	Original dates pushed back; no progress to date.
Knowledge and Understanding	B9	Does the Fund offer pre-appointment training for new pension board members or mentoring by existing members?	Partially Compliant	1. Ensure approach for new members is documented in formal Knowledge and Understanding Policy, and is monitored and adhered to.	Document induction practices in Knowledge Policy and append an induction pack.	Q1 2021	RB	↔	Original dates pushed back; no progress to date.

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Conflicts of Interest	C1	Does the Fund have a conflict of interest policy and procedure, which includes identifying, monitoring and managing potential conflicts of interest?	Partially Compliant	1. Date the policy and make available on the Fund's website. 2. Consider extending the reach of the policy to cover both PIC and Officers as well as the Pension Board.	Update the Board policy per recommendations.	Q2 2021	RB	↔	Consider if we need a separate policy for AA and PB? Does existing policy cover the PB or do we need to split it out? RB to investigate
Conflicts of Interest	C9	Do those involved know how to report a conflict of interest?	Partially Compliant	1. Make it clear in the policy who conflicts should be reported to.	Update Board policy to make it clear that decisions are reported to the Chair and to a designated officer for record-keeping purposes.	Q2 2021	RB	↔	Original date pushed back; no progress to date.
Publishing Information About Schemes	D2	Does the Administering Authority Publish other useful related information about the Pension Board?	Non-compliant	1. Add additional information from Code of Practice paragraph 96 about the Pension Board and Committee members onto the Fund website.	Update Fund website per recommendations.	N/A	RB	↑	Complete – to be removed from log
Publishing Information About Schemes	D3	Is all the information about the Pension Board kept up-to-date?	Partially Compliant	1. Ensure public information about the Board is kept fully up-to-date and correct.	Update Fund website per recommendations.	N/A	RB	↑	Complete – to be removed from log
Managing Risk and Internal Controls	E1	Is there an agreed process for identifying and recording scheme risks?	Non-compliant	1. Develop a Risk Policy. 2. Consider developing Fund objectives which help drive the content on the risk register. 3. Ensure that the Fund's risk register contains all areas of the administration and management of the	Create a Risk Management Policy for the Fund (to be approved by PIC). Develop/identify a set of Fund objectives. Update Fund risk register.	Q1 2021	RB	↔ ↔ ↑	Final Risk Policy to go to PIC in November 2020. First draft complete

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				Fund, not just investment related items.					
Managing Risk and Internal Controls	E7	Does the Administering Authority have adequate systems, arrangements and procedures in place for the administration and management of the Fund and are they documented?	Partially Compliant	1. Create an Administration Policy. 2. Create internal process notes documenting the various procedures specific to Lewisham.	Create Fund Administration Policy and process notes per recommendations. Admin Policy to document relationship with AVC providers (terms of engagement etc.).	Q2 2021	SA/DD	↔ ↔	Policy in progress
Maintaining Accurate Member Data	F9	Is a data improvement plan in place which is being monitored with a defined end date?	Non-compliant	1. Create a Data Improvement Plan to address areas where data is incomplete/potentially inaccurate	Create plan per recommendations.	Q2 2021	SA/DD	↔	Original date pushed back; no progress to date.
Maintaining Contributions	G8	Is there a satisfactory process in place to assess the materiality of any payment failures and ensure that those which are material are reported to the Regulator within a reasonable period?	Non-compliant	1. The Fund should formalise their reporting and monitoring processes in formal procedure notes, in the Fund's Administration Policy, and in the Breaches Procedure (when drafted), as appropriate.	Update Admin Policy once created to document procedures for payment failures and reporting processes (see TPR Code/guidance and legislation as a reference to determine processes for assessing and documenting payment failure. Determine levels of materiality for different circumstances, and take account of/assess impact of cumulative failures).	Q2 2021	SA/DD	↔	Original date pushed back; no progress to date.
Providing Information to Members and Others	H2 & H4	Do active and deferred Annual Benefit Statements (ABS) meet legal requirements in relation to the format?	Partially Compliant	1. Review active and deferred ABS to ensure compliance with HMT Directions	Review ABS per recommendation.	Q2 2021	SA/DD	↔	Original date pushed back; no progress to date.

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Providing Information to Members and Others	H12	Does the Administering Authority aim to design and deliver communications in a way that ensures scheme members are able to engage with their pension provision?	Non-compliant	1. Improve and monitor customer engagement; publish statistics on the Fund's website.	RB to check if Hymans can prepare analytics on website usage/visitor numbers/pages being looked at/when are they visiting/geographic location of visitors. Consider adding to tender documentation as a requirement of hosted website.	Q1 2021	RB	↔	Original date pushed back; no progress to date.
Internal Dispute Resolution	I2 & I3	Does the Administering Authority's internal dispute resolution procedure highlight or consider whether a dispute is exempt? Does the procedure clearly state the process to apply for a dispute to be resolved?	Non-compliant	1. Update the IDRPs to include exemption wording 2. Update IDRPs to include: - who it applies to - who the specified person is - the timescales involved - the information that an applicant must include - the process by which decisions are reached	Update Fund policy per recommendations.	Q2 2021	SA/DD	↔	Original date pushed back; no progress to date.
Internal Dispute Resolution	I8	Does the Administering Authority regularly assess the effectiveness of its arrangements?	Non-compliant	1. Review the IDRPs to ensure it is fully in line with current requirements and upload to Fund website. 2. State how often it will be reviewed.	Update Fund policy per recommendations.	Q2 2021	SA/DD	↔	Original date pushed back; no progress to date.
Reporting Breaches of the Law	J1 & J2	Is the Administering Authority satisfied that those responsible for reporting breaches under the legal requirements and TPR guidance understand the requirements? Are appropriate procedures in place to meet legal obligations	Non-compliant	1. A Breaches Policy should be in place. 2. Appropriate breaches training should be provided. 3. Set out appropriate procedures as required within the Breaches Policy.	Create Fund policy per recommendation. Arrange/suggest suitable training for the Board regarding breaches of the law.	Q2 2021	RB	↔ ↔	Original date pushed back; no progress to date.

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		for identifying and assessing breaches?							
Scheme Advisory Board Guidance	K1 2	A Local Pension Board should understand the Administering Authority's requirements, controls, and policies for FOIA compliance so that the Board is aware of them and can comply with them.	Partially Compliant	1. The Fund should ensure the Board is aware of requirements in this area.	Prepare a paper explaining LA's FOI policy and compliance statistics.	Q2 2022	RB	↔	Check with FOI team if any stats can be provided on compliance .