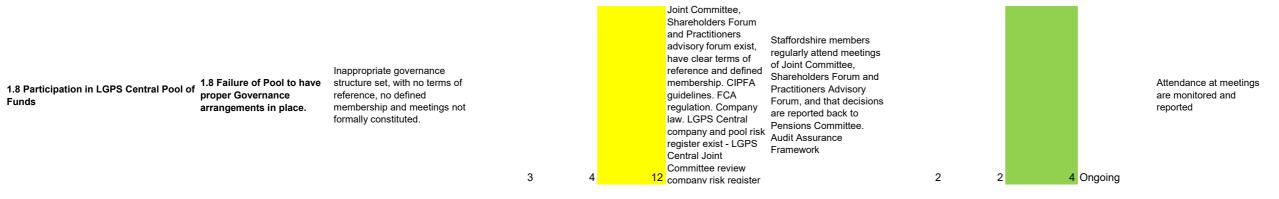
| G | O | v | e | rr | าล | n | c | e |
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| | | | | | | | | |

| Governance | | | | | | | | | | | | | | |
|--|---|--|--------|------------|---------------------------|---|---|--------|------------|----------------------------|-------------------------------|---|--|-----------------|
| Objective | High Level Risk | Detailed Risk | Impact | Likelihood | Pre-control Risk Score | Controls | Source of Assurance | Impact | Likelihood | Post-control Risk Score | Review Date | Actions Description | Outcome of Review /Changes made | Owner |
| 1.0 To meet the highest standards of Governance and demonstrate key principles of accountability and transparency through clear responsibilities and reporting | 1.0 Failure to define agree and report Fund objectives | Failure to set objectives | | | NISK GGG/G | | Objectives documented in Risk Register and key Policy Documents | | | | | | , onungeo muuo | |
| | | Failure to include an assessment of performance using agreed benchmarks | ŧ | | 4 <u>12</u> | For each key area of the fund appropriate KPI's are determined and assesed regularly | Pensions Committee, Pensions Board, Internal and External Audit, Portfolio Evaluation, CIPFA benchmark, Pensions Regulator, Audit and Standards Committee, CEM, ONS return, | | | 9 | Sep-22 | | | MS/HW |
| | | Failure to report annually to the Pensions Committee and to review the objectives | : | 3 : | 3 | Pensions Committee and Pensions Board | MHCLG. Report to Pensions Committee, Pension Board as part of key policy documents | 3 | 3 | 9 | Sep-22 | 2 | | MS/HW |
| 1.1 To ensure the Fund has an appropriate governance structure | 1.1 Failure to have an appropriate Governance structure in place including appropriate polices e.g. Conflicts of Interest | Failure to publish a Governance Policy Statement | ; | 3 | 4 <mark>12</mark> | Governance is implemented in accordance with the Governance Policy Statement which sets out the roles and | Governance Policy Statement | 3 | 3 2 | 6 | Sep-22 | Scheme advisory board Good Governance project phase 3. Myners principals? | Review policy once guideance from Good ^t Governance review known. Policy review | HW |
| | Commence of interest | Failure to set up bodies with appropriate constitutions | : | 3 : | 2 6 | Pensions Committee, Pensions Panel, Pensions Board and LGPS Central have individual terms of | Pension Board, County Council constitution, Internal Audit of governance arrangements TPR report to regulator. Virtual/Hybrid meetings | 1 | l 1 | 1 | Oct-2 ⁻ | 1 | due Oct 21 | MS |
| | | Failure to have appropriate representation on County Council Committees and LGPS Central | I | 3 | | reference. County Council constitution, Shareholders agreement of LGPS Central | can be facilitated, where allowed. Pension Board, LGPS Central terms of reference and governance structure. | 1 | 1 1 | . 2 | Sep-22 Sep-22 | | review once new members embedded. | MS County Counc |
| | | Failure to review Governance standards against suitable benchmark (Government guidance e.g. Code of practice 14) | | | | Officers monitor and are aware of various governance standards and changes within them. | MHCLG, tPR, SAB, LGA, | | | | | Review following tPR revision of code of practice (from 15 codes to 1) and consider internal/external review. | | |
| | | Failure to address conflicts of interest with appropriate policy with conflicts properly recorded and acted upon | | 3 | 4 16 3 § | Conflicts of Interest Policy exists and conflicts are a standing item on agendas | Conflicts Policy published, Conflicts reported, Pension Board | 3 | | 9 | Dec-2 ⁻ Ongoing | I | Conflicts policy reported to June 2021 Pensions Committee. Next review March 2022 Committee | Democratic |

| 1.2 To ensure that all Elected Members and officers have appropriate Knowledge and skills | 1.2 Failure to ensure that Elected Members and Senior Managers have the required skills or qualifications to perform their function effectively, and are supported by an ongoing programme of training | Failure to adopt CIPFA Knowledge and Skills Framework | 4 | | Adoption of CIPFA Training and Skills Framework, Training policy, Training Logs for Committee and Board | Pension Board, Training need analysis, Hyman's Aspire online training. | | | 0.000 | Impact of SAB Good Governance Review? | | LIW/MG |
|---|--|--|---|------------|--|---|---|---|-----------|--|---|--------|
| | | Failure to keep training records | 4 | 4 1 | Elected Members Annual Training Programme. Publish | Training records exist. Pension Board. Annual training needs analysis. Hymans online training | 3 | 2 | 6 Sep-22 | | | HW/ MG |
| | | | 2 | 4 | training in Annual Report | records reports emailed monthly. Pension Board, AON, Self assessment, Regular "just in time training" at meetings, two Committee | 1 | 1 | 1 Sep-22 | Impact of SAB Good Governance Review? | | HW/ MG |
| | | Failure to deliver regular training to Elected Members | | | Consider independent assessment of knowledge and skills | training session per year, Virtual training carried out to ensure continuity. Hyman's Aspire online training comprehensive in | | | | Induction and refresher training to be delivered throughout 2021/22 following election of new members and TNA | | |
| | | Failure of senior officers to have appropriate skills, or knowledge | 3 | 4 <u>1</u> | Senior Officers can demonstrate appropriate knowledge, skills and | all areas of fund. Qualifications and experience of senior officers, "we talk", appointment process, | 2 | 2 | 4 ongoing | Impact of SAB Good Governance Review? Sucession planning becoming more important | | HW/ MG |
| | 1.3 Failure to have proper arrangements to receive | | 4 | 2 | experience Several advisors are | training and development log Several advisors are in place and regularly attend Committee/Panel/meetings | 1 | 2 | | | add sucession planning Investment advisors | MS |
| 1.3 To ensure the Fund has appropriate financial, investment and actuarial advice | appropriate advice; including appropriate procurement and monitoring of performance of advisors | Failure to have appropriate advisors including avoidance of reliance on a sole advisor | | | procured, they are appropriately qualified (Actuarial, FCA) | required. Hymans always provide a second back up advisor for actuarial and | | | | | reappointed as from April 21, removed from emerging risks 11.2.21 | |
| | | Failure to regularly tender for advisor – or failure to report reasons for not tendering for | 4 | 4 1 | regularly (or reasons for not doing are | Procurement regulation compliance, contract termination dates, | 3 | 3 | 9 annual | CMA review requires regular tendering of advisers, tender for investment consultant | advisors reappointed as from April 21 | MS |
| | | approval | 4 | 4 1 | approved by elected members) | Procurement Contracts register | 2 | 3 | 6 annual | completed 2021 and independents need to be done in 2021/22. Contracts need to be put in place for independent advisors when next | | MS |
| | | Failure to have appropriate contracts in place | 4 | 4 1 | Suitable contracts are in place | Legal services, Internal Audit, Procurement, suppliers | 2 | 2 | 4 annual | retendered. Tender for investment consultant completed 2021 and consider tender independents in 2021/22. | | MS |
| | | Failure to monitor and report performance of advisors | · | | Advisors performance is monitored by independent source and reported to members | Report to Pension Committee, Pension Board, GAD Actuarial assumptions, Officer feedback. Portfolio evaluation measures strategic asset allocation | - | | | Consider formal monitoring system (Pensions Committee), independent source to be sought | | |
| | | Failure to have custody | 3 | 4 1 | 2 | decisions. CMA objectives for investment consultant. Legal Custody agreements exist for liquid assets held | 3 | 4 | 12 Jun-22 | | | MS |
| 1.4 To ensure assets are safeguarded and properly accounted for and reported upon. | liquid markets and illiquid | arrangements in place for every asset class; including Liquid assets held at custodian (Equities and Bonds), Cash AND Illiquid asset classes; Property, Private Equity, Hedge Funds, Private Debt, Infrastructure. Both at | | | Custody arrangements in place, LGPS Centra is FCA regulated and has services of depository and operator. | at custodian. Other arrangements for illiquid assets are documented. Annual investment strategy for cash. LGPS Central ARCC, internal and extrnal audit all | | | | | | |
| | | LGPS Central and SPF | 5 | 2 1 | 0 | review. AAF Internal controls reports reviewed. | 5 | 2 | 10 Sep-22 | | | MS |

| | Failure to have custodian contract with appropriate obligations and clear sanctions for default. Both at LGPS Central and SPF Failure to ensure either custodian has a high credit rating Failure to ensure assets are completely and accurately recorded | 3 | 2 8 3 9 | detailed provisions for safekeeping of assets. Custodian credit rating high; Monthly check on reporting of assets by managers vs custodian. Managers valuations. | | 4 3 | 1 1 2 | 4 ongoing 3 ongoing 8 Sep-22 | MS MS |
|---|--|---|---------|---|---|-----|-------|--|----------|
| | Failure to ensure that either custodian has suitable systems and processes to keep records separately from their own assets. | 4 | 2 | property records. Limited Partnership agreements for illiquid investments and other documents held by | Internal controls reports (eg.AAF0106 type 2), Audit assurance visit, bi annual visits, FCA. Work of LGPS Central Audit working group. LGPS Central have AAF0106 type 2 report. | 4 | 2 | Electronic Property records system being set up 2021. | MS |
| | Failure to ensure that any assets lent out under a stock lending programme are safeguarded, by having a separate agreement and robust securitisation in place | | | Stocklending subject | Northern Trust agreement. Security reviewed by consultants. Collateral in t place for all agreements, Client meetings. Securities lent and collateral held viewed through Northern Trust Passport for SPF held assets. LGPS Central Securities Lending Policy | | | | |
| | Failure to ensure that stock lending activity and controls are reported to the Pension Panel regularly | 4 | 3 12 | Ensure officers review stock lending activity and controls. This has not been reported to Pensions Panel for 3 years due to decreasing income and pending assets moving to LGPS | | 4 | 2 | Review if we need to report securities lending to Panel, including LGPS Central. | MS |
| 1.5 To ensure that the Fund makes all information it is required to make available to stakeholders and that the information is easy to understand. To meet best practice standards wherever possible 1.5 Failure to publish all documents required by legislation including statutory accounts and annual report and key documents comprising Governance Strategy, ISS FSS. Communications | Failure to publish all key documents including Annual Report, ISS, FSS, Governance Strategy, Communications Policy, Actuarial Valuation. | - | 3 12 | Key documents list is maintained and all key documents are completed, reviewed regularly and published | Documents published, regulations, CIPFA guidance, TPR codes of practice, Pensions Board, Pensions Committee, Internal Audit, external audit | 2 | 3 | Governance Document Register needs to be included as part of the committee cycle. Administration Strategy and Governance strategy need to be reviewed. | MS MS |
| Finity | Failure to regularly review all key documents | 3 | 4 1: | documents are completed, reviewed regularly and published | Documents published, regulations, CIPFA guidance, TPR codes of practice, Pensions Board, Pensions Committee, Internal Audit, external audit | 3 | 3 | 9 Annual | MS |
| 1.6 Failure to adhere to 1.6 To comply with all legislation relating relevant statutory to Local Government Pensions. regulations including updates to LGPS | Failure to know about legislative change | 5 | 4 20 | Regular review of prospective changes through consultations; updates from LGA and intelligence from conferences and advisors | | 5 | 3 | Review impact of McCloud, Goodwin, cost cap, exit payment cap to be introduced laste 2021? 15 Ongoing | MS SJ JW |

| | Failure to implement changes to systems, processes and to document such as required by legislative change | | | Ensure any changes are implemented through changes to documents and procedures as required | Pension Board, Altair updates, communications working groups, CIPFA code and example accounts. | | | | Software updates required to assit implimentation of regulation changes, manual calculations-impact on resources, SCC ICT infrastructure now upgraded for compliance into 2022. Should tender process result in change of provider this will need significant planning to ensure smooth trasnsfer | |
|--|---|-----|----|---|---|---|---|-----------------------------|---|--------------|
| | Failure to train staff as required by the legislative change | 4 4 | 16 | Ensure staff are trained in changes as | Pension Board, Internal Audit, team meetings, targeted training, webinars, | 4 | 3 | 12 Ongoing | and maintain performance. need to train staff on impact and practical implementation of | MS SJ JW |
| | by the legislative change | 4 4 | 16 | required. | LGA training | 4 | 3 | 12 Ongoing | significant regulatory change | MS SJ JW |
| | Failure to report major legislative change to Pension Committee/Panel | | | Ensure major changes are reported to Committee/Panel | Pension Committee report, Pension Board | | | | | |
| | Failure to appoint an independent | 1 3 | 3 | | Auditor appointed as part of County Council | 1 | 2 | 2 Ongoing | | MS SJ JW |
| | auditor | 4 2 | 8 | 3 | arrangements | 4 | 1 | 4 Contractual | | County Counc |
| | Failure of the independent auditor to report to the Pension Committee | | | | Audit report to Committee. Pension Board and Audit and Standards Committee | | | | | |
| 1.7 Failure to have comprehensive risk management arrangement including a Fund risk register that is comprehensive, linked to objectives and regularly reported and reviewed 1.7 To ensure the Fund has a risk register in place; failure to regularly review, update, and identify controls to mitigate significant risks, including risk of fraud, and management assurance arrangements to ensure ke controls are operating effectively and consistently | Failure to have a comprehensive risk register in place | 3 2 | 6 | Controls are regularly tested. New risks are identified by regular review of changes | Risk register exists and is regularly reviewed and updated as part of quarterly officer risk register meetings also attended by Pensions Board. | 2 | 1 | 2 Annual | Link Risk Register objectives to any new objectives created by review e.g RI | TB |
| | Failure to review the risk register at least annually and to report to Pension Committee | 3 3 | 12 | identified by regular review of changes (informed by advisors, LGA, press, conferences etc.) Comprehensive Risk Register in place and | Pension Committee report. Pension Board | 3 | 2 | 3 Annual review 6 Quarterly | v | Pensions Con |
| | Failure to identify new risks | 4 4 | 16 | | Risk register updated for new risks | 3 | 3 | 9 Quarterly | | All |



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NB, risks associated with pooling will change as LGPS Central is formed and transition is progressed.