HYMANS ROBERTSON

Oxfordshire Pension Fund

TPR General Code of Practice Compliance Report

August 2026

Andrew McKerns, Michael Burton and Claire McDines

LGPS Governance, Administration and Projects Team
For and on behalf of Hymans Robertson LLP

Contents

HYMANS ROBERTSON

Fund Compliance Position

The Pensions Regulator's (TPR) new General Code of Practice (GCOP) came into force on 27th March 2024. It brings together and updates previous codes into one code for all pension schemes. For public service pension schemes, the GCOP replaced Code of Practice 14, which covered the governance and administration of public service pension schemes.

Hymans Robertson developed a GCOP Checker Tool to help Local Government Pension Scheme (LGPS) funds assess their compliance with the General Code of Practice. In 2025, Oxfordshire Pension Fund (OPF) used the tool to complete the first stage of its self-assessment, focusing on the modules Officers considered most relevant for initial review and recording the evidence available to support each compliance rating. OPF then completed its review of the remaining GCOP areas in 2026, giving Officers a full self-assessment position across the LGPS-relevant modules.

- The GCOP is split into 5 sections with a total of 14 LGPS relevant chapters.
- Within these chapters there are 37 modules which are applicable to LGPS Funds.
- In 2024/25, OPF Officers reviewed 20 modules. Hymans reviewed this work and provided an oversight report.
- Officers have now completed work on the remaining 17 modules, as shown in the table below.

Chapter	Module	Review status	OPF self-assessment – compliance position
Board Structure and Activities	Role of the governing body	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Board Structure and Activities	Meetings and decision-making	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Board Structure and Activities	Appointment and role of the chair	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Risk Management	Conflicts of interest	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%

Risk Management	Internal controls	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Risk Management	Identifying, evaluating and recording risks	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Scheme Governance	Systems of governance	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Administration – Information Handling	Transfers out	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Communications and Disclosure – Information to Members	Benefit information statements (PSPS)	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Communications and Disclosure – Information to Members	Scams	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Communications and Disclosure – Public Information	Dispute resolution procedures	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Reporting to TPR – Regular Reports	Registrable information and scheme returns	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	50%
Reporting to TPR – Whistleblowing - reporting breaches of the law	How to report	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	85%
Reporting to TPR – Whistleblowing - reporting breaches of the law	Who must report	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Reporting to TPR – Whistleblowing - reporting breaches of the law	Decision to report	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Funding and Investment	Investment governance	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%
Funding and Investment	Investment monitoring	Assessed by OPF and reviewed by Hymans Robertson - 2025/26	100%

Methodology

OPF self-assessment

OPF Officers completed the self-assessment by reviewing each of the modules listed above. For each module, Officers compared the GCOP requirements with the evidence available to demonstrate fund compliance. This included relevant OPF policies, procedures, governance documents and operational records.

Officers then considered whether the evidence showed that OPF met each requirement in full, in part or not at all. Based on this assessment, Officers rated OPF as fully compliant, partially compliant or non-compliant against each requirement. This approach provided a structured basis for identifying areas of good practice, areas where further evidence may be needed and areas where follow-up action may be required. Where OPF did not fully meet a requirement, Officers recorded an action, named an owner and set a due date.

Hymans' review

On completion of this self-assessment, OPF Officers sent the completed GCOP Checker Tool to Hymans Robertson for independent review. Two consultants reviewed the content in detail. They considered whether the evidence identified by Officers was relevant, whether it supported the proposed compliance ratings and whether any areas needed further explanation or additional evidence.

Following this review, the consultants met with OPF Officers to discuss the self-assessment. The meeting provided an opportunity to test the rationale for the selected ratings, ask follow-up questions and clarify any points where the evidence or rating needed further consideration. This process helped Officers confirm the ratings they had selected and identify any areas where further evidence or action may be needed.

Purpose of this report

This report summarises the findings from both stages of the review. It supports Officers in reporting OPF's GCOP self-assessment position to the Pension Board and Pension Committee and in developing a clear action plan.

Self-Assessment

The self-assessment found that 15 of the 17 modules assessed were fully compliant, with a compliance rate of 100%. The remaining 2 modules had a full compliance rate of between 50% and 85%. For each module that was not assessed as fully compliant, OPF Officers identified partial compliance and recorded an action to address this.

Officers identified outstanding actions against 13 of the GCOP requirements assessed in this cycle. OPF Officers rated 2 of these requirements as partially compliant. The remaining actions relate to areas where Officers assessed the Fund as fully compliant but are seeking to strengthen compliance and supporting evidence further.

Challenge and Oversight

OPF Officers met with Hymans Robertson consultants on 21 July 2026 for a challenge and oversight session. The meeting was intended to give Officers, and by extension the Board and Committee, greater assurance over OPF's GCOP compliance position. Following the discussion, Officers identified further improvements to support compliance with the GCOP and to ensure evidence is clearly recorded for future reviews.

The Hymans review and oversight meeting identified 15 requirements where further steps could be taken. Most relate to recording additional existing evidence. Officers were also encouraged to improve the evidence log to make future reviews less time consuming.

For example, we suggested that Officers record the relevant parts of the Pension Board Constitution as evidence of the recruitment process for new Board members.

We have sent our notes from this call to Officers separately.

Summary

Based on the information provided and our discussions with Officers, OPF appears to be in a strong position against the requirements of the GCOP. OPF holds a robust body of evidence to support its self-assessed compliance position. Officers have also followed a rigorous review process, utilising Hymans Robertson consultants to challenge their assessments and identify any evidence gaps where appropriate.

For clarity, Hymans Robertson cannot certify Oxfordshire Pension Fund's compliance position. However, we have provided independent challenge and oversight, which Officers can use as evidence that they have undertaken a comprehensive GCOP review process.

Next Steps

TPR expects funds to create an action plan to address requirements where full compliance has not yet been achieved. Officers have already started work on this action plan, drawing on both the initial assessment and the challenge and oversight meeting. It is recommended that Officers finalise the plan and agree a prioritisation process with the Pension Committee.

Notes

Hymans Desktop Assessment of Compliance

The results of the desktop review of the self-assessment are summarised in **Appendix 1** with a more detailed spreadsheet provided to Officers. The desktop assessment concluded that the evidence provided in support of the self-assessment included:

- The documents which Hymans would have anticipated, albeit we suggested additional documents for some requirements.
- Reference to the documents which we anticipated. Albeit some of those documents were not available for our review.

Challenge and Oversight Outputs

As a result of the challenge and oversight meeting OPF Officers are comfortable with the assessment position. Further supporting evidence and comments will be added to the self-assessment tool including, but not limited to, those listed in **Appendix 2**.

The meeting provided reassurance to Officers that OPF is, in their opinion, largely compliant with the requirements assessed at this stage, however some areas were identified as requiring further work to ensure compliance is fully met and evidenced. These include:

- **Public information** - the Fund has an action to add the IDRP process note to the policy review schedule. We suggest reviewing every 3 years, or if a material change occurs.
- **Risk management** – the Fund has an action to add details to the evidence section of how Officers gain assurance that service providers operate their own conflicts of interest procedures effectively.
- **Reporting to TPR: Regular Reports** – Officers to define and document processes for updating registrable information on the regulators exchange.

Hymans Robertson LLP (HR) has relied upon or used third parties and may use internally generated estimates for the provision of data quoted, or used, in the preparation of this report. Whilst reasonable efforts have been made to ensure the accuracy of such estimates or data, these estimates are not guaranteed, and HR is not liable for any loss arising from their use.

This report does not constitute legal or tax advice. Hymans Robertson LLP (HR) is not qualified to provide such advice, which should be sought independently.

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Appendices

Summary of Desktop Assessment Outputs

Code Section and Chapter	Desktop Assessment Comments
Governing Body	
Board Structure and Activities • Role of the governing body • Meetings and decision making • Appointment and role of the chair	In our opinion, the evidence provided in this section largely demonstrates compliance with the GCOP requirements. We have suggested adding further documents to strengthen the evidence base, including guidance issued to the Committee Chair and details of the Local Pension Board recruitment process set out in the constitution.
Risk Management • Conflicts of interest • Internal controls • Identifying, evaluating and recording risk	We largely agree with the rating and supporting evidence, although 5 requirements would benefit from further information. In particular, the internal controls section needs additional documented evidence to demonstrate the good practice being carried out by the Fund.
Scheme Governance • Systems of governance	The evidence for this chapter is strong and indicates that OPF is meeting all relevant requirements.

Code Section and Chapter	Desktop Assessment Comments
Funding and Investment	
Investment • Investment governance • Investment monitoring	We agreed the self-assessed compliance rating for this section and the evidence provided appears sufficient. However, we recommend adding further evidence, such as the Stewardship report and inclusion of specific risks, on OPF's risk register.
Administration	
Information Handling • Transfers out	Overall, the evidence provided demonstrates compliance with the relevant GCOP requirements. Queries were raised at the oversight meeting about two specific requirements in the transfers module, and OPF Officers provided sufficient information in response to suggest appropriate measures are in place.
Communications and Disclosure	
Information to Members • Benefit information statements (PSPS) • Scams	The evidence provided demonstrates compliance with the relevant GCOP requirements. Queries were raised at the oversight meeting about two specific requirements in the PSPS module, to which Officers provided additional information which suggests a compliant position.
Public Information • Dispute resolution procedures	The evidence provided in this section strongly supports compliance with the relevant GCOP requirements. Following the oversight meeting, OPF Officers agreed one action to add the internal dispute resolution procedure (IDRP) to the policy review tracker.

Code Section and Chapter	Desktop Assessment Comments
Reporting to TPR	
Regular Reports • Registrable information and scheme returns	Two of the four actions in this section are partially met because the process has not yet been formally documented. However, reporting has taken place as required, and Officers have agreed an action to introduce a formal process note.
Reporting Breaches • How to report • Who must report • Decision to report	Overall, OPF appears to comply with the relevant GCOP requirements. One requirement was noted as being partially met and relates to timescales for reporting late payments to TPR. Whilst a process is in place, the timescales are outside of TPR's expectations so this should be addressed.

Examples of additional evidence to be considered for inclusion in the self-assessment

- Council constitution
- Instructions or guidance issued to Pension Committee Chair
- Risk management policy
- Role of custodian
- Audit plan, scale and scope of internal audit
- Recent SLA report or format
- Program for reviewing internal controls
- Evidence on how IDRP timescales are tracked through workflow
- Process note for updating TPR exchange
- Breaches policy

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GCOP compliance report 2025

Oxfordshire Pension Fund

TPR General Code of Practice Compliance Report

August 2025

Andrew McKerns, Michael Burton and Claire McDines

LGPS Governance, Administration and Projects Team
For and on behalf of Hymans Robertson LLP

1. Fund Compliance Position

On 27 March 2024 The Pensions Regulator's (TPR) new General Code of Practice (GCOP) came into force. The GCOP consolidates and refreshes previous Codes into a single Code for all pension schemes. For Public Service Pension Schemes the GCOP replaces Code of Practice 14 (Governance and Administration of Public Service Pension Schemes).

To support LGPS funds with assessing their compliance with GCOP we created our GCOP Checker Tool which has been used by Oxfordshire Pension Fund (OPF) to complete a partial self-assessment.

The GCOP is split into 5 Sections with a total of 14 LGPS-relevant chapters and within these chapters there are 36 modules which are applicable to LGPS funds. OPF Officers have assessed the compliance level of 27 of these modules as shown in the table below.

The remaining modules will be assessed as part of a **second stage assessment in 2025/26**.

Chapter	Module	Review status	OPF self-assessment – 'full' compliance position
Board Structure and Activities	Role of the governing body	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Recruitment and appointment to the governing body	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Appointment and role of the chair	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%

	Meetings and decision making	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
Knowledge and understanding	Knowledge and understanding	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Governance of knowledge and understanding	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
Advisers and service providers	Managing advisers and service providers	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
Risk Management	Identifying, evaluating and recording risks	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Internal controls	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Assurance reports on internal controls	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%

	Scheme continuity planning	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Conflicts of interest	To be assessed in 2025/26	-
Scheme Governance	Scheme Governance	To be assessed in 2025/26	-
Funding and Investment	Investment Governance	To be assessed in 2025/26	-
	Investment monitoring	To be assessed in 2025/26	-
	Climate change	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
Scheme Administration	Planning and maintaining administration	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
Information Handling	Financial transactions	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Transfers out	To be assessed in 2025/26	-

	Record keeping	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Data monitoring and improvement	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
IT	Maintenance of IT Systems	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Cyber Controls	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	67% (1 requirement of 3 is partially compliant, 2 are fully compliant)
Contributions	Receiving contributions	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Monitoring contributions	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Resolving overdue contributions	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%

Information to Members	General principles for member communications	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	50% (1 requirement of 2 is partially compliant, the other is fully compliant)
	Benefit Information Statements (PSPS)	To be assessed in 2025/26	-
	Notification of right to cash transfer sum or contribution refund	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Scams	To be assessed in 2025/26	-
Public information	Publishing scheme information (PSPS)	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Dispute Resolution Procedures	To be assessed in 2025/26	-
Regular reports	Registrable information and scheme returns	To be assessed in 2025/26	-
Reporting Breaches	Who must report	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%
	Decision to report	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%

	How to report	Assessed by OPF and reviewed by Hymans Robertson - 2024/25	100%

2. Methodology

To carry out the self-assessment, OPF Officers carried out a review of the modules above. This involved reviewing the requirements of GCOP set against the available evidence of fund compliance, such as OPF's policies and procedures. Based on this material, Officers indicated if they believed OPF was either **fully compliant**, **partially compliant** or **non-compliant** with each requirement.

The OPF GCOP Checker Tool was then shared with Hymans Robertson. The content was reviewed by 2 consultants who considered whether the evidence proposed by Officers appeared to support the purported level of compliance. This analysis was then checked by a senior consultant. The consultants met with representatives of OPF and based on their analysis, discussed and challenged the rationale behind the self-assessment to help Officers ensure they are comfortable with the compliance levels they had suggested.

This report has been produced to detail the findings of those two stages. It assists Officers with onward reporting of their self-assessment GCOP position to both the Pension Board and Pension Committee and the development of an action plan.

3 Self-Assessment

The self-assessment concluded that of the requirements in the 12 chapters assessed of the GCOP there were 2 with a 75-90% full compliance rate, and the remaining 10 chapters are fully compliant at 100%.

Where Officers identified that improvements could be made, they noted improvement actions on the self-assessment tracker. Officers noted 21 requirements where action could be taken. Of these 21 actions, 2 actions relate to areas of partial compliance with 19 relating to areas where the self-assessment noted full compliance. Of the 19 fully compliant requirements, 9 of the actions relate to investigating if further evidence is available to demonstratable 'enhanced' compliance and 10 relate to pursuing market best practice.

4 Challenge and Oversight

OPF Officers held a challenge and oversight meeting with representatives of Hymans Robertson on 16 July 2025. The purpose of the meeting was to provide Officers, and by extension the Committee and Pension Board, with an increased comfort in the OPF's GCOP compliance position. Following these discussions, Officers identified further areas of improvement that could be made in both ensuring compliance with GCOP and ensuring clear evidence is noted to aid future compliance reviews.

From the meeting it was identified that 30 of the requirements reviewed in this process would benefit from additional, existing evidence being logged. This will better enable the demonstration of the Fund's self-assessed level of compliance. Throughout the evidence list, it was recommended that Officers add links and document location to relevant material where possible. This was to make future reviews less time consuming.

As an example, we advised Officers to improve the surrounding documentation with regards to the role of the Pension Board Chair.

Officers further undertook to re-review the suggested compliance level in relation to contacting members about the late payment of contributions.

An ongoing action to procure a new address tracing service is to be added to the checker tool and Officers committed to adding timelines for completion for the actions noted in the document. Officers also confirmed that the noted action to carry out a review of the payroll process was complete, with improvements being made, so this can be removed from the document.

5 Summary

Based on the information provided and our discussions with Officers, it is our opinion that OPF appears to be in a good position against the requirements of the General Code of Practice. It is our opinion that OPF holds a strong bank of evidence to demonstrate their self-assessed compliance position. Officers

have followed a robust process to assess their compliance levels by utilising Hymans Robertson consultants to stress test Officer opinions and identify (where appropriate) gaps in evidence.

To confirm, Hymans Robertson are not able to certify a 'compliance position' for the Oxfordshire Pension Fund. However, we have been able to provide challenge and oversight, which can be used as evidence of a robust GCOP review process undertaken by Fund Officers.

6 Next steps

It is TPRs expectation that funds create an action plan to rectify requirements where full compliance has **not** been reached. It is recommended that Officers create a plan to complete the identified actions and agree a prioritisation process with the Pension Committee. Hymans Robertson anticipates supporting the Fund with its review of the areas of GCOP not considered as part of this review in 2026.

7 Notes

Hymans Desktop Assessment of Compliance

The results of the desktop review of the self-assessment are summarised in **Appendix 1** with a more detailed spreadsheet provided to Officers. The desktop assessment concluded that the evidence provided in support of the self-assessment included:

- The documents which we would have anticipated, albeit we suggested additional documents for some requirements.
- Reference to the documents which we anticipated albeit some of those documents were not available for our review.

Challenge and Oversight Outputs

As a result of the challenge and oversight meeting OPF Officers are comfortable with the assessment position, with only one requirement to be re-considered. Further supporting evidence and comments will be added to the self-assessment tool including, but not limited to, that listed in **Appendix 2**.

The meeting provided reassurance to Officers that OPF is, in their opinion, largely compliant with the requirements assessed at this stage, however some areas were identified as requiring further work to ensure compliance is fully met and evidenced. These include:

- **IT and Cyber** – the Fund has an action to review contracts for data recovery arrangements to ensure best practice is met. It is apparent that Officers **do** feed into the Oxfordshire County Council disaster recovery plan, however work is required to evidence this.
- **Information to members** – Officers are in the process of ensuring that the general principles for member communications meet the requirements of the Occupational and Personal Pension Schemes (Disclosures of Information) Regulations 2013.

- **Oversight of internal controls** – where the Fund relies on a third party, including the Local Authority, for the provision of services, it needs to ensure it has oversight and input to ensure the internal controls operating are fit for purpose and the Fund is achieving value for its members.

Prepared by: -

Andrew McKerns, Michael Burton and Claire McDines

LGPS Governance, Administration and Projects Team

For and on behalf of Hymans Robertson LLP

Hymans Robertson LLP - Reliance and limitations

This advice has been prepared for Oxfordshire County Council as Administering Authority of the Oxfordshire Pension Fund for the purpose set out in this report. It has not been prepared for use for any other purpose and should not be so used. The advice should not be disclosed to any third party except as required by law or regulatory obligation or with our prior written consent. We accept no liability where the advice is used by or disclosed to a third party unless we have expressly accepted such liability in writing. Where this is permitted, the advice may only be released or otherwise disclosed in a complete form which fully discloses our advice and the basis on which it is given.

Appendix 1 - Summary of Desktop Assessment Outputs

Code Section and Chapter	Desktop Assessment Comments
Governing Body	
1. Board Structure and Activities	This section was fully assessed by Officers. In our opinion, in the main the evidence provided in this section demonstrates GCOP requirement expectations. We have suggested adding additional documents to bolster evidence, in particular any details of guidance and instructions sent to the Committee Chair.
2. Knowledge and Understanding	This section was fully assessed by Officers. The evidence provided in this section strongly displays GCOP requirement expectations. We suggested including additional evidence such as the training plan, knowledge assessment and any bespoke training provided to Committee and Board members.
3. Advisers and Service Providers	This section was fully assessed by Officers. This only contains 'best practice' requirements, with a substantial amount of detail included for each requirement. The evidence provided appears to sufficiently demonstrate GCOP requirement expectations. However, we identified additional evidence that could be included to confirm OPF's input to the administering authority's procurement process.
4. Risk Management	This section was partially assessed by Officers. We largely agree with the rating and evidence, though 5 sections were identified as not providing enough information. The internal controls section in particular need further documented evidence to demonstrate the good practice being carried out at the Fund.
5. Scheme Governance	This section has **not** been assessed by Officers.
Funding and Investment	
6. Investment	Only one requirement in this section has been assessed. We agreed the self-assessed compliance rating for this requirement and the evidence provided appears sufficient.
Administration	
7. Scheme Administration	This section was fully assessed by Officers. The evidence provided in this section, in our opinion, strongly demonstrates GCOP requirement expectations.

8.	Information Handling	This section was partially assessed by Officers. In the main, the evidence provided demonstrates GCOP requirement expectations. However, we suggest further evidence is required to establish the controls in place around financial transactions and data loss prevention.
9.	IT & Cyber	This section was fully assessed by Officers. We recommend further evidence should be included to demonstrate OPF's input to cyber controls and monitoring. We agree the partial compliance rating for the best practice requirement and the actions planned by OPF Officers.
10.	Contributions	This section was fully assessed by Officers. We recommend including further evidence to demonstrate the reconciliation process and how contributions and write offs are logged.
Communications and Disclosure		
11.	Information to Members	This section was partially assessed by Officers. In the main, the evidence provided strongly demonstrates GCOP requirement expectations We recommend including timescale for requirement of partial compliance.
12.	Public Information	This section was partially assessed by Officers. The evidence provided in this section strongly demonstrates GCOP requirement expectations.
Reporting to TPR		
13.	Regular Reports	This section has not been assessed by Officers.
14.	Reporting Breaches	This section was fully assessed by Officers. In the main part evidence suggests good GCOP requirement expectations. We suggest revisiting the requirement to report late contribution payments to members as we don't feel this requirement is being fully met.

Appendix 2 - Examples of additional evidence to be considered for inclusion in the self-assessment

- Existing assessments such as LGPS Online Learning Academy reporting and National Knowledge Assessment Results
- Induction packs issued to new Local Pension Board members
- Instructions or guidance issued to Pension Committee Chair
- Standard induction information for members
- Procurement information
- Audit reports (external and internal)
- Procedure notes for administration processes
- Data quality check reports
- Disaster recovery plan
- Cyber assurance reports provided by Oxfordshire County Council and third-party providers
- Training plans for Officers
- Contribution log and reconciliation process note
- Breaches log