

# Annual Governance Statement

10<sup>th</sup> June 2026 - DRAFT

# A better Brighton & Hove for all

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We at Brighton & Hove City Council are committed to effectively and efficiently deliver outcomes in our Council Plan to make a better Brighton & Hove for all.

The Annual Governance Statement provides an accurate account of the governance arrangements within our organisation. It seeks to provide assurance on the effectiveness of these arrangements and identifies areas of improvement going forward. This statement is formally approved by the Council's Audit, Standards and General Purposes Committee each year.

In 2025/26, we made significant progress in strengthening our governance arrangements, refreshing our Council Plan, developing our Medium-Term Financial Strategy and our Transformation and Innovation Portfolio and continuing to operationalise our Learning Framework. In the context of a constantly changing external environment, more demand for council services and less resource to provide them, we are committed to ensuring best value for our residents.

It is our opinion that the governance arrangements in 2025/26 were sound and effectively identified areas where we are doing well and areas of improvement. The details of priority areas of focus are included in this document. We are committed to delivering the actions identified and will monitor their implementation and report progress to Cabinet and in the next Annual Governance Statement.

Signed:

Councillor Bella Sankey,  
Leader of the Council

Date: XX/XX/2026

Signed:

Jess Gibbons,  
Chief Executive

Date: XX/XX/2026

# Good governance in local authorities

It creates a culture based on openness, inclusivity and honesty

It ensures ongoing continuous improvement to further strengthen the way the council operates

It demonstrates effective leadership, including accountability and transparency in actions and decisions

It puts the arrangements in place to ensure that the intended outcomes for stakeholders are defined and achieved

It ensures robust systems and processes are established and followed

It keeps the council's focus on the needs of service users and the public, ensuring public money is safeguarded, accounted for and used efficiently and effectively

Good governance is key to ensuring the council does the right things in the right way for the right people

There is a statutory requirement for the council to conduct a review of its system of internal control against our [Local Code of Corporate Governance](#) and the 7 principles of good governance and to publish an Annual Governance Statement (AGS) at least once every financial year. The AGS sets out to demonstrate that there is a sound system of governance and outline our progress in 2025-26 and help us take further actions to improve governance for delivery in 2026-27.

The focus of the AGS is on assessing our governance arrangements, to identify areas of strength and significant weaknesses in internal controls rather than assessing our performance.

Good governance at Brighton & Hove City Council underpins our ambition to be a learning organisation by providing clear leadership, accountability and assurance while encouraging openness, reflection and continuous improvement.

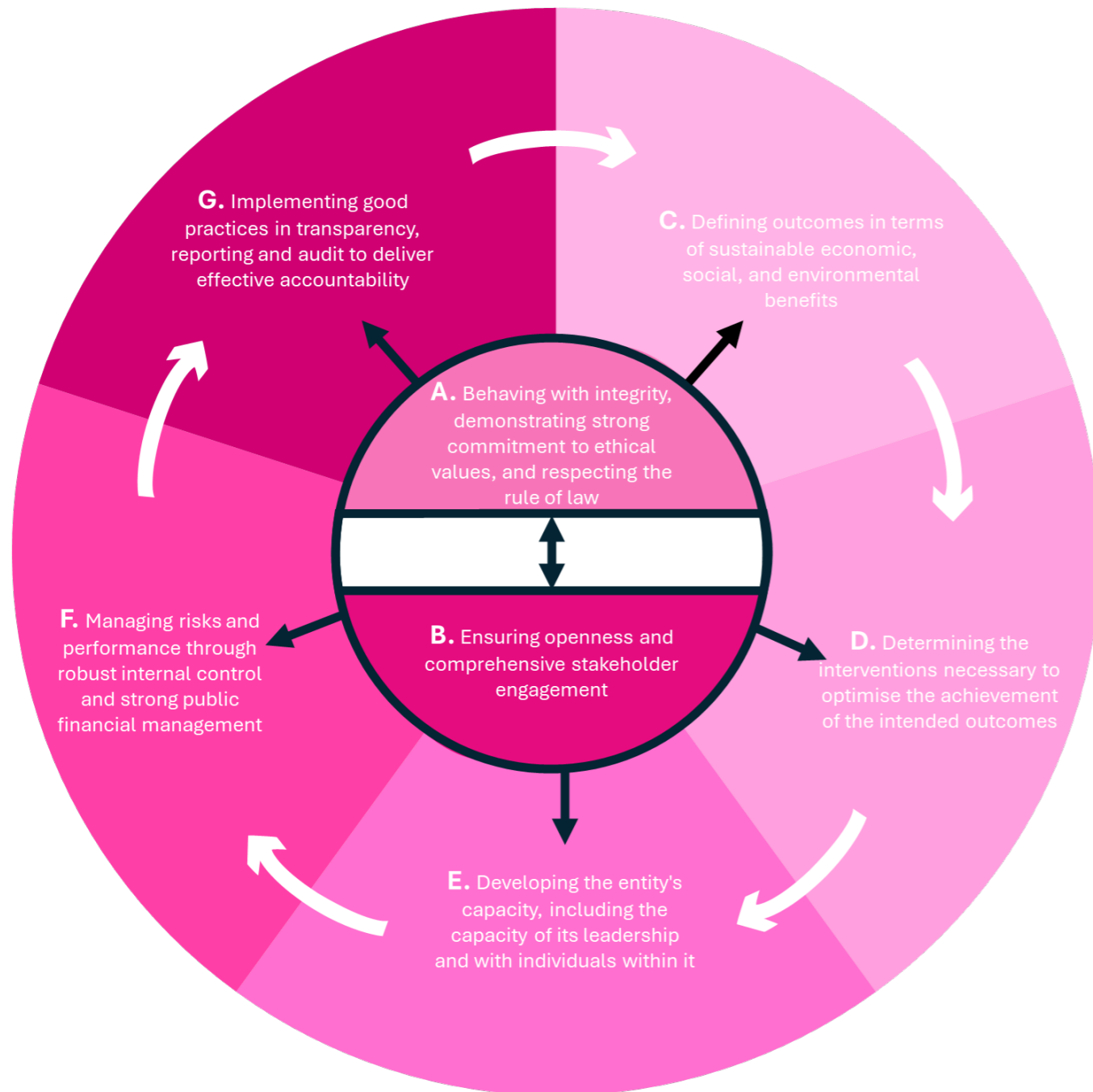
Strong governance arrangements create a safe and transparent environment in which challenge is welcomed, decisions are evidence-based, and lessons from experience are actively considered and acted upon.

By setting clear expectations, roles and ethical standards, good governance supports informed risk-taking and innovation, ensuring that new ideas and approaches are explored responsibly and in the public interest.

Effective scrutiny, audit and member - officer collaboration help to turn insight into improvement, embedding learning at both strategic and operational levels. In this way, good governance not only strengthens trust and decision-making, but actively enables a culture of learning, adaptation and innovation that improves outcomes for residents.



The CIPFA/IFAC Principles of Good Governance provide a recognised framework for how public sector organisations should lead, direct and control their activities to achieve intended outcomes while acting in the public interest. The seven principles set out what good governance looks like in practice, covering leadership, accountability, integrity, openness and strong performance management. Together, they support effective decision-making, transparency and continuous improvement, helping organisations balance innovation and risk while maintaining public trust. For Brighton & Hove City Council, the principles offer a shared foundation for strong governance that enables learning, supports improvement and underpins the delivery of high-quality services for residents.



- A. Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law
- B. Ensuring openness and comprehensive stakeholder engagement
- C. Defining outcomes in terms of sustainable economic, social, and environmental benefits
- D. Determining the interventions necessary to optimise the achievement of the intended outcomes
- E. Developing the entity's capacity, including the capacity of its leadership and with individuals within it
- F. Managing risks and performance through robust internal control and strong public financial management
- G. Implementing good practices in transparency, reporting and audit to deliver effective accountability

'Delivering Good Governance in Local Government Framework 2014' published by CIPFA/IFAC

# The process for development of the AGS for 25/26



\* please see the next slide outlining information taken into account when assessing arrangements

# Information considered when developing the AGS

The AGS is informed by a wide range of evidence that provides assurance on the effectiveness of the Council’s governance, risk management, and internal control arrangements. This includes the operation of the Council’s decision-making and ethical frameworks, corporate and service risk management, financial management and performance reporting, and the outcomes of internal and external assurance activity. The AGS also draws on the work of senior officers, the Audit, Standards & General Purposes Committee, internal and external audit, and other inspection and regulatory bodies, ensuring that significant governance issues are identified, assessed, and transparently reported alongside actions for improvement.

Finance management reports including statement of accounts

Key performance indicators

Corporate Leadership Plan

Internal audit reports including follow up audits

Strategic and Directorate risk registers

External auditor report

External inspection outcomes

Customer insights including member complaints and any Ombudsman reports

Our people data

Health, safety and wellbeing data

Programme and project data

Member reports and input

## Key actions delivered in 2025/26 to strengthen governance

Operationalising our Learning Framework

Refreshed Council Plan and Corporate Leadership Plan

Developed Medium Term Financial Strategy

Refreshed our Code of Corporate Governance and Risk Management Framework

Developed Transformation & Innovation Portfolio of strategic programmes

Implemented LGA Corporate Peer Challenge recommendations

Developed Health, Safety & Wellbeing Strategy

Enhanced use of data for better oversight and compliance

Developed core principles to guide our Industrial Relations Strategy

Our review of governance arrangements in 2025/26 identified two broad outcomes where further improvements are needed. Delivery of the actions to achieve these outcomes, as outlined below, will contribute to achieving our mission of a responsive and learning council with well-run services. These will be included in our refreshed Corporate Leadership Plan and will be owned and driven by the Corporate Leadership Team.

# A financially sustainable and resilient council

## Key deliverables linked to this outcome:

1. Continue focus on strong financial management across the organisation, including effective prioritisation and tighter monitoring of budgets, identification of mitigations and recovery plans where pressures exist
2. Ensure Transformation & Innovation strategic programmes are delivered to drive delivery of the Medium-Term Financial Strategy
3. Deliver a programme of asset release to achieve capital receipts and revenue savings to unlock land for regeneration, housing and investment in transformation.
4. Strengthen governance of capital programmes to ensure alignment with council priorities, and in consideration of the council's financial position
5. Implement actions to improve key financial systems and processes including actions agreed with internal audit (pension/payroll, housing rent, housing benefits, council tax)
6. Improve contract management compliance and oversight across the organisation

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# Becoming a learning organisation by embedding our ways of working

## Key deliverables linked to this outcome:

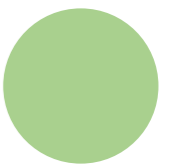
1. Continue to embed the Council’s Learning Framework across the organisation to strengthen delivery of the Council Plan
2. Strengthen governance arrangements for the Digital Innovation & Technology strategic programme to enable robust prioritisation
3. Embed governance arrangements for Health & Safety to improve organisational resilience and compliance
4. Improve consistency in the quality and use of data to manage the quality and safety of our housing stock, operational premises and commercial portfolio.
5. Deliver the Adult Social Care Improvement Plan to improve prevention & early intervention. This also responds to the feedback received from the Care Quality Commission inspection feedback.
6. Risk owners to ensure clearly defined, documented and actively managed risk tolerance levels aligned to council’s risk appetite as outlined in the Risk Management Framework

Our review of governance arrangements in 2024/25 identified two broad outcomes where further improvements are needed. Delivery of the actions to achieve these outcomes, as outlined below, was monitored through the Corporate Leadership Plan and owned and driven by the Corporate Leadership Team.

## Corporate Leadership Plan Action

## Status

Invest in building and fire safety to meet duties under the Building Safety Act and new Fire Safety (England) Regulations and ensure we are compliant with Health & Safety.



### Commentary:

The council has made substantial progress in housing safety and compliance since receiving a C3 rating from the Regulator for Social Housing (RSH) and is continuing its transition from recovery to a phase of consolidation and ongoing improvement, delivering significant progress in all compliance areas.

We have tackled the most urgent safety actions, reinforced leadership and governance, and enhanced the reliability of our data, thereby restoring trust in the safety and quality of council homes. These positive changes are now firmly established in our day-to-day operations, ensuring continued improvement and accountability. Actions are now at a lower level, and all high and medium actions (backlog) are dealt with, the team are now operating at BAU for the new FRAs from April 6th.

Residents are benefitting from clearer communication, quicker responses to safety concerns, and a greater presence of safety works in their homes and communal areas.

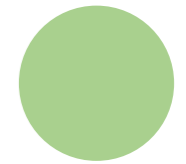
Governance is more robust, supported by the Housing Safety and Quality Assurance Board and expert appointments in fire and water safety.

Furthermore, we have improved oversight of delivery and financial risks, with regular monitoring and reporting to ensure sustained progress and resilience.

## Corporate Leadership Plan Action

## Status

Deliver the Adult Social Care Improvement Plan meeting regulation standards and service redesign outcomes



### Commentary:

Regulatory improvement plan progress

A DHSC advisor has been appointed to oversee and work with the leadership team in delivering the adult social care improvement plan and the elements of this which relate to the Section 50 notice issued by the DHSC.

The improvement plan is overseen through the ASC Performance and Improvement Board at which regular progress updates are provided with a focus on reablement transformation priorities, waiting list management and residential admissions. A new 'Waiting Well Framework' has been developed to strengthen assurance for adults awaiting care and support in the city. This framework sets out clear and consistent standards and actions to address challenges associated with adult social care waiting lists, ensuring people receive timely information, support, and risk management while they wait. The framework will go live on 13th April 2026.

### Performance Targets

As of April 2026, we remain on a positive trajectory toward achieving our target of 72% of adults receiving community-based support, as a proportion of all adults accessing long-term services. Current performance stands at 71.98%, marginally below the target, with steady improvement continuing month on month.

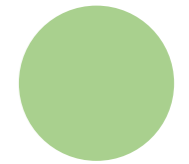
For the percentage of long term services reviewed within the rolling year, performance is also trending upward and on track to meet the target of 45%. We have seen continuing further improvement following the establishment of a dedicated review team, which is now operational and focused on increasing review activity.

Continued on next page.

## Corporate Leadership Plan Action

## Status

Deliver the Adult Social Care Improvement Plan meeting regulation standards and service redesign outcomes



### Commentary:

Continued from previous page.

The rate of permanent admissions to residential or nursing care for older adults (aged over 65) currently stands at 527 per 100,000 population, which is within the target of 660. This reflects stable performance in a challenging area.

Long term admissions for younger adults (under 65) remain a priority area requiring sustained focus. To strengthen our understanding of the underlying factors, we have participated in a sector led learning programme and are awaiting the final report to inform next steps. In parallel, proposals to enhance the authorisation process for residential and nursing care placements were agreed at the March Performance and Improvement Board. These changes aim to ensure that decisions involving moves to residential or nursing care are timely, consistent, compliant with the Care Act, and clearly demonstrate that community based alternatives have been thoroughly explored. This strengthened approach is expected to improve the quality of decision making, reduce drift into short term placements, and increase assurance in line with CQC improvement priorities.

### Service Redesign

The redesign of Assessment Services is now complete, with all relevant staff appointed to their new roles. The revised structure strengthens leadership capacity and provides a solid foundation for the 2026/27 service plans, ensuring a sustained focus on assurance and continuous improvement in line with the department's improvement plan. A new leadership development programme for operational leads is also in development. This programme will build capability in key areas including practice leadership, people management, quality and performance, strategic partnership working, and leading change. Anticipated delivery is for Q1–Q2 2026.

## Corporate Leadership Plan Action

## Status

Develop and implement a Transformation & Innovation approach and portfolio to ensure focus remains on delivery of the Council Plan and Medium-Term Financial Strategy, and embedding Learning Organisation.



### Commentary:

The indicator is amber due to the corporate savings target of £15.789m being £5.42m (34pct) at risk at TBM10. A factor impacting the ability to deliver savings is a lack of organisational capacity to drive change.

A Transformation and Innovation portfolio containing ten strategic programmes has been agreed by the Corporate Leadership Team (CLT) and implemented to help meet ongoing budget challenges and the need for continuous improvement. The strategic programmes have developed proposals, savings targets, investment requirements and delivery plans in line with the budget timetable.

The Savings and Innovation Delivery Board is meeting fortnightly to drive delivery of the council's budget savings and associated Transformation & Innovation proposals.

CLT is holding five weekly Innovation themed meetings to oversee progress and conduct.

Work is in progress to develop a Transformation & Innovation Zone on the Wave, which will include a new Agile Toolkit. This will include guidance for document retention and ownership of commissioned work including reports. Once this work is completed, a briefing will be made available to senior managers to ensure consistency of approach.

## Corporate Leadership Plan Action

## Status

Operationalising our Learning Framework and working smarter with more integrated services, systems and processes



### Commentary:

The Learning Framework continues to be actively applied throughout the organisation, shaping our approach as we innovate frontline service delivery.

The Learning Framework remains front and centre in transformative multi-agency initiatives such as Families First and Best Start and is leveraged through our Transformation and Innovation Strategic Programmes.

There is increasing confidence and fluency in utilising the Learning Framework in over 40 change programmes now underway, and as the basis for design and development of change programmes, services, projects, and business cases at all levels – from frontline to the most senior leaders.

Initiatives to connect our organisation, staff and Members in new ways to our shared goals continues through events such as Spotlight on Poverty.

In-person 'In Conversation With' events are extending reach beyond the digital engagement space to frontline staff, improving psychological safety and organisational connection, and work to digitally include all staff continues.

Refresh of the Individual Performance Management framework is nearing completion and design and build of the new, in-house bi-annual Staff Survey continues at pace, closely aligned to our Learning Framework and enabling benchmarking to LGA and other public sector organisations.

Collectively, these developments highlight significant progress on our learning journey, shifting organisational culture, improving data-driven decision making, and strengthening foundations. While the balance between autonomy and coordination remains a challenge, the direction is clear, and our commitment to continuous improvement is evident.

## Corporate Leadership Plan Action

### Status

Align the priorities and actions of the Digital, Data and Technology portfolio to support the delivery of the council plan priorities and support in the transformation of service delivery



#### Commentary:

The two of this work are progressing well:

- The Turbocharging Innovation programme, after approval from CLT and funding approved via Cabinet, is now being configured into a four year programme of delivery that will deliver service transformation and support the Council's priorities. This programme is being regularly monitored by CLT, with the funding monitored by the Savings & Innovation Delivery Board.
- Following the conclusion of the Orbis Review, BHCC has elected to create a sovereign IT service that can better deliver our priorities. Appropriate skills have been identified to deliver the systems and tools needed to meet our priorities, and funding has been built into our budget. CLT have now agreed a high-level management team structure that is matched to the needs of the council plan and our priorities. Hiring of new required skills, and the transition to an improved structure will take place over the next quarter, with CLT being consulted on outcomes.

Embed the new Health & Safety oversight arrangements to monitor compliance and drive improvements of health, safety and wellbeing performance and practice across the council



#### Commentary:

Corporate HSW policy was approved by full cabinet and came into effect in October 2025. It was communicated to all staff via the Wave and various channels progressing a communication plan. Communication will continue and awareness will continuously be raised as part of business as usual. The policy set a new governance and assurance framework which is being implemented, and all directorates have now either planned or initiated. Central corporate reporting has been reviewed and is evolving in relation to data insights and standardised approach reporting enabling benchmarking and fostering a learning framework approach. This assurance reporting now also includes statutory compliance, while it is in its infancy compliance understanding continues to grow and centralised reporting is growing and will continue to grow further increasing the robustness of the council risk position. Following the launch of the new refreshed policy a programme has been established to review arrangements ensuring suitability and effectiveness along with service delivery models.

A service redesign has been launched to readjust the service to better support a positive health and safety culture. It is anticipated the redesign will conclude in May 2026.

## Corporate Leadership Plan Action

## Status

Maintain the Contract Management Framework, including changes required by new procurement regulations, compliance with standing orders and implement improved oversight over contract management across the council.



### Commentary:

The updated Contract Management Framework and Contract Management Playbook have been launched this quarter with regular reference to and raising the awareness of planned for the coming quarter.

The Contract Management Peer Network continues to meet monthly and has provided a very good platform for an engaged group of colleagues to discuss contract management and give feedback on the plans of the CCA teams future activities and actions. We are looking to increase the network to include colleagues from all services, so we have a voice for contract management across the organisation.

Updates on the progress of delivering the full programme of contract management improvement objectives are:

- Developing a Contract Management Policy - Drafted a Policy which is with colleagues for review & comment, before review by management teams.
- Ensuring compliance with the Procurement Act 2023 - We have engaged with in-scope procurement projects.
- Monitoring and reporting on contract performance for all £1m+ contracts - Relevant contracts identified and communications planned for this quarter.
- Providing Contract Management proficiency assessments and targeted training - Calendar of targeted training has been drafted and to be published & carried out.
- Maintaining the Contract Management Resource platform (circa 60 tools, templates, training and guidance) - The resources platform is now hosted on BHCC IT infrastructure and has been promoted to the contract management network & community.
- Providing a turnaround service for contracts in distress and requiring support - We are receiving and acting on requests for support from services, and actively engaging with colleagues to bring awareness of the resources, support and training the CCA can offer teams.

## Corporate Leadership Plan Action

## Status

Develop the Medium Term Financial Strategy, capital programme and transformation programme to enable the council to deliver on its priorities and address its longer-term financial pressures in a structured way.



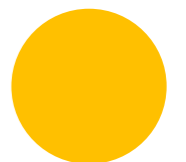
### Commentary:

The current MTFS is a strong route map through the current difficulties but is predicated on 100% achievement of all savings and transformation targets outlined within it, some of which, quite reasonably due to the time since they were agreed and the deadline for savings delivery, have not yet had plans finalised.

This means that strong focus has to be given to the savings and transformation work to ensure that as much as possible of the current plans are delivered and any shortfalls are quickly recognised and supplemented with new plans. There is already an expectation that demand pressures will cause issues in the 2026/27 budget performance so these will also require additional mitigations. The MTFS is a strong plan which now has to be adhered to and delivered and that in itself will require significant focus and resource.

The budget and MTFS were approved in February by Cabinet and by full budget Council. There is increased communication around the MTFS and the work required not only of corporate leadership but of all staff to deliver it with sessions at SLN and "in conversation" with all staff to provide clarity and understanding on the actions required.

Optimise the use of council assets through generating capital receipts, increasing income, and delivering efficiencies.



### Commentary:

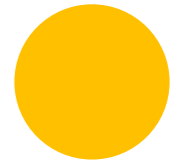
The recruitment for two additional disposal surveyors was unsuccessful and is going back out to advert. Additional posts are being requested to boost the resource available (currently 1.5 FTE) to support disposals. The April 23 Cabinet report has been released.

The procurement of the consultant to complete the Operational Portfolio Review has completed and Savills have been appointed. The contract has been mobilised. Nine further transfers completed with a total gross receipt of nearly £6.0m

## Corporate Leadership Plan Action

## Status

Deliver a programme of work to improve core finance and HR systems



### Commentary:

The overall programme is slightly behind schedule due to the need to recruit specialist resource. The improvements have been group and prioritised for delivery. A draft delivery plan has been produced. The required specialist resources have been identified to assist with the above. A recruitment exercise is underway for the specialist resources above.

The following workstreams are completed:

#### Finance Systems (Civica) Improvements:

- Civica Financials ADDACS (Automated Direct Debit Amendment and Cancellation Service) Process Review.

#### HR and Payroll System (MHR iTrent/Pier):

- Recruitment Module Implementation.
- Decommission of TribePad Recruitment Platform.

#### Multi-System (Civica, MHR iTrent, Procurement) Improvements:

- Adult Social Care (ASC) Return Improvement Project 2025.

#### HR and Payroll System (MHR iTrent/Pier) Improvements:

- Schools Time and Expenses Service Implementation (Schools Self Service).
- DataMart Module (People Analytics) Implementation.
- Manager Self Service - Staff Amendment & Leaver Process.

#### Multi-System (Civica, MHR iTrent, Procurement) Improvements:

- Off-Payroll Payments (IR35).
- Adult Social Care (ASC) Return Improvement Project 2026.

The following workstreams are in flight:

#### Finance Systems (Civica) Improvements:

- Civica Financials Reporting Review.
- TBM (Target Budget Management) Improvements.
- Civica Financials Data Archiving and Cleansing.
- Civica Financials V25.2 Implementation.

## Corporate Leadership Plan Action

## Status

Implement internal audit actions to improve key financial systems and processes (including pension/payroll, housing rent, housing benefits, council tax) with a view to address partial assurance



### Commentary:

At the beginning of 2025/26, there were six (known) high priority audit actions.

Of these six:

- The Accounts Payable high priority action has been implemented.
- The two Debtors high priority actions have been implemented.
- The Payroll high priority action has been implemented, and further work will take place through the work improve core HR systems.
- The Off Payroll Payments high priority action has been partially implemented, with the Director of People & Innovation now providing corporate oversight.
- The Retrospective Purchase Order high priority action has been partially implemented.

Based on the internal audit work completed, the Chief Internal Auditor can provide

## Partial Assurance\*







that Brighton & Hove City Council has in place an adequate and effective framework of governance, risk management and internal control for the period of 1<sup>st</sup> April 2025 to 31<sup>st</sup> March 2026




Chief Internal Auditor, Mark Winton  
Audit Manager, Carolyn Sheehan

\* Assurance can never be absolute. In this context 'partial assurance' means there are weaknesses in the system of control and/or the level of non-compliance is such as to put the achievement of some organisational objectives at risk.

# Appendix 3: External auditor report to A&S Committee

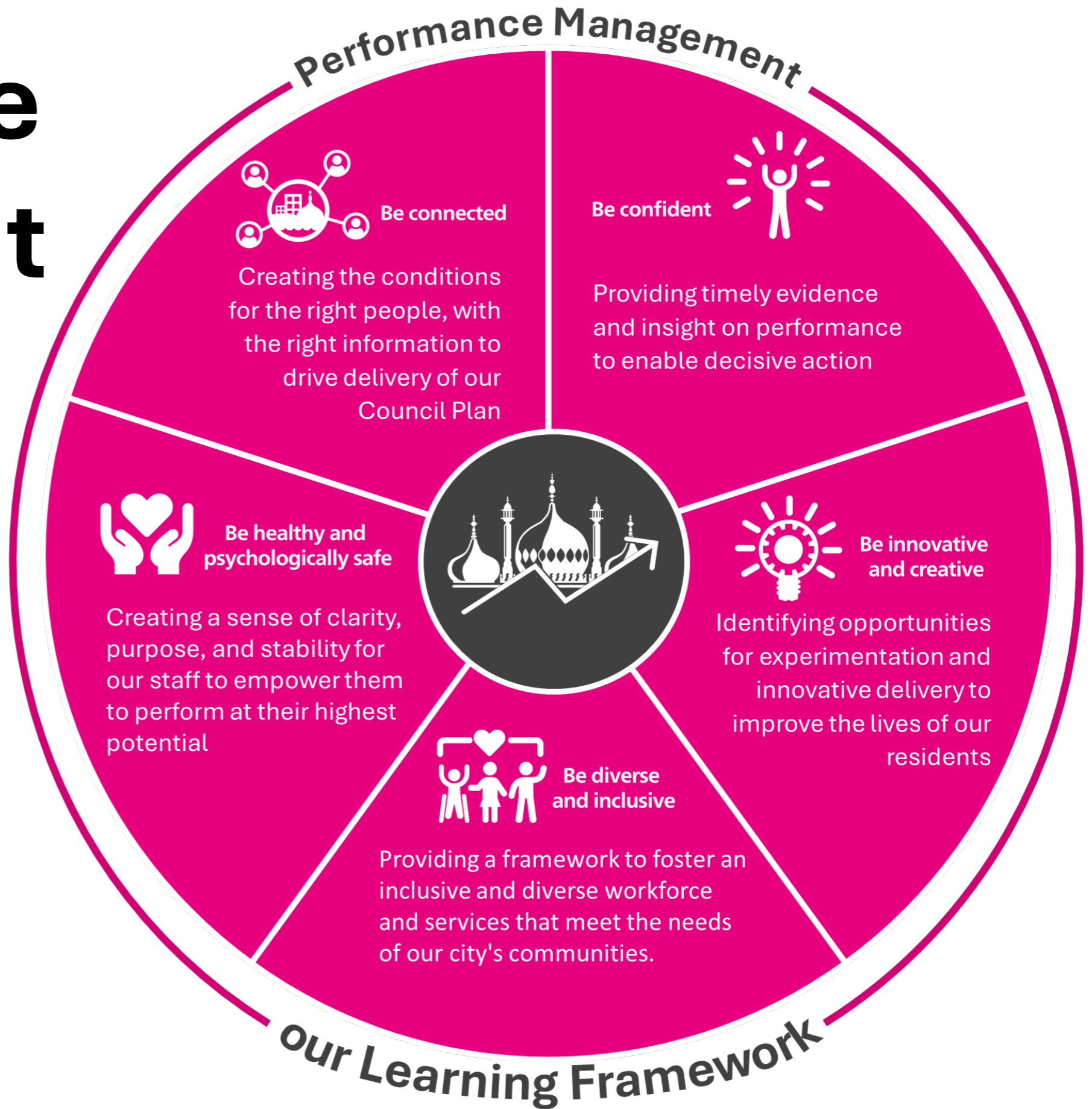
Auditors are required to report their commentary on the Council’s arrangements under specified criteria and 2024/25 is the fifth year that they have reported their findings in this way. As part of their framework, they considered whether there were any risks of significant weakness in the Council’s arrangements for securing economy, efficiency and effectiveness in its use of resources. Their considerations are summarised in the table below :

Criteria	2023/2024 Auditor judgement on arrangements	2024/2025 Auditor judgement on arrangements
Financial Sustainability	 Significant weakness in arrangements for financial sustainability remains with four improvement recommendations raised.	 Significant weakness in arrangements for financial sustainability remains. The Key recommendation from 2022/23 and 2023/24 remains to reflect progress on the ongoing weakness.
Governance	 Significant weakness in governance arrangements identified, with a key recommendation and two improvement recommendations made.	 Significant weakness in arrangements for governance over Environmental Services remains. The Key Recommendation made in 2023/24 is updated to reflect on the ongoing weakness, with two new and two prior year retained improvement recommendations.
Improving, economy, efficiency and effectiveness	 Significant weakness in relation to compliance with the Social Housing Regulator standards with two improvement recommendations raised.	 Significant weakness in arrangements for the Council’s Housing Stock in terms of compliance with the Regulator remains. The Key recommendation from 2023/24 remains support progress on the ongoing weakness, with two new and two prior year retained improvement recommendations

-  No significant weaknesses in arrangements identified or improvement recommendations made
-  No significant weaknesses in arrangements identified but improvement recommendations made
-  Significant weaknesses in arrangements identified and key recommendations made

# Performance Management

The Council’s performance management framework supports the Council’s ambition to be a learning organisation by providing a clear, supportive structure for understanding what is working well and where improvement and innovation can add the greatest value. By focusing on outcomes, insight and continuous review, the framework encourages teams to reflect on performance, learn from experience and use evidence to inform decision-making. It creates space for innovation by enabling new approaches to be tested, monitored and refined, rather than judged solely on short-term results. Regular performance conversations, transparent reporting and shared accountability help ensure that learning is captured and applied across the organisation. In this way, the framework not only drives improved performance and service delivery, but actively fosters a culture of curiosity, adaptation and continuous improvement for the benefit of our residents and communities.



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## Performance management is fundamental to ensuring the council delivers its intended outcomes

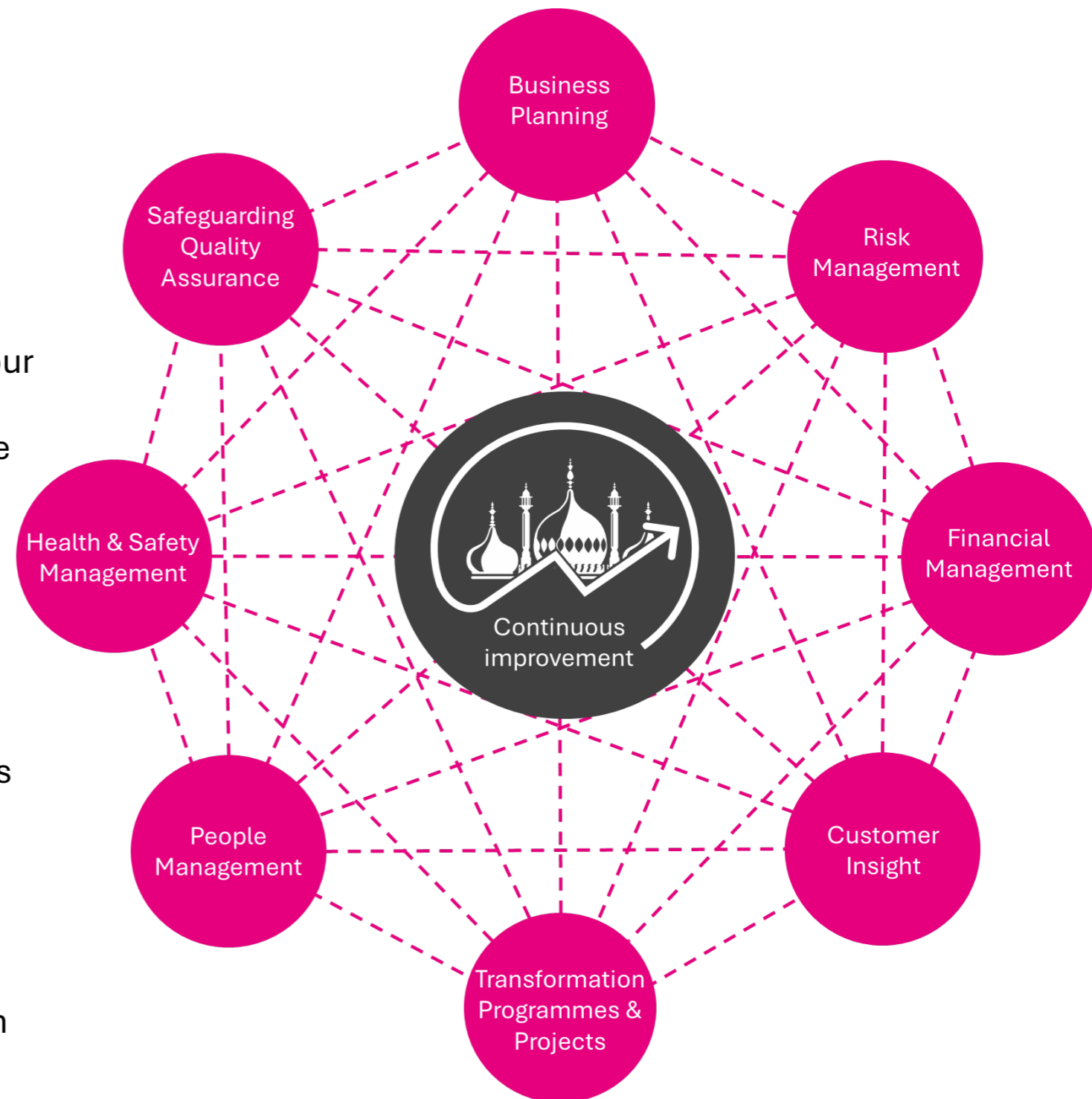
Best Value Authorities are under a general Duty of Best Value to “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness.”

The eight elements of the Performance Management Framework are key to our Corporate Governance and allow us to understand the performance of the council which provide us with a better context in which we are operating. The elements are inter-related; most services contribute to every element in the framework.

The Performance Management Framework sets out to ensure:

- strong leadership at all levels that is consistent, fair, and challenges blame culture
- commitment to the accountability that has been assigned to individuals
- the right information reaching the right people at the right time so that suitable decisions are made and actions are taken
- ongoing evaluation, review and learning to help improve future performance
- the ability to identify and commitment to rectify poor performance at an early stage

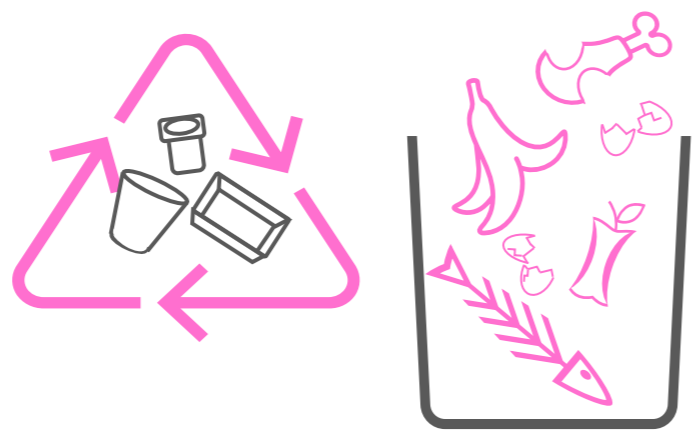
The primary purpose of performance management is to define our intended outcomes and then monitor our progress and performance in delivering them. Where progress or performance is not as expected, this is highlighted to allow the council to take corrective action.



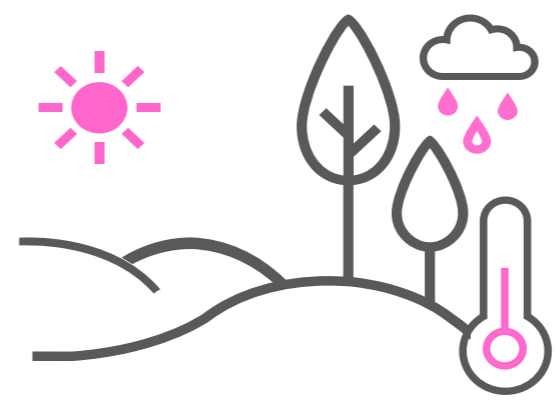
# What we've achieved



Generated over £55million economic impact for the city through the Brighton Centre events programme



Expanded our recycling collections to include plastic pots, tubs and trays and rolled out weekly food waste collections across the whole city



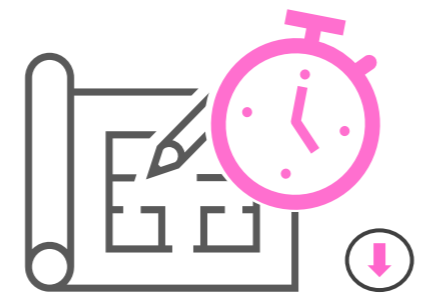
Taking action to increase our city's resilience to the impact of climate change, improve biodiversity and transition to net zero

# Delivery areas of focus

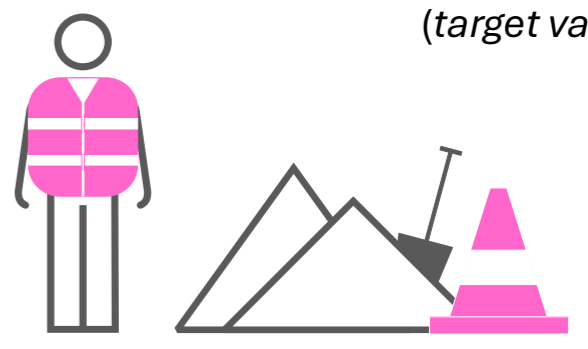


Aiming to increase our recycling rate from 27.08% to 33.5% and reducing residual household waste from 541kg to below 507kg (target values)

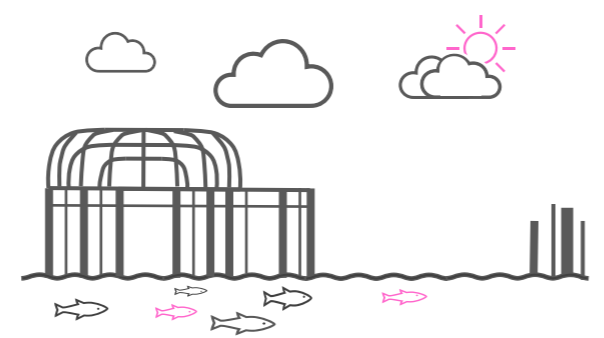
% of major (95.24%) & non-major planning (91.24%) applications decided within agreed timeframes significantly above national target (60%)



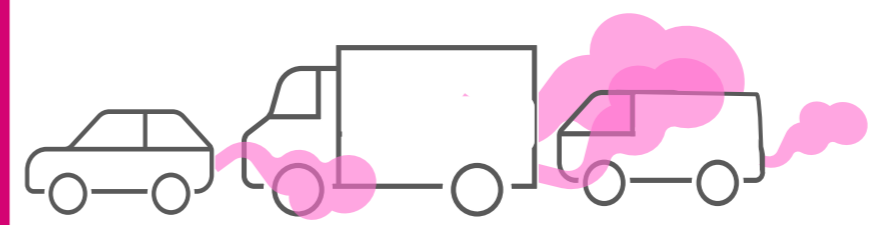
Proactively treated over 17km of roads and completed 5,062 safety repairs and 11,818 pothole repair to keep our city's infrastructure safe and accessible.



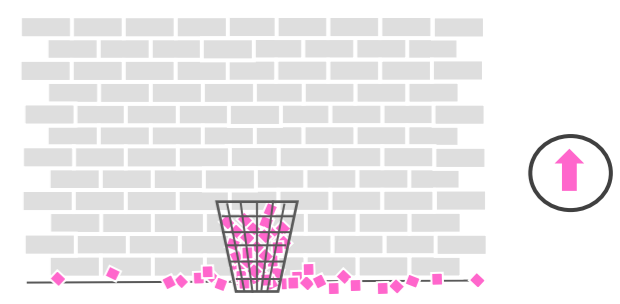
Achieved global recognition with the expanded Living Coast UNESCO Biosphere and secured approval for two Biodiversity Net Gain pilot sites with guaranteed funding for biodiversity.



Established the Seafront Development Board and Brighton & Hove Growth Board to drive the development, regeneration and economic growth across the city

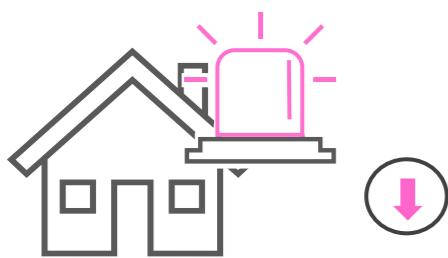


Implementing our fleet replacement plan for more sustainable service delivery



5.9% of streets inspected were found to have widespread or heavy levels of litter (target 4.9%)

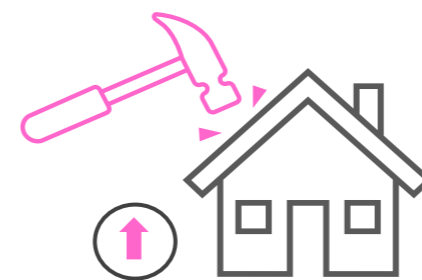
# What we've achieved



12,737 out of 12,849 (99.12%) emergency repairs were completed within 24 hours of being reported (target 99%)

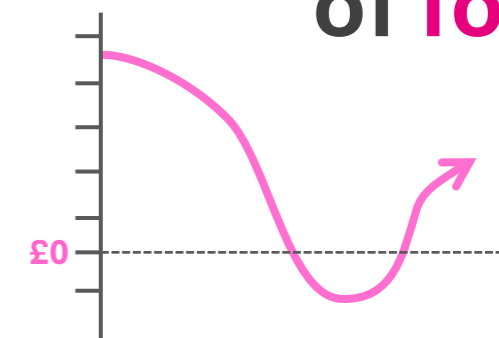


61.1% [9% above South East benchmark] of homelessness prevention cases have been closed with a successful prevention outcome, supporting over 500 residents into settled accommodation



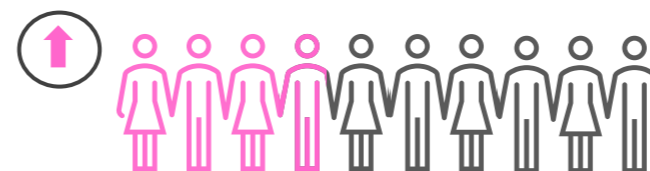
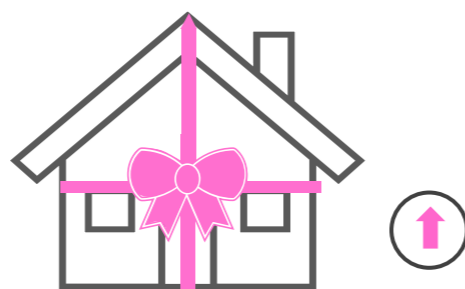
Sustaining the improvement in the number of routine housing repairs completed on time from 58.2% to 70% (target 70%) 20.6% below benchmark

# Delivery areas of focus

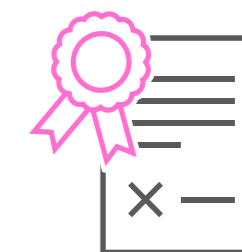


Delivering the Housing Revenue Account (HRA) business plan to ensure financial sustainability for the safety and quality of council homes and services

Delivered 164 additional affordable homes (new build, acquisitions & conversions) in 2025/26, 49% above the target of 110



Increasing the number of homelessness cases presenting during the prevention duty stage from 38.7% to 45% (target value)



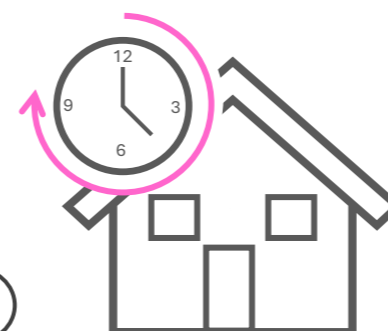
Significant progress in strengthening safety compliance across our housing stock while managing increased demand effectively



Supported 300+ welfare cases generating over £3,000,000 in monetary outcome direct to residents



1,298 net residential unit completions in 2024/25, the highest completion figure since 2010

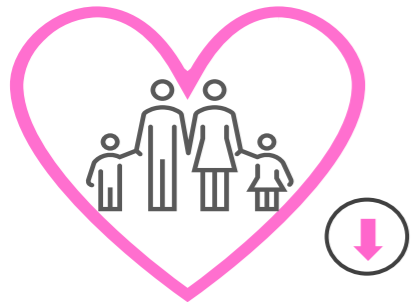


Addressing the growing financial and operational challenges of temporary accommodation (TA) (2,200 household in TA in December 2025)

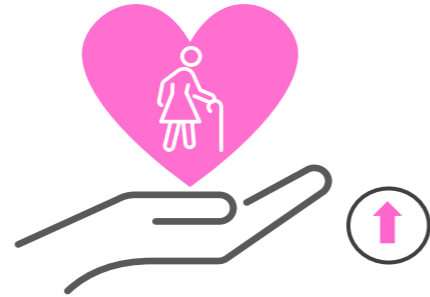


Increasing the % of rent collected from current tenants of council homes from 92.42% to 95.9% (target value)

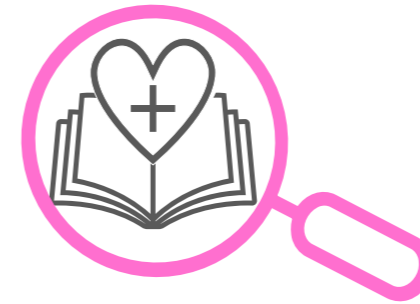
# What we've achieved



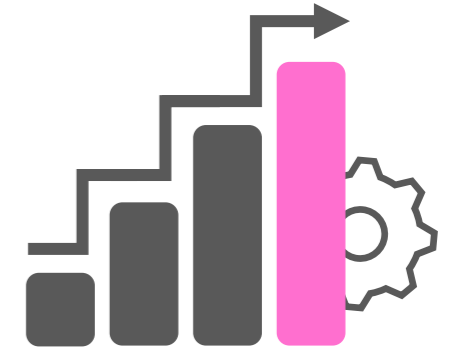
90.1% of Strengthening Family Assessments completed in 45 days, ensuring timely support is initiated to meet family needs [10% above national average]



72% of all adults in receipt of a long-term service are supported to remain at home rather than in residential care



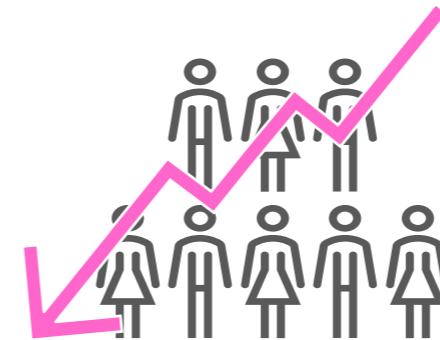
40% increase in Education, Health & Care needs assessments between 2024 and 2025 creating significant pressure across the end-to-end statutory process and increasing risk to meeting statutory timescales



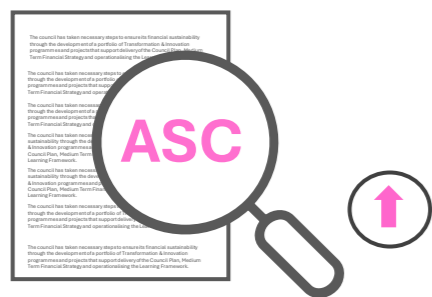
Delivering our Adult Social Care Improvement Plan which includes improving prevention & early intervention



83% of people referred to Adult Safeguarding who went on to a Safeguarding Enquiry achieved their desired outcomes



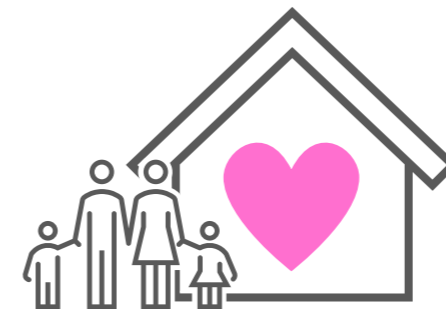
Reducing the number of admissions into residential care of younger adults, to enable more people to live independently



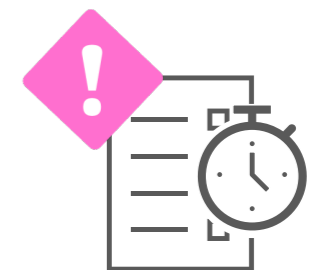
45.6% of adults receiving long-term services receive an annual review.



We supported 1,885 children, young people and families with emotional and mental health needs, with ~85% reporting improvement following intervention (where outcome data is shared)

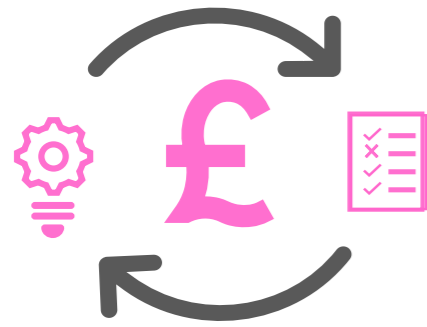


Implementation of Family First transformation to prevent needs escalation into expensive care placements



Managing risk for service users on waiting lists (including reviews) for Adult Social Care

## What we've achieved



Transformation & Innovation Portfolio of strategic programmes, including digital and asset optimisation, agreed to support delivery of the Council Plan, MTFS and operationalising the Learning Framework



Progressed operationalisation of the Learning Framework including embedding within change management, service redesigns, recruitment and communication.

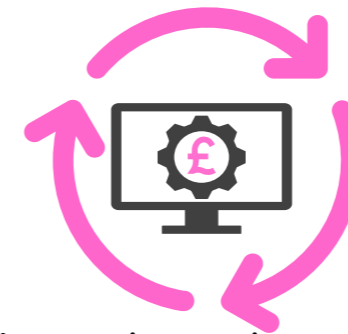


Developed an ambitious, but well planned MTFS which requires £15m short term support from EFS but creates savings of £93m over the period, addressing the issue of financial sustainability

## Delivery areas of focus



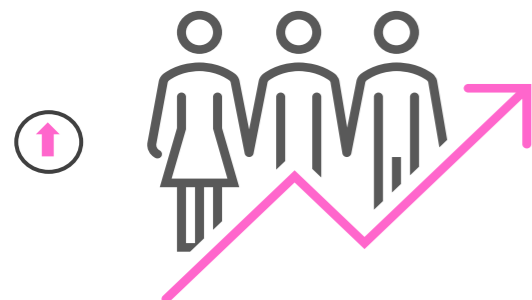
Delivering the Procurement and Contract management improvement programme, including a new framework, programme plan, and expanded peer network



Implementing actions to improve key financial systems and processes including actions agreed with internal audit



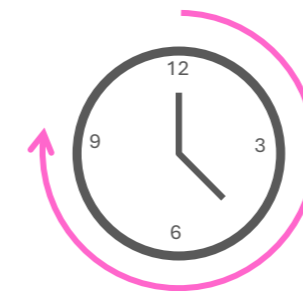
Strengthen governance of capital programmes to ensure alignment with council priorities



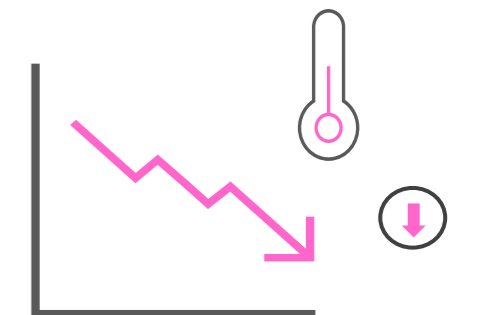
Increased representation in our workforce profile across the council  
 BME 11.9% to 12.5% [City 12.1%]  
 Disability 9.9% to 10.5% [City 11.7%]



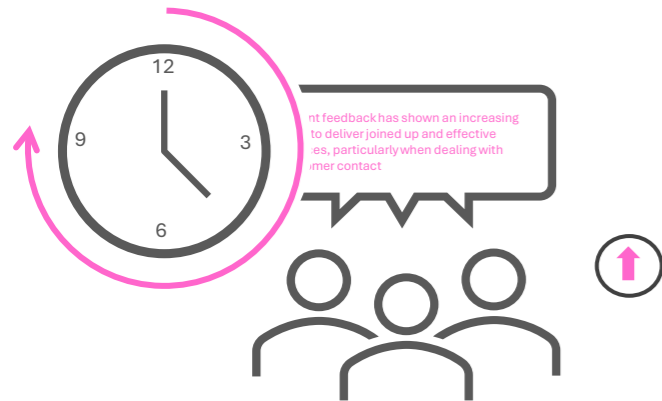
Working with partners to secure £1.14bn 30 year Investment Fund and £9m capacity fund for the creation of Sussex & Brighton Combined County Authority



Information Rights compliance (FOI compliance 73% and SAR compliance 65% against the ICO expectations of 90%)



Reducing the average number of working days lost to sickness from 11.2 to under 10 (target value)



In light of a 25% increase in volume, 73.6% of stage 1 complaints were responded to within time, a 1.5% improvement from 2024/25

National context and local factors

Outcomes the council want to achieve

The Council Plan

Rolling 4-year plan  
Refreshed annually in line with financial planning

Reviewed annually

Corporate Leadership Plan

Key activities to deliver the council plan and meet essential & statutory duties

Reviewed annually

How services and teams contribute to the Council Plan and Corporate Leadership Plan

Team / Service Plans  
(as needed)

Reviewed bi-annually

Performance Development Plan (PDP)

How individual staff contribute to the Council Plan and Corporate Leadership Plan

# The Golden Thread

The Golden Thread is a concept that ensures all council activities are aligned with Council Plan outcomes through the planning process. Each plan should demonstrate how they contribute to the priorities and outcomes of the overarching plan, ultimately illustrating, and mapping, how each council officer contributes to the delivery of the council plan.

# Risk

# Management

The council’s risk management framework supports the council’s ambition to be a learning organisation, embedding reflection, transparency and continuous improvement into everyday decision-making. By promoting early identification and open discussion of risks, the framework shifts the focus from blame to learning, encouraging curiosity, shared learning and informed decision-making at all levels. This approach enables teams to understand what works, what does not, and why, helping them to manage uncertainty confidently and supporting informed innovation. Clear ownership, regular review, accountability and escalation processes ensure that lessons from incidents, near misses and changing risk profiles are captured and shared across the organisation. In doing so, the framework not only strengthens organisational resilience and governance, but also promotes learning, adaptation and innovation, driving improved performance and better outcomes for residents and communities while protecting the council from adverse impacts.



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# Risk management levels

Risk identification and assessment must be prioritised and managed appropriately within the council to ensure proper allocation of resources and oversight. The council has three levels of risk management:

- Strategic (corporate)
- Directorate
- Service or Programme/Project

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Level	Owner	Level definition	Management process	Oversight
<b>Strategic Risks (SR)</b>	A member of the Corporate Leadership Team (CLT)	Significant impact on the achievement of Council Plan outcomes Impacts multiple directorates, partners or the city	Managed by Corporate Performance & Risk Team Reviewed quarterly at DLT and CLT meetings Reviewed biannually at Cabinet	Cabinet Audit, Standards & General Purpose Committee Lead Cabinet Member External & Internal Audit
<b>Directorate Risks (DR)</b>	A member of a Directorate Leadership Team (DLT)	Will impact on the ability to deliver Council Plan outcomes Impacts multiple services or departments	Managed by DLTs with support from Corporate Performance & Risk Team Reviewed quarterly at DLT and CLT	Corporate Leadership Team Lead Cabinet Member
<b>Service Risks</b>	Head of Service or Team Leader	Impacts on achievement of the service objectives Response can be managed within service	Managed within the service	Directors Heads of Service
<b>Programme &amp; Project Risks</b>	A member of the Programme or Project Board	Impacts on achievement of the Programme or Project's objectives Response can be managed within Programme or Project	Managed within the programme or project	Directors Programme/Project Board

# Risk escalation

The level a risk is managed at will depend on the scope, scale of potential impact and the type of response required. Risks can be escalated or de-escalated between the management levels as the level of risk exposure increases or decreases.



Role	Responsibilities
<b>Cabinet</b>	Approval of the Risk Management Framework Oversight and review of strategic risks
<b>AS&amp;GP committee</b>	Oversight of the risk management framework and recommend improvements to strengthen risk management
<b>Cabinet Portfolio Leads</b>	Oversight of relevant risks
<b>Corporate Leadership Team (CLT)</b>	Accountable for the Strategic Risk Register Review the strategic risk register, ensuring it contains appropriate risks and they are managed effectively Escalation and de-escalation of risks between directorate and strategic levels Agree recommendations in changes to strategic risks Promote culture of risk management Each CLT member is responsible for their Directorate Risk Register
<b>Directorate Leadership Team (DLT)</b>	Management of the directorate risk register, ensuring it contains appropriate risks, and they are managed effectively Escalation and de-escalation of risks between service and directorate
<b>Risk Owner</b>	Accountable for the management of assigned risks, ensuring descriptions, assessments and risk scores are accurate, and suitable controls and actions are in place to mitigate the risk Provide updates on the risk, including any emerging information which may impact the risk
<b>Risk Action Lead</b>	Responsible for delivering the action assigned Provide progress updates Support the risk owner to describe and mitigate the risk
<b>Corporate Risk Management Lead</b>	Maintain the Strategic Risk Register through regular reviews with DLTs and CLT Support DLTs to review their Directorate Risk Registers Implement and review the risk management framework

# Risk ownership and accountability

To ensure the effective and robust management of risk, specified council functions, members and officers are responsible and accountable for the management of risk.

The key responsibilities for the management and oversight of risk are detailed within Council's Constitution.

# Risk categories

The council organises its risks by categories. Grouping risks in this way supports the development of an integrated and holistic view of risks allowing the council to better understand and address risks as a connected council.

The below categories represent the core risk areas. Failure to manage risks in any of these categories may lead to financial, reputational, legal, regulatory, safety, security, environmental, employee, customer and operational impacts.

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<b>Governance</b>	Weaknesses in internal control, lack of clear ownership & accountability, oversight or assurance.	<b>Safeguarding</b>	Practices and internal controls for safeguarding to meet our statutory duties.
<b>Legal</b>	Defective transactions, claims, or other legal events that may result in liabilities or losses or a failure to meet legal or regulatory requirements or to protect assets.	<b>Health and safety</b>	Management of Health & Safety operational practices, compliance and reporting.
<b>Property</b>	Weaknesses in property asset management that may lead to non-compliance, harm, or suffering to employees, contractors, service users, or the public.	<b>Technology</b>	Technology not delivering the expected services due to inadequate or deficient systems/processes, a lack of investment and development, poor performance or inadequate resilience.
<b>Financial</b>	Weaknesses in managing finances in accordance with requirements and legislation, financial investment, maximising revenue opportunities or insufficient service funding.	<b>Information and data use</b>	Failure to produce robust, suitable, and appropriate data/information systems and processes or to exploit data/information to its full potential.
<b>Procurement, partnership or commercial</b>	Weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and/or failure to meet business requirements/objectives. Includes risks associated with procurement of goods/works/services	<b>Information Governance &amp; Security</b>	Failure to prevent unauthorized and/or inappropriate access to systems, assets and information including cyber security and non-compliance with UK General Data Protection Regulation requirements.
<b>People</b>	Leadership and engagement, culture, behaviours, and non-compliance with employment legislation/HR policies or insufficient capacity and capability of services.	<b>Project or Programme</b>	Innovation and change programmes that may not successfully and safely deliver requirements and intended benefits to time, cost, and quality.
		<b>Reputational</b>	Adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures, or poor quality that may result in damage to the council's reputation or destruction of trust and relations.

# Risk Appetite

Risk Appetite is the amount of risk the council is willing accept, in order to achieve its strategic objectives.

Fundamentally, it is the amount of uncertainty the council is prepared to accept in the pursuit of its objectives within any given scenario. Once defined, risk appetite improves the consistency across governance and decision making by increasing awareness of the council’s tolerance for risk and ensures the council attention is directed towards the correct areas.

Alongside the council's risk appetite statement, each risk category has a risk appetite position statement that defines the level of risk the council is prepared to accept within that particular area at any given point in time and in the context of our strategic objectives, current priorities, and our power to directly influence any given situation.

These position statements inform how we approach decisions within each risk category and ensure the council remains within its preferred level of risk appetite. When assessing and scoring strategic risks, the risk appetite is considered, and a target score is set at a tolerable level.

## Brighton & Hove City Council's risk appetite statement

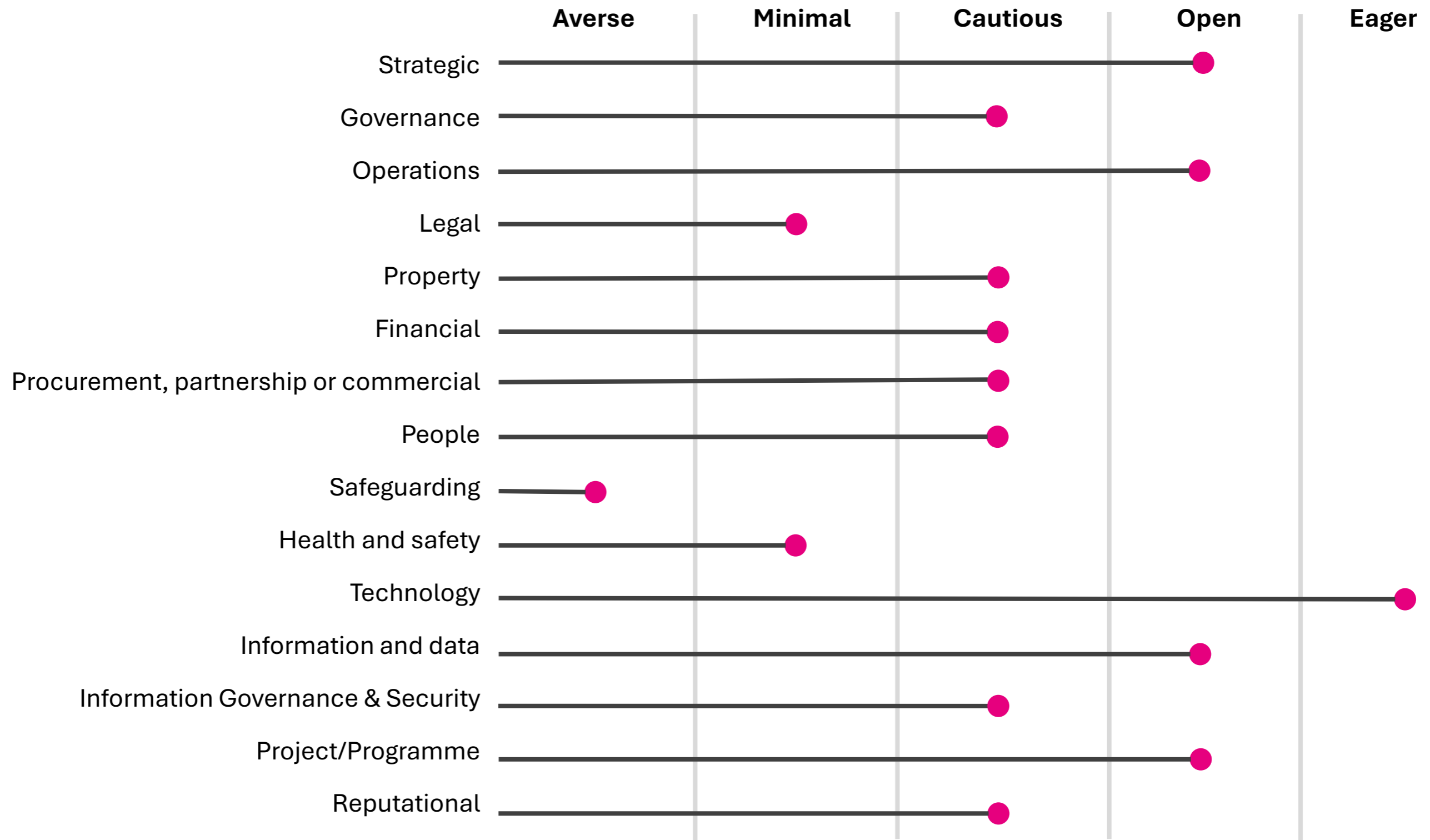
Our risk appetite has been defined following consideration of organisational risks, issues and consequences. Given the complexities of Local Government and the wide array of services delivered by the council, it is not appropriate to define a single risk appetite that can be applied across the organisation.

Appetite levels will vary, in some areas the council will be cautious, in others it will be open to risk and willing to carry a higher level of uncertainty in the pursuit of its intended outcomes.

The council has described its appetite across core risk categories, detailed below, and sets target scores at its tolerable level.

We will always aim to operate organisational activities at those defined levels. Where activities exceed the defined levels, or a risk is outside its defined tolerance, this must be managed through appropriate governance mechanisms.

The chart below illustrates the council's risk appetite across the core risk categories.



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# Risk assurance

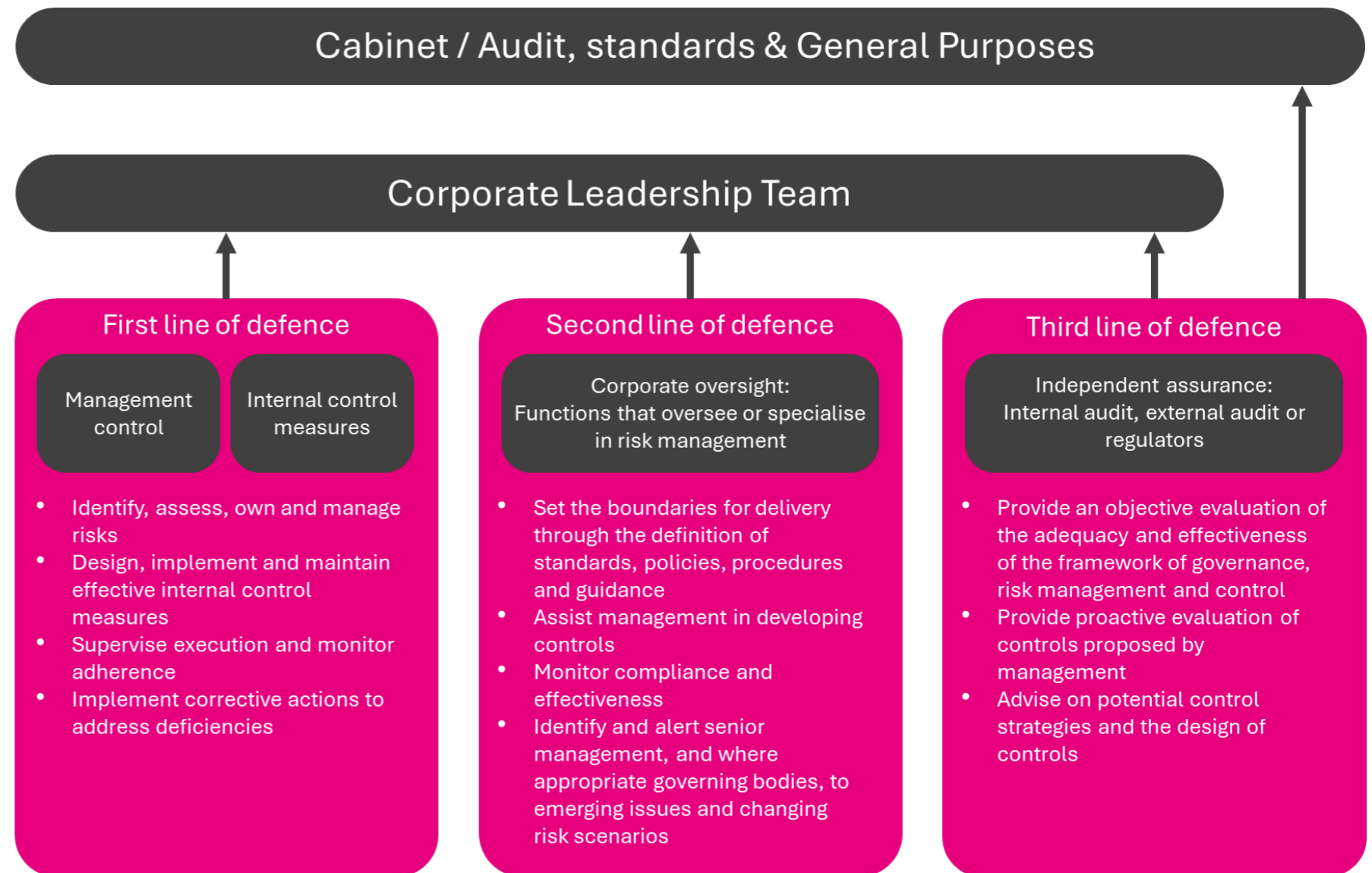
Risk assurance specifically refers to the processes and systems which can be used to hold the council to account and give confidence in how it delivers its duties, functions and outcomes through the management of risk.

Directly supporting the levels of risk management, the council uses the ‘three lines of defence’ model to assess and provide assurance of the effectiveness of our internal controls for any strategic risk.

The Three Lines of Defence model outlines three levels of assurance within our existing controls for each risk, providing evidence of the controls, oversight and existing processes specific to that risk.

The use of the Three Lines of Defence model demonstrates:

- plans to ensure that proper controls are in place
- that checks are in place for all areas of control
- the best use of the assurance process, i.e. all areas are checked, have oversight and duplication is avoided



# Risk management process

There are four steps in the risk management process:

## Risk identification & assessment

Risk identification and assessment help the Council to determine and prioritise how risks should be managed.

## Risk treatment

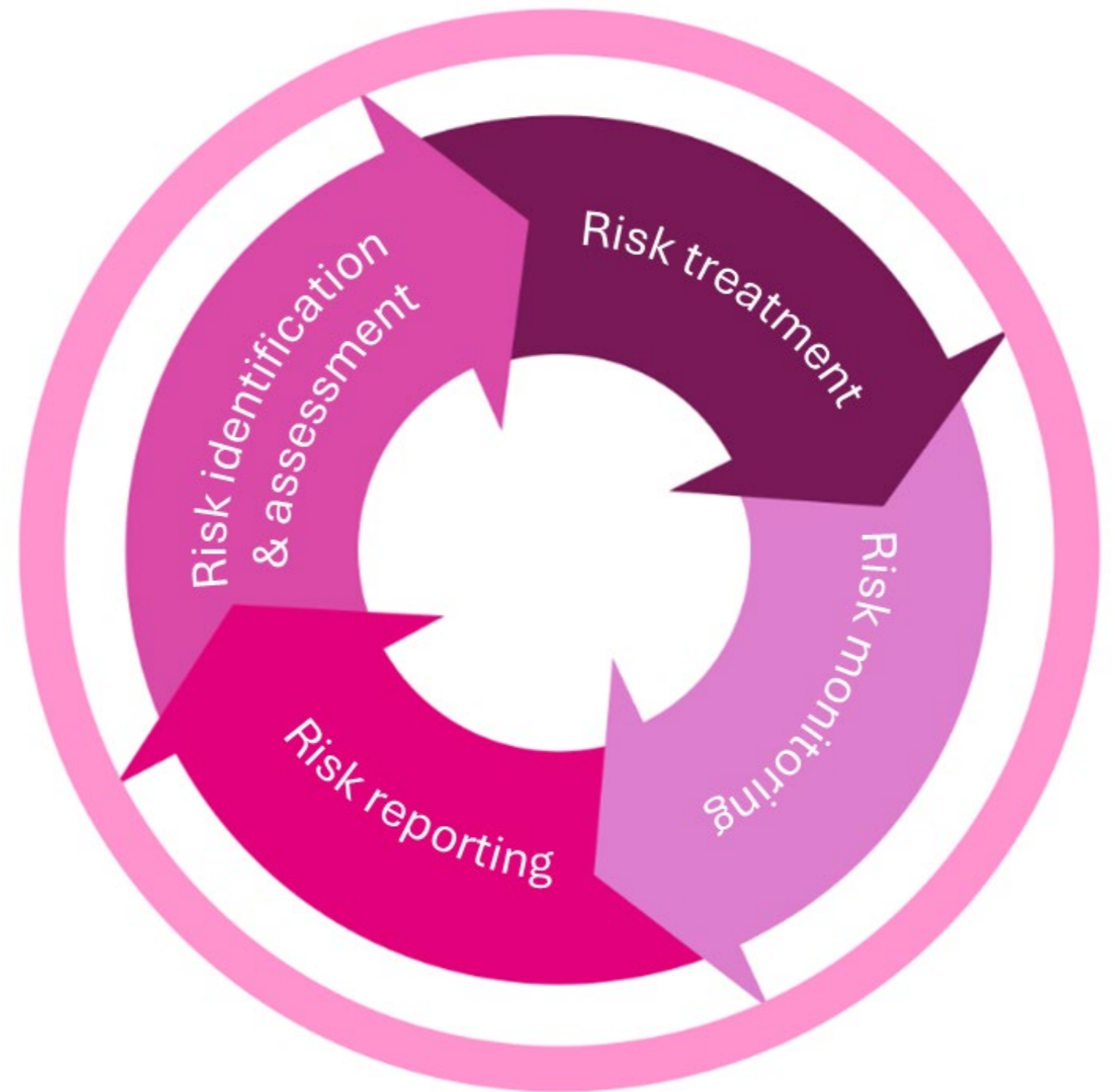
Selecting and implementing the appropriate treatment supports the achievement of intended outcomes and ensures risks are managed to an acceptable level.

## Risk monitoring

The effective monitoring of risks ensures that timely and insightful action can be taken and supports strategic planning and decision making.

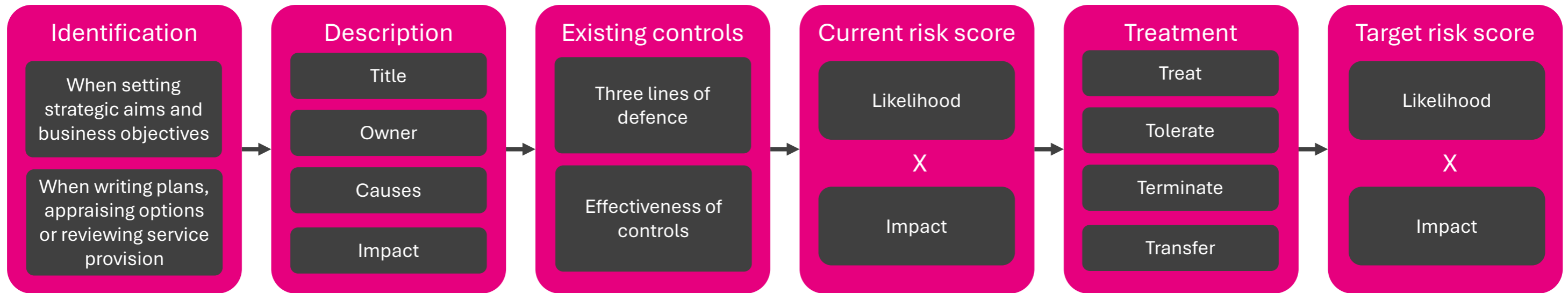
## Risk reporting

Risk reporting enhances the quality of decision-making and supports management, and oversight bodies, in meeting their responsibilities.



The full Risk Management Framework can be found [here](#)

# Risk identification and assessment



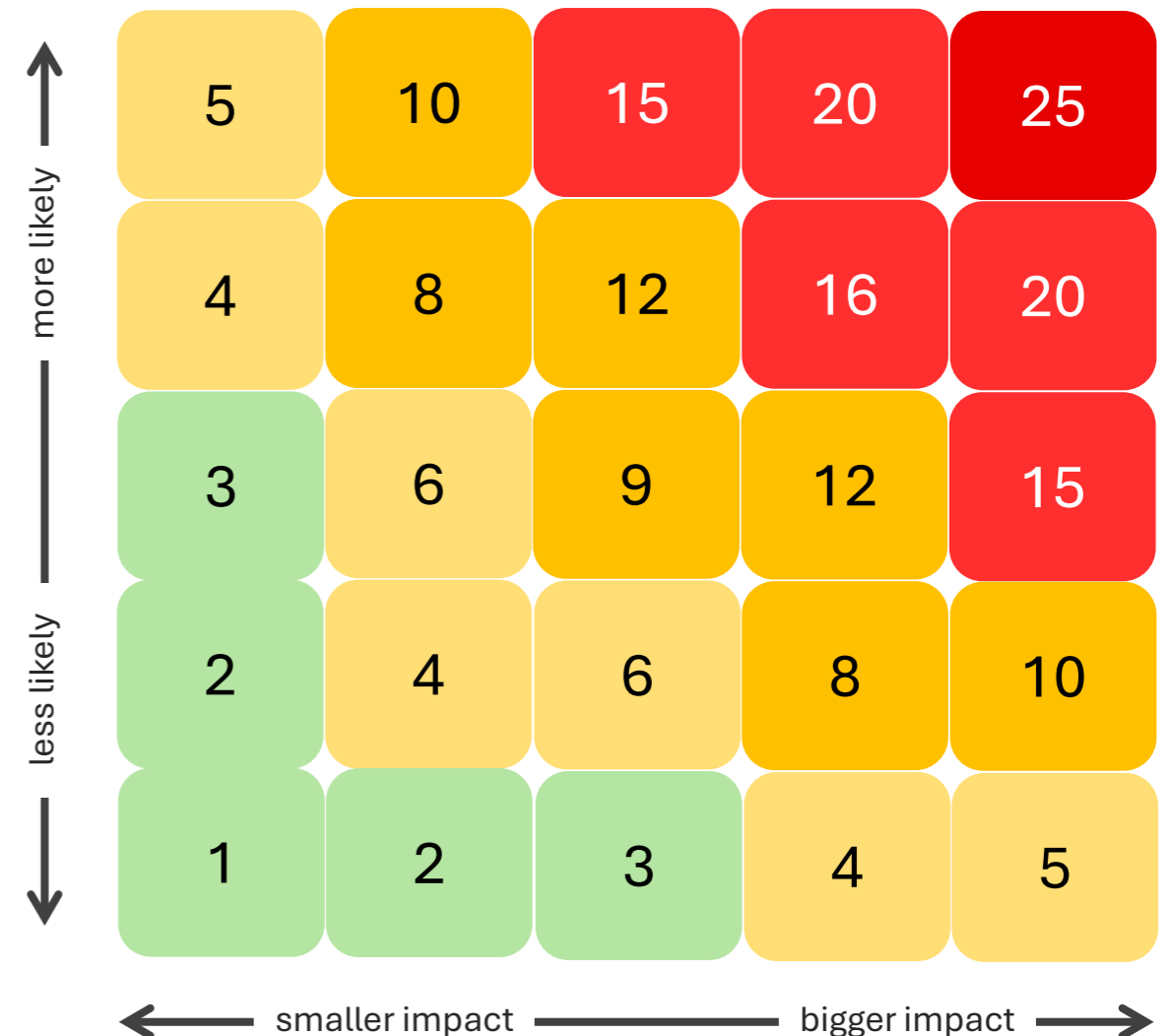
Identifying risks is the first stage of the risk management process. Risks can be identified by anyone, but they need to be clearly articulated so that the council is fully aware of the causes and potential impacts to ensure the right controls and treatment can be put in place.

This is often best done in groups of stakeholders who are responsible for delivering or are impacted by the objectives.

Risks are prioritised by assigning risk scores 1-5 to the likelihood of the risk occurring, and the potential impact if the risk should occur. These are multiplied to give a total risk score.

The Strategic Risk Register mostly includes high (red) and significant (amber) risks. Directorate Risk Registers are likely to include high, significant, moderate (yellow) and low (green) risks.

Risk Owners are asked to consider whether to treat, tolerate, terminate or transfer the risk. When treating the risk, mitigating actions should reduce the likelihood and/or impact, if neither are true, there will not be any reason to undertake the action.



# Risk monitoring and reporting

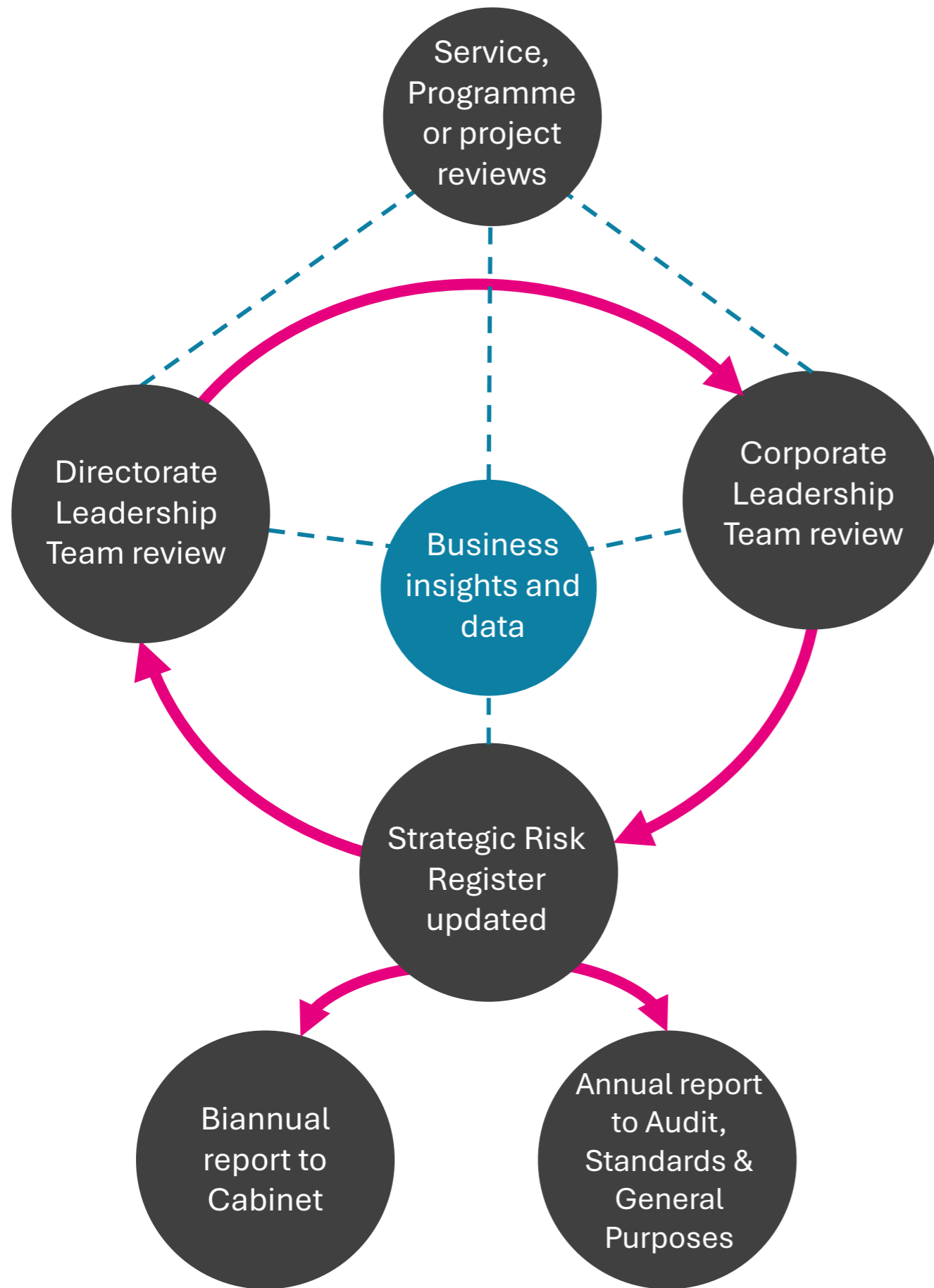
Risks must be regularly monitored to support understanding of whether the level of risk exposure is changing and to what extent the existing controls, or mitigating actions, are having the desired effect. A monitoring structure should be agreed that identifies key indicators to show the progress or effect of controls and actions at suitable intervals.

It is recommended that risk reviews are established within the governance arrangements for all services, programmes and projects with clear protocol for escalation.

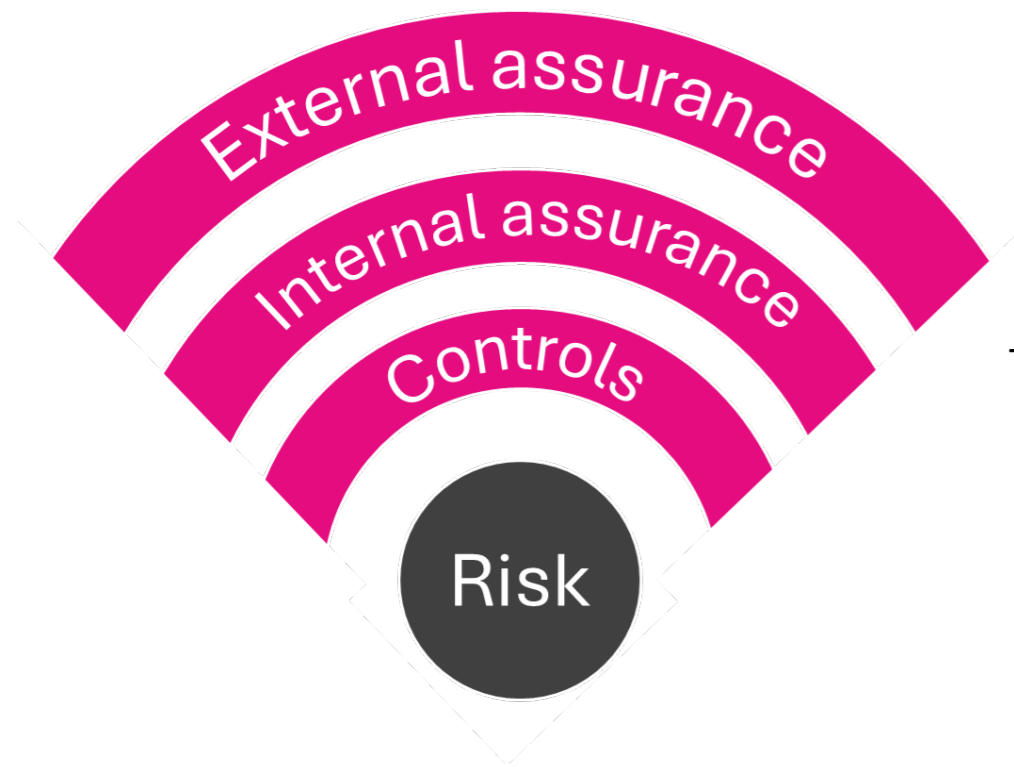
A regular reporting cycle should be established to enable effective oversight and challenge, support timely and accurate decision-making, and demonstrate accountability and transparency.

Directorate and strategic risks are reviewed at least quarterly by Directorate Leadership Teams (DLTs) and the Corporate Leadership Team (CLT).

The strategic risk register is reported biannually to Cabinet, as part of the mid-year and year-end council plan performance reports, and annually to Audit Standards & General Purposes alongside the Risk Management Framework.



Quarterly directorate and strategic risk monitoring and reporting cycle



The third line of defence consists of internal audit and other independent assurance functions, operating independently of operational responsibilities, enabling it to offer a clear perspective on whether risks are being properly identified, managed and reported.

This independence is crucial for oversight bodies such as Audit Committees and elected members, as it gives them confidence that controls are not only well designed but are also functioning in practice, and that significant weaknesses or emerging risks are being escalated appropriately.

Independent assurance of strategic risks is provided through this third line of defence, with the strategic risk register informing the Internal Audit Plan. However, planned audits will not cover all strategic risks, and internal audit delivers third line assurance only on specific aspects of certain strategic risks.

## SR02 Failure to develop and deliver a Medium-term financial plan (MTFP) to ensure financial sustainability and resilience

1. Annual review of Value for Money (VfM) arrangements by the External Auditor leading to an opinion in the annual audit report. The last review (2022/23) concluded there were significant weakness in arrangements identified in relation to financial sustainability, with key recommendations made and two improvement recommendations raised.
2. Internal Audit reviews on all aspects of financial management, governance and reporting are undertaken on a rolling basis to provide management with assurance and recommendations for improvements. The Audit Plan and Strategy is agreed and monitored by Audit, Standards & General Purposes Committee on an annual basis. The committee also receives reports on high priority actions and limited assurance audits.
3. Internal audit reviews:
  - 2024/25: Accounts Payable (Reasonable), Treasury Management (substantial), Payroll (Partial), Housing Rents (Reasonable), Capital Programme budgetary Control ( Reasonable), Home Purchase Scheme (Partial), Prepayment Vouchers- HUGGG (Partial), Budget Management - Effectiveness of Savings Targets Follow Up (Reasonable), General Ledger (Reasonable), PCI DSS Follow Up (Reasonable), Housing Benefit and Council Tax Reduction (Reasonable)

## SR10 Failure to adequately protect information assets from a successful cyber-attack impacting our ability to deliver a responsive council with well-run services

1. Internal Audit:
  - 2024/25: Recovery and Resilience (including Cyber Security) arrangements (Reasonable), System Change Control and Release Management (Patch Management)( Reasonable), PCI DSS Follow up (Reasonable)
  - 2023/24: Procurement of IT Systems (Reasonable Assurance), Surveillance Cameras follow up (Reasonable Assurance), Robotic Process Automation (Reasonable Assurance), Eclipse Application Control (Reasonable Assurance), Accommodation Strategy & Workstyle Programme (Reasonable Assurance), Adult Services Data Handling (Reasonable Assurance), Childrens Services Data Handling (Reasonable Assurance), PCI/DSS (Partial Assurance)
2. IT Health Check (ITHC) performed by a 'CHECK'/'CREST' approved external service provider – covering both applications and infrastructure assurance. The ITHC approach has been updated to include one standard annual check and one targeted solution specific check (e.g. the mobile service).
3. Continued assurance from compliance regimes, including Public Sector Network (PSN) CoCo (Code of Connection); NHS Digital Data Security and Protection (DSP) Toolkit; and Payment Card Industry Data Security Standard (PCI DSS).

## SR13 Not keeping adults safe from harm and abuse.

1. For the council's in-house registered care services Care Quality Commission (CQC) Inspections on an on-going regular basis. From 2023, all local authority adult social care services will be inspected by CQC.
2. CQC's programme of inspections of all registered care providers are published weekly and available on CQC's website [www.cqc.org.uk](http://www.cqc.org.uk).
3. Brighton & Hove Safeguarding Adults Board (BHSAB) is independently chaired and meets quarterly with the three statutory agencies for city wide safeguarding assurance. The Safeguarding Lead is a member of the SAR panel (multi agency, chaired by independent sector) where referrals for reviews are discussed in depth.
4. Local Government Association Test of Assurance in September 2022 provided recommendations that were reviewed at follow up session in April 2023.
5. Internal Audit
  - 2024/25: Direct Payments (Partial)
  - 2023/24: Adult Services Data Handling (Reasonable Assurance)

## SR15: Failure to ensure effective safeguarding arrangements to keep children and young people safe from harm and neglect

1. Ofsted inspection of children's services arrangements in March 2024 - Outstanding. This provides external assurance on our safeguarding and care arrangements.
2. Ofsted and the CQC inspection of the council's SEND and Alternative Provision arrangements in March 2023. The council received outcome 1 which provides positive assurance around our social care arrangements for children with special educational needs and disabilities and confirmation that existing improvement plans are correctly focussed.
3. National Probation Inspectorate statutory inspection of the city's Youth Offending Service April 2021 - Outstanding grading across every domain.
4. Annual Engagement Meeting (AEM) with Ofsted HMI for social care and education. Most recently held in April 2024 and covered social care and education. A separate discussion focussing on Further Education and Skills and one on Special Educational Needs is due to take place later in 2024.
5. The Brighton & Hove Safeguarding Children's Partnership (BHSCP) commissions Independent Scrutiny (IS) for the partnership to provide external challenge to the businesses of the partnership, its meetings, subgroups and priorities.
6. Internal audit:
  - 2024/25: Early Help Services (Reasonable)
  - 2023/24: Childrens Services Data Handling (Reasonable Assurance), Risk Management Actions: Implementation and Progress Reporting (Substantial Assurance)

## SR18: Failure to invest in and maximise use of digital technology to enable a responsive council with well-run services

1. Internal Audit:
  - 2024/25: PCI DSS Follow Up (Reasonable), Housing Replacement Works Management System (Advice work)
  - 2023/24: Surveillance Cameras follow up (Reasonable Assurance), Robotic Process Automation (Reasonable Assurance), Advice work for ERP programme board and the housing works management system programme board, PCI/DSS (Partial Assurance)
  - 2022/23: Housing Management System (follow up) (Reasonable Assurance); Public Sector Bodies Accessibility Regulations (follow up) (Reasonable Assurance)

## SR21: Failure to optimise council housing stock, make best use of available housing in the city and deliver new affordable homes

1. Internal Audit:
  - 2024/25: Housing Major and Planned Works Programme (Partial), Housing Rents (Reasonable), Home Purchase Scheme (Partial)
  - 2023/24: Housing Rents follow up (Partial Assurance), Housing Temporary Accommodation (Reasonable Assurance), Housing Allocations (Reasonable Assurance)
  - 2022/23: Housing Management System (follow up) (Reasonable Assurance)
2. Ministry of Housing, Communities and Local Government information quarterly returns on homelessness and rough sleeping
3. Homes England (HE) information returns where we have HE grant allocations. HE grant for homeless move on accommodation – regular updates to HE on scheme progress and draw down on grant.

## SR24 Failure to provide an equitable approach to ensure equality of access, outcomes and experiences for all

1. Internal Audit:
  - 2024/25: Housing Benefit and Council Tax Reduction (reasonable)
  - 2023/24: Risk Management Actions: Implementation and Progress Reporting (Substantial Assurance)
1. Department for Work & Pensions (DWP) oversee distribution of the Household Support Fund.
2. Ministry of Housing, Communities and Local Government and BEIS oversee the Energy Payment and associated discretionary fund, and Energy Bills Support Scheme respectively.

## SR25: Failure to use the council's resources and capabilities to deliver the Council Plan and adapt to the evolving needs of the city

1. Local Government Association Corporate Peer Challenge undertaken in 2025
2. Internal Audit
  - 2024/25: Employment checks - Right to Work (Reasonable), Apprenticeship Programme (Reasonable)
  - 2023/24: Organisational Capacity – Workforce Strategy and Management (Reasonable Assurance), Performance Development Plans and 1 to 1s (Reasonable Assurance)

## SR29: Failure to manage contracts to ensure value for money and achieve the best outcomes for the city

1. Internal Audit:
  - Audit work completed during the 2024/25 financial year, findings were raised regarding contract management across four non-opinion pieces of work, three partial opinion audit reviews, and school audit reviews.
2. Regulatory control of in scope contracts over £5m – by statute have to put in Performance Indicators for any contracts over £5m – reviewed annually and performance is published publicly
3. Annual external audit reviews the Council's value for money

**SR38: Failure to take effective action to increase our city's resilience to climate change, improve biodiversity and transition to net zero**

1. Environment Agency (EA) in respect of flooding. Monthly reports made to EA on how the city council spends the monies received from EA includes schemes such as coastal protection; Property Level Protection; sustainable urban drainage SPG (policy); Strategic Flood Risk Assessment.
2. Local Air Quality Management reports submitted regularly to the Department for Environment, Food and Rural Affairs (Defra)
3. Internal Audits undertaken:
  - 2023/24: Carbon Reduction Programme (Reasonable Assurance)

**SR39 Failure to maintain and demonstrate the building and fire safety of council homes**

1. Monthly meeting with the Regulator of Social Housing
2. Report on Health & Safety Board Performance Trackers sent to Regulator of Social Housing
3. Report on Tenant Satisfaction Measures to Regulator of Social Housing
4. Internal Audit Position Statement on Housing Health and Safety Regulations 2024/25 (January 2025)

**SR40: Failure to maintain a clean and safe city**

1. Local Authorities Events Organisers Group (LAEOG)
2. DfT monitor and assure delivery of key transport programmes
3. Independent Seafront Development Board

**SR41: Failure to maintain and demonstrate the health & safety compliance and fire safety of the council's commercial property**

1. Internal audit planned for 25/26

## **SR42: Failure to deliver on or maximise opportunities of Devolution in the best interests of Brighton & Hove**

1. Internal audit - plan for 25/26
2. Regular meetings with MHCLG on Devolution

## **SR43: Failure to maximise the opportunities of Local Government Reorganisation in the best interests of Brighton & Hove**

1. No current independent assurance

## **SR44: Failure to maintain and demonstrate the health & safety compliance and fire safety of the council's operational property**

1. No current independent assurance

Whilst many of our policies, processes and strategies link to the Good Governance Principles, below are those that are particularly relevant.

## Good Governance Principle A: Behaving with integrity, demonstrating strong commitment to ethical values, and respecting the rule of law

Policy, framework or process	Owner	Last reviewed
The Constitution	Director Governance & Law	2025
Code on Officer/Member Relations	Director Governance & Law	2025
Behaviour Framework which includes council values	Director People & Innovation	2023
BHCC Anti-Fraud & Corruption Strategy and Framework	Director Property & Finance	2022
Modern Slavery Statement	Director Property & Finance	2024

## Good Governance Principle B: Ensuring openness and comprehensive stakeholder engagements

Policy, framework or process	Owner	Last reviewed
Customer Experience Strategy	Director People & Innovation	2023
Information Rights Framework	Director People & Innovation	2024
Formal Partnerships including the City Management Board	Head of Cabinet Office	2023

## Good Governance Principle C: Defining outcomes in terms of sustainable economic, social, and environmental benefits

Policy, framework or process	Owner	Last reviewed
Council Plan	Director People & Innovation	2025
Economic Strategy	Head of Cabinet Office	2024
Carbon Reduction Programme	Corporate Director City Operations	2024
Medium Term Financial Strategy	Director Property & Finance	2025
Capital Investment Programme	Director Property & Finance	2025

## Good Governance Principle D: Determining the interventions necessary to optimise the achievement of the intended outcome

Policy, framework or process	Owner	Last reviewed
Financial Regulations & Standard Financial Procedures	Director Property & Finance	2024
Transformation & Innovation Portfolio of strategic programmes	Director People & Innovation	2025
Contract Standing Orders	Director Property & Finance	2026

## Good Governance Principle E: Developing the entity's capacity including the capacity of its leadership and with individuals within it

Policy, framework or process	Owner	Last reviewed
Fair & Inclusive Action Plan (which includes equalities work with city partners)	Director People & Innovation	2023
Staff training	Director People & Innovation	2023
Member training	Director Governance & Law	2023
Scheme of Delegation	Director Governance & Law	2024
Pay policy statement	Director People & Innovation	2024

## Good Governance Principle F: Managing risks and performance through robust internal control and strong financial management

Policy, framework or process	Owner	Last reviewed
Risk Management Framework	Director People & Innovation	2026
Information governance & security policies	Corporate Director City Operations	2023
Health, Safety & Wellbeing Strategy	Director People & Innovation	2025
People Strategy	Director People & Innovation	2023
Whistleblowing Policy	Director Governance & Law	2025

## Good Governance Principle G: Implementing good practice in transparency, reporting and audit to deliver effective accountability

Policy, framework or process	Owner	Last reviewed
Performance Management Framework	Director People & Innovation	2025
Internal Audit Plan	Director Property & Finance	2025
Annual Internal Audit Review and Opinion	Director Property & Finance	2025
Independent Assessment of Internal Audit	Director Property & Finance	2025
External Auditor's Annual Report	Director Property & Finance	2025

