



Annual Governance Statement

DRAFT

2021/22



**Brighton & Hove
City Council**

Certification

To the best of our knowledge, the Annual Governance Statement outlines the effective governance arrangements operating during the year, with areas identified for improvement.

We will continue to further strengthen our governance arrangements, monitor the implementation of the actions set out in this statement through the performance monitoring process and report the progress we have made in our next annual review.

Signed:

Signed:

Councillor Phélim Mac Cafferty,
Leader of the Council

Geoff Raw,
Chief Executive Officer

Date: XX XXX 2022

Date: XX XXX 2022

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Annual Governance Statement (AGS)

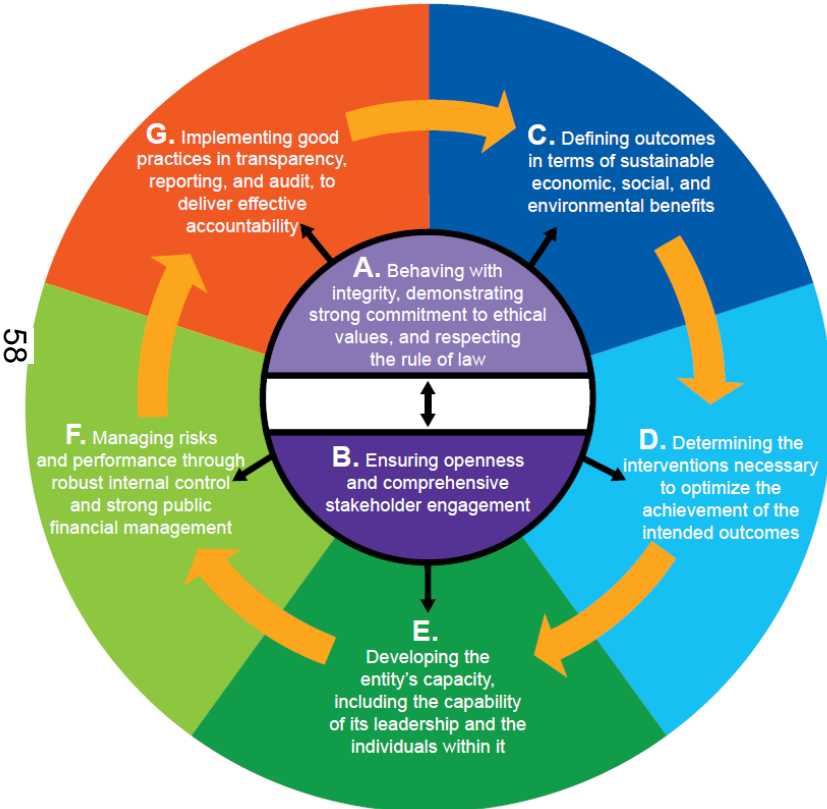
Purpose

- To fulfil the statutory requirement for each local authority to conduct a review of its system of internal control and prepare and publish an AGS at least once every financial year
- To demonstrate that there is a sound system of governance (incorporating the system of internal control)
- To outline our progress in 2021-22 and help us take further actions to improve governance for delivery in 2022-23
- The focus of the AGS is on assessing our governance arrangements, rather than assessing our performance.

What is Corporate Governance?

- The arrangements put in place to ensure that the intended outcomes for stakeholders are defined and achieved
- How the council makes sure it does the right things in the right way for the right people
- Establishing and following robust systems and processes
- Demonstrating effective leadership, including accountability and transparency in actions and decisions
- Creating a culture based on openness, inclusivity and honesty
- Keeping our focus on the needs of service users and the public, ensuring public money is safeguarded, accounted for and used efficiently and effectively
- Ongoing continuous improvement to further strengthen the way the council operates

The 7 principles of Good Governance



- 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 outcome
- 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 financial management
- G. Implementing good practice in transparency, reporting and audit to deliver effective accountability

The process for sign off of the AGS

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The Audit Manager, Assistant Director for Customer, Modernisation & Performance Insight and programme manager responsible for risk management regularly share and consider service delivery challenges to inform the first draft of the AGS.

The Governance Assurance Meeting consider the draft in advance of the Executive Leadership Team reviewing the draft particularly agreeing future actions to strengthen governance.

The revised draft is then reviewed by the Leader of the Council in advance of the agreement by the Audit & Standards Committee meeting.

The final version is signed off by the Leader of the Council and the Chief Executive.

Future actions are included in the relevant Directorate Plans for regular monitoring as part of the Performance Management Framework

Opinion of Internal Audit for 2021/22

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

Reasonable 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 1st April 2021 to 31st March 2022

Chief Internal Auditor, Russell Banks
Audit Manager, Carolyn Sheehan

* Assurance can never be absolute. In this context 'reasonable assurance' means that arrangements are in place to manage key risks and to meet good governance principles, but there are one or more areas where improvements are required.

Actions focused on strengthening governance in 2022/23

What we will do

Taking account of new ways of working, including governance and control changes in a post-Covid financial environment, undertake an assessment of compliance with the Financial Management Code

Lead Officer (Committee)

Chief Finance Officer
(Audit & Standards Committee)

Continue to develop and implement a pro-active strategy to improve industrial relations in conjunction with recognised trade unions

Director, Human Resources & Organisational Development
(Policy & Resources Committee)

Continue to implement improvements in Housing Needs and Temporary Accommodation, in line with internal audit actions and other improvement plans

Executive Director, Housing, Neighbourhoods & Communities
(Housing Committee)

Strengthen procurement and contract management skills, compliance and knowledge across directorates through improved training, awareness, systems and monitoring.

Chief Finance Officer
(Policy & Resources Committee)

Working with all services across the organisation, improve compliance in relation to information rights cases (Freedom of Information, Subject Access Requests, Data Protection)

Executive Director, Governance, People & Resources
(Policy & Resources Committee)

Appendix 1 Progress on 2020/21 actions

AGS 2020/21 Actions	Lead Officer (Committee)	Directorate Plan 2021/22 Actions	Q4 Status*
Undertake an assessment of compliance with the Financial Management Code and take forward identified improvement actions to the Policy & Resources Committee	Chief Finance Officer (Audit & Standards Committee)	Undertake an assessment of compliance with the Financial Management Code and take forward identified improvement actions [GPR]	RED ↔
Coordinate CIPFA review of Audit & Standards Committee and enable implementation of recommended actions	Chief Executive Officer (Audit & Standards Committee)	Coordinate an independent review of the council's Audit & Standards Committee, led by CIPFA, and enable implementation of recommended actions [GPR]	GREEN ↔
Manage the impact of Covid-19	Executive Director Economy, Environment & Culture (Policy & Resources Recovery Sub-Committee)	Modernisation programme - Deliver the Covid Recovery & Renewal programme [SRO from GPR; ELT Sponsor from EEC]	GREEN ↔

*Direction of travel compared to Q3 2021-22: ↑ improving ↓ declining ↔ no change [FR] Finance & Resources. [GPR] Governance, People & Resources. [EEC] Economy, Environment & Culture.

AGS 2020/21 Actions	Lead Officer (Committee)	Directorate Plan 2021/22 Actions	Q4 Status*
Continue to work to improve relationship with Trade Unions	Chief Executive Officer (Policy & Resources Committee)	To continue to develop and implement a proactive strategy to improve industrial relations in conjunction with recognised trade unions [GPR]	AMBER ↔
63 Implement improvements in Housing, including the Temporary Accommodation and the Housing Repairs services, in line with internal audit actions and other improvement plans	Executive Director, Housing, Neighbourhoods & Communities (Housing Committee)	Develop a strategy for the provision of council run temporary accommodation including Seaside Homes, and to 'replace privately run temporary and emergency accommodation with council owned properties' [HNC]	GREEN ↔
		Ensure the new repairs and maintenance service meets the needs of tenants and leaseholders so that 'over time we aim to reduce costs by directly employing staff and building stable teams to work on council projects' [HNC]	RED ↔
		Align Housing Needs and Rough Sleeper commissioning to encompass the post pandemic landscape to eliminate rough sleeping, homelessness and reduce the need for Temporary Accommodation [HNC]	AMBER ↔

*Direction of travel compared to Q3 2021-22: ↑ improving ↓ declining ↔ no change

[GPR] Governance, People & Resources. [HNC] Housing, Neighbourhoods & Communities.

Appendix 2 Performance Management Framework

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 allow us to understand the performance of the council as a whole which will give us 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 which is consistent and 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 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



Performance Insight

Improvements / good performance



Improved staff survey results



Improved digital offer for customers



Improved 'Fair & Inclusive: services and workforce' governance



Maintain sickness absence at target levels



Delivery of Eclipse modernisation programme (social care IT system)

Priority areas for focus



Covid-19 response and recovery



Financial sustainability of demand led services



Managing the risks associated with climate change



Customer Experience particularly from high transaction services (city environment, council tax, housing, parking) and complaints response time

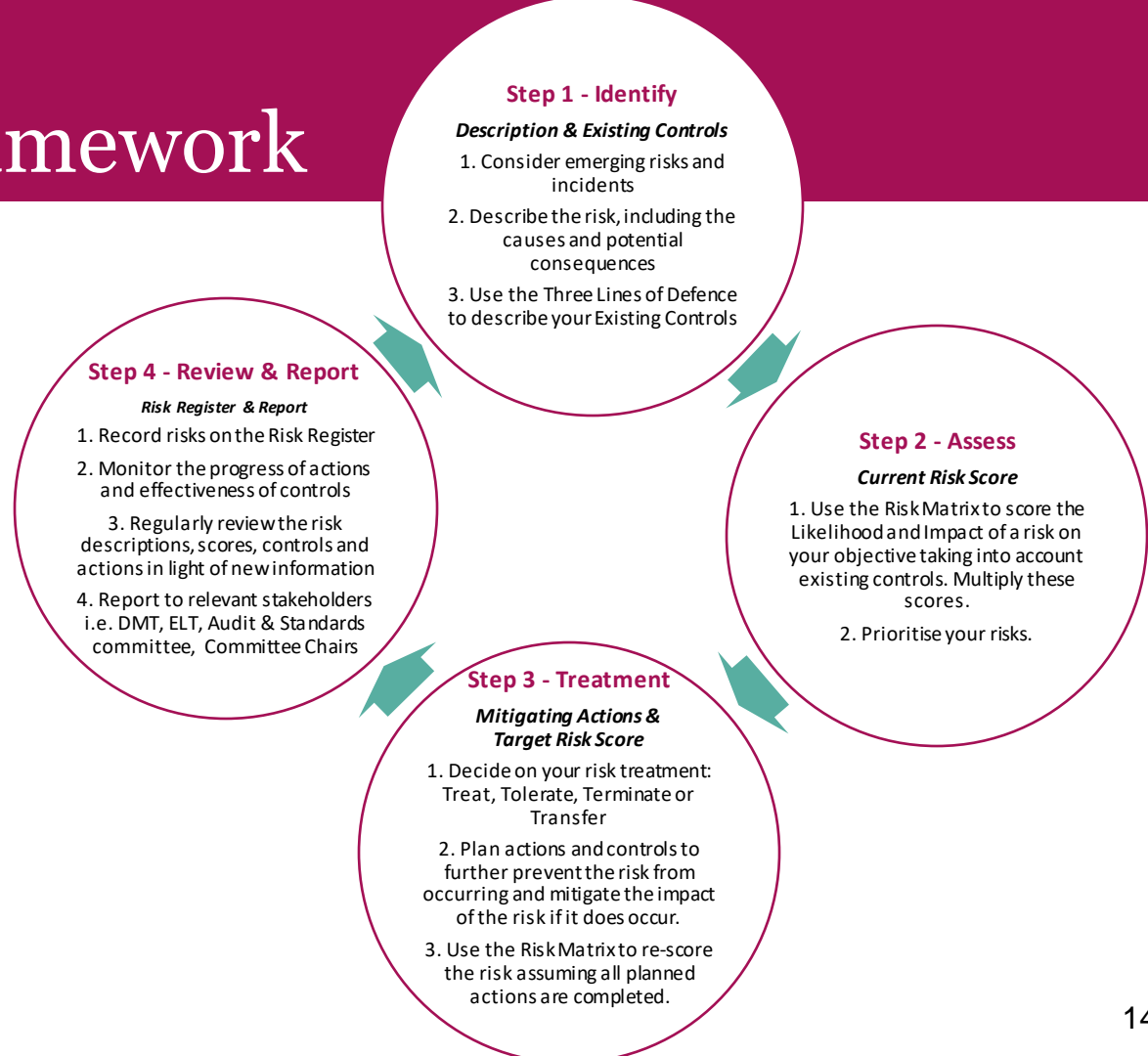


Improved quality and recording of PDP discussions

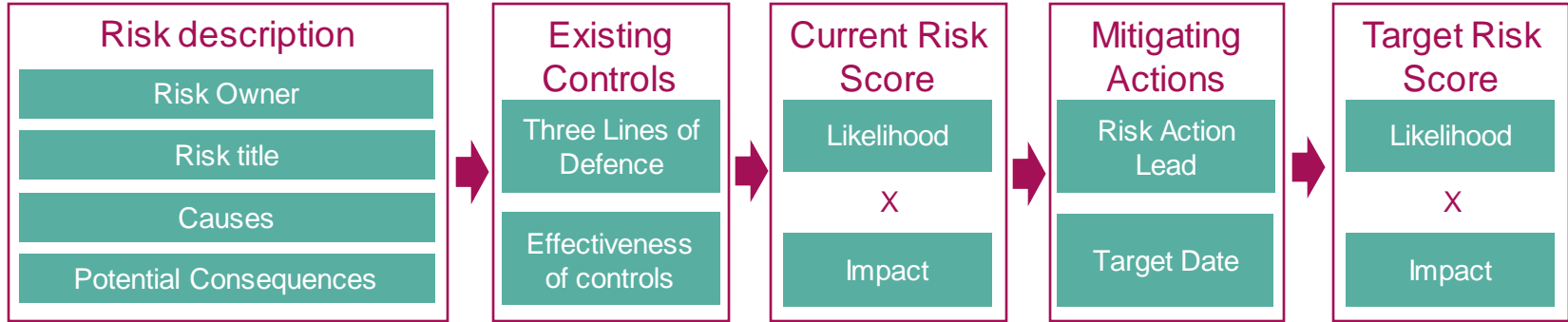
Appendix 3 Risk Management Framework

Risk Management Process

There are four steps in the risk management process – identify the risk, assess the risk, decide on the risk treatment, and review and report on the risk.



Risk Management Approach



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. Risk actions should reduce the likelihood and/or impact – if neither are true, there will not be any reason to undertake the action.

LIKELIHOOD	Almost certain (5)	5	10	15	20	25
	Likely (4)	4	8	12	16	20
	Possible (3)	3	6	9	12	15
	Unlikely (2)	2	4	6	8	10
	Almost impossible (1)	1	2	3	4	5
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
		IMPACT				

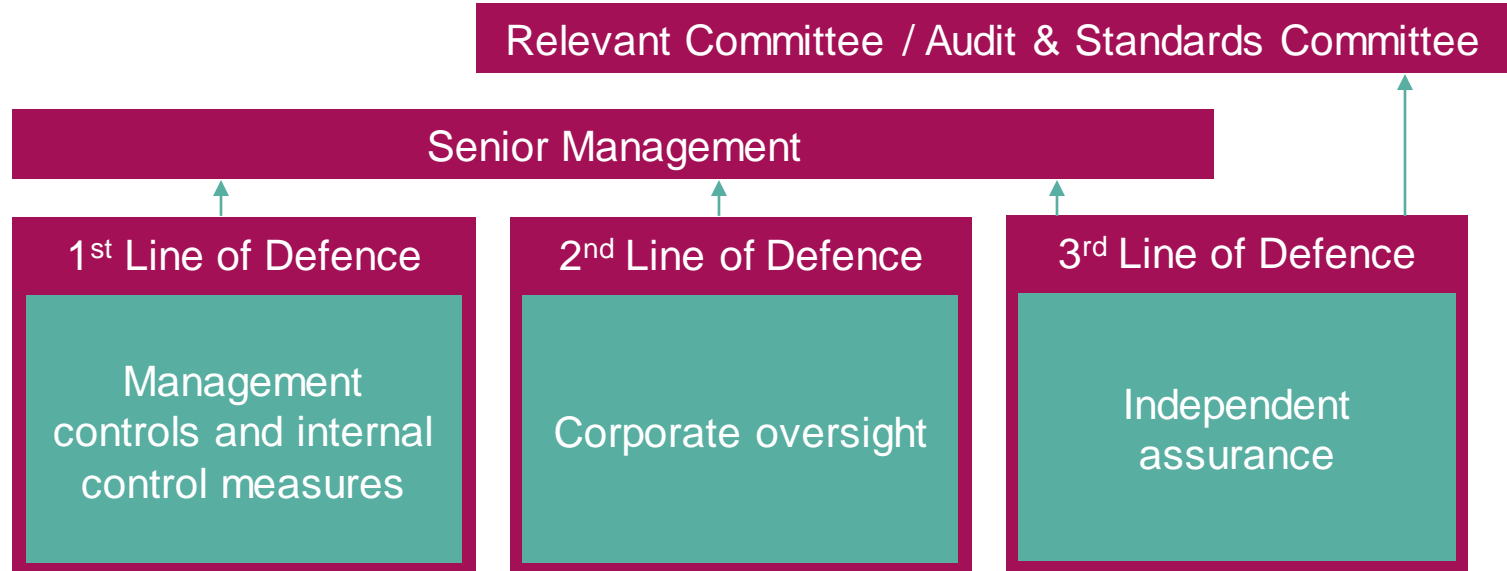
Risk scoring & levels

- The level of a risk will depend on the scope, scale of potential impact and the type of response required. Risks can be escalated or de-escalated between levels through reviews.
- Scoring should be a realistic assessment without optimism bias.
- The **current score** is with existing controls in place and the **target score** is with completed mitigating actions.
- The target score needs to be realistic and take into account the uncertainty of the risk and resources available to deliver actions so can sometimes remain a high 'red' score.
- However, the purpose of scoring is to prioritise risks to ensure resources are allocated to the most significant risks. Heat maps are a helpful way to see how risk scoring compares.

Level & Risk Owner	What makes this type of risk?	Oversight
<u>Strategic Risk (SR)</u> A member of Executive Leadership Team (ELT)	*Affects multiple directorates/ organisations *Impacts on achievement of the Corporate Plan *Requires cross-directorate response	Audit & Standards Committee Relevant Committees External & Internal Audit Executive Leadership Team
<u>Directorate Risk (DR)</u> A member of a Directorate Management Team (DMT)	*Affects multiple services/ departments *Impacts on achievement of the Directorate Plan *Requires directorate level response	Relevant Committees Internal Audit Executive Leadership Team Directorate Management Team
<u>Service/Team Risks</u> Head of Service or Team Leader	*Limited to individual team/ service *Impacts on achievement of the service's plan and objectives *Response can be managed within service	Directorate Management Team Heads of Service
<u>Programme/Project Risks</u> A member of Programme/Project Board	*Impacts on achievement of the Programme/Project's objectives *Response can be managed within Programme/Project	Corporate Modernisation Delivery Board or ELT Directorate Modernisation Board or DMT Programme/Project Board

Three Lines of Defence Model

Existing controls are set out using the Three Lines of Defence model.



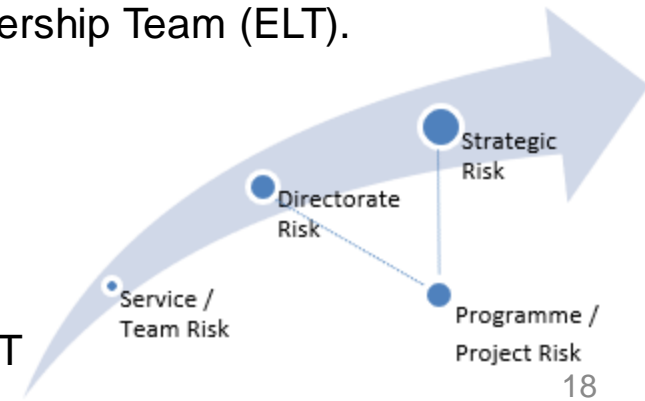
Involves those who know the business, culture and day to day challenges

Involves those responsible for delivery and not independent of the management chain (senior management, boards and committees)

Internal audit, external audit and regulators

Assurance and escalation of risks

- Our Corporate Risk Assurance Framework uses the ‘three lines of defence model’ to assess the effectiveness of how we manage organisational risks.
- Audit & Standards Committee have oversight of the risk management framework.
- Strategic risks are owned by an Executive Leadership Team (ELT) lead. ELT leads are responsible for discussing strategic risks with the relevant committee chairs with a view to mitigating these as appropriate.
- Any member can approach an ELT lead with risks that they foresee for them to take account of it in their risk review sessions.
- Strategic risks are reviewed regularly by the Executive Leadership Team (ELT).
- Directorate and strategic risks are reviewed regularly by Directorate Management Teams (DMTs); risk registers are live documents. Suggested amendments to strategic risks and the Directorate Risk Registers are reported to ELT as part of their risk review.
- All officers are expected to escalate risks to the relevant DMT lead. Risk management training is available to all officers.



Appendix 4 Strategic Risk Analysis

Independent assurances of the strategic risks* are represented in the third line of defence. We link strategic risks to the Good Governance principles as a framework to provide assurance on our activity to deliver our corporate objectives.

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

Strategic Risk

SR13 Not keeping adults safe from harm and abuse.

Independent assurance

1. For the council's in-house registered care services Care Quality Commission (CQC) Inspections on an on-going regular basis.
2. CQC's programme of inspections of all registered care providers are published weekly and available on CQC's website. These are monitored for local relevance by the council's Quality Monitoring team.
3. Brighton & Hove Safeguarding Adults Board (BHSAB) is independently chaired and meets quarterly with the three statutory agencies for city wide safeguarding assurance.
4. Internal Audit
 - * 2021/22: HASC Modernisation Programme (Reasonable Assurance), Direct Payments (Partial Assurance), Home Care (Reasonable Assurance)
 - * 2020/21: Hospital discharge arrangements (Reasonable Assurance), Care System Replacement Project – Eclipse (Reasonable Assurance)
 - * 2019/20: Joint Commissioning (Reasonable Assurance), HASC Temporary Accommodation (Reasonable Assurance), Extra Care Housing (Partial Assurance)

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

Strategic Risk

SR15 Not keeping children safe from harm and abuse.

Independent assurance

1. Ofsted inspections of social work practice under the ILACS arrangements. Full inspection July 2018 - overall judgement was 'Good'. Action plan developed to take forward recommendations, most recently reported to CYPS Committee in September 2021.
2. Ofsted Focused visit under ILACS framework February 2020 looking at services to children in need and children with child protection plans. Ofsted noted continued improvement made since 2018 inspection.
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. Held in February 2021 and covered social care, special educational needs and education, including early years and further education & skills. AEM for 2022 scheduled for June
5. Local Government Association (LGA) review of Early Help processes January 2020. Recommendations will be taken forward as part of a wider city wide Early Help review during 2021/22.
6. The Brighton & Hove Safeguarding Children's Partnership (BHSCP) commissions Independent Scrutiny (IS) for the partnership, whose role and function is to provide external challenge to the business of the partnership, its meetings, subgroups and priorities.
7. Internal audit:
 - * 2021/22: Child Disability Agency Placements (Reasonable Assurance)
 - * 2020/21: Education, Health and Care Plans (Reasonable Assurance), Care System Replacement Project – Eclipse (Reasonable Assurance)
 - * 2019/20: Care Leavers (Reasonable Assurance), Joint Commissioning (Reasonable Assurance).

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

Strategic Risk

Independent assurance

1. Post Grenfell tragedy (June 2017) information required by Ministry of Housing Communities and Local Government (MHCLG) in relation to council owned blocks was provided. The Council provide data to MHCLG on private sector blocks visual inspections.
2. East Sussex Fire & Rescue Service (ESFRS) Regulatory Reform (Fire Safety) Order - ESFRS undertake citywide audits according to a prioritised programme which includes a range of council buildings. No inspections of council buildings have led to the need for enforcement action. All Council high rise buildings have been visited by ESFRS.
3. A Notice of Contravention issued by the HSE in response to their investigation into the fatality in a school Feb 2019 outlined necessary action. The council have responded to the NOC and no further comment has been provided by the HSE.
4. HSE Control of Vibration unannounced inspection in City Parks in October 2017, linked to national focus on work related health. Areas for improvement identified which has led to development of an action plan with assigned leads and timescales for action. HSE responded to RIDDOR reports specifically on vibration in March 2018 visiting City Parks and City Clean. A request for an update on progress was responded to in October 2020.
5. After Inquest re. fatality of a council employee in 2018 the BHCC Coroner issued a Regulation 28: Report to Prevent Future Deaths in March 2019. Head of Health & Safety and Senior Lawyer prepared a letter in response to outline the activity of the council to address the issues raised within the Regulation 28 Report, and our plans to address the long-term corporate issues. This is managed through the Health & Safety Strategic Action Plan.
6. Royal Society for the Prevention of Accidents (RoSPA) undertook an independent audit of BHCC's health and safety framework and arrangements between 1-3rd and 10th December 2020. Final report issued from RoSPA February 2021. Key elements from the RoSPA report have been included in the strategic action plan.
7. Ofsted and CQC undertake statutory audits of schools, educational settings and care homes and care services.
8. Internal audit:
* 2021/22: Property and Design - Corporate Landlord (Reasonable Assurance)

SR32 Challenges in ensuring robust & effective health & safety measures, leading to personal injury, prosecution, financial losses, or reputational damage

Good Governance Principle B: Ensuring openness and comprehensive stakeholder engagements

Strategic Risk

SR30 Not fulfilling the expectations of residents, businesses, government and the wider community that Brighton & Hove City Council will lead the city well and be stronger in an uncertain environment

Independent assurance

1. External Audit reviews of financial position of the city council - June 2019.
2. Inspectorate reports e.g. Ofsted 2018 - Children's Services - Good Judgement; and Ofsted focused visit in February 2020 looking at services to children in need and child protection plans resulted in positive comment.
3. LGA peer review Equality Framework for Local Government.
4. Investigatory Powers Commissioner – reviewed the use of investigatory powers (2018)
5. Internal Audit
 - * 2021/22: Major Capital Projects - Brighton Centre / Black Rock (Reasonable Assurance)
 - * 2019/20: Brighton Centre (Reasonable Assurance)

SR37 Adverse impact on health outcomes and business continuity from high levels of disease transmissions and pandemics in the city

1. The Local Government Association (LGA) Peer Review visit on 29 March 2021 included the council's arrangements to recover from the pandemic.
2. Internal Audit & Counter Fraud work on Business Grants and certification of other Covid Grants in accordance with central government department requirements.
 - * 2021/22: Traffic Demand Management (Grant Certified), Covid-19 Emergency Active Travel (Grant Certified)
 - * 2019/20: Public Health (Reasonable Assurance)

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

Strategic Risk

Independent assurance

SR21 Unable to manage housing pressures and deliver new housing supply

1. Internal Audit:
 - * 2020/21: Temporary Accommodation (Minimal Assurance), Housing Management System Implementation (Partial Assurance)
 - * 2019/20: Housing Allocations (Substantial Assurance)
2. Department for Levelling Up, Housing and Communities information returns.
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 The council is unable to provide an effective welfare support response to households facing financial hardship.

1. Internal Audit:
 - * 2021/22: Welfare Discretionary Funding (Reasonable Assurance), Housing and Council Tax Benefits (Substantial Assurance).
2. Department for Work & Pensions (DWP) oversee the Household Support Fund
3. Department of Health & Social Care (DHSC) oversee the Contain Outbreak Management Funding (COMF)

SR36 Not taking all actions required to address climate and ecological change and transitioning our city to carbon neutral by 2030

1. Environment Agency (EA) in respect of flooding and 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. Internal Audit acts as first level controller to support three EU funded projects part of whose remit is to address some elements of this risk. These are Solar Adoption Rise In the 2 Seas (Solarise), Shaping Climate change Adaptive Places (SCAPE) and Sustainable Housing Initiatives in Excluded Neighbourhoods (SHINE). All claims during 2020/21 were certificated in accordance with EU processes.

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

Strategic Risk

SR18 The organisation is unable to deliver its functions in a modern, efficient way due to the lack of investment in and exploitation of technology

Independent assurance

1. Internal Audit:

- * 2021/22: MCM Housing Repairs Application (Reasonable Assurance), Public Sector Bodies - Website & Mobile Applications - Accessibility Regulations (Partial Assurance)
- * 2020/21: Care System Replacement Project – Eclipse (Reasonable Assurance), Housing Management System Implementation (Partial Assurance), Cloud Computing (Reasonable Assurance), IT Access Management (Partial Assurance)
- * 2019/20: Mobile Device Management (Reasonable Assurance), Surveillance Cameras (Partial Assurance)

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

Strategic Risk

Independent assurance

SR2 The Council is not financially sustainable in the medium term

1. Annual review last reported in December 2021 by external auditors of Value for Money (VfM) arrangements leading to an opinion in the annual audit report concluded there were no governance issues to report and arrangements to secure VfM and the council's use of resource were reasonable.
2. Internal audit reviews:
 - * 2021/22: Accounts Payable (Reasonable Assurance), City Clean Expenditure (Reasonable Assurance), Capital Programme (Reasonable Assurance)
 - * 2020/21: Budget Management (Substantial Assurance), Payroll (Reasonable Assurance), Business Rates (Reasonable Assurance), Accounts Receivable (Partial Assurance), Council Tax (Reasonable Assurance).
 - * 2019/20: Main Accounting System (Substantial Assurance), Treasury Management (Reasonable Assurance), Purchasing Card System (Reasonable Assurance), BACS Payment Arrangements (Reasonable Assurance), Care Payments (Substantial Assurance), Adult Social Care Income (Reasonable Assurance), Housing Rents (Reasonable Assurance).

SR25 Insufficient organisational capacity or resources to deliver all services and respond to changing needs and changing circumstances

1. Local Government Peer Review 2017 focused on Leadership and Industrial Relations.
2. Internal Audit
 - * 2021/22: Performance Review Compliance - PDPs and 1 to 1s (Partial Assurance), Agency Staff Contract (Reasonable Assurance)
 - * 2020/21: Recruitment (Reasonable Assurance), Working Time Directive (Partial Assurance)

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

Strategic Risk

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SR10 Corporate information assets are inadequately controlled and vulnerable to cyber attack

SR29 Procurement non-compliance and ineffective contract performance management leads to sub-optimal service outcomes, financial irregularity and losses, and reputational damage

Independent assurance

1. Internal audit:

- * 2021/22: Email Communication - personal and sensitive encryption (Reasonable Assurance), DWP/Searchlight System Security Compliance (Reasonable Assurance), PIER Application Control (Reasonable Assurance), Information Governance - Remote Working (Reasonable Assurance), IT Access Management (Reasonable Assurance), Network Security (Reasonable Assurance),
 - * 2020/21: Cyber Security (Reasonable Assurance), IT Asset Management during Covid 19 (Reasonable Assurance), GDPR (Reasonable Assurance), Housing Management System Implementation (Partial Assurance)
 - * 2019/20: ICT Compliance Framework (Reasonable Assurance), Mobile Device Management (Reasonable Assurance), Purchasing Card System (Reasonable Assurance), Main Accounting System (Substantial 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).

1. Internal Audit:

- * 2021/22: Procurement Compliance – Phase 1 & 2 (Minimal Assurance), Highways Contract Management (Reasonable Assurance), Highways Maintenance (Reasonable Assurance)
- * 2019/20: Contract Collusion (Reasonable Assurance), Grants to community and voluntary organisations (Reasonable Assurance)

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

The Strategic Risk Register is reviewed by the Directorate Management Teams, Executive Leadership Team and Audit & Standards Committee quarterly. The Strategic Risk Register is available to view by staff on the council intranet and by the public in the report pack for committee meetings.

Appendix 5 Policies, Processes & Strategies

Whilst many of our policies, processes and strategies link to many of 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

- Constitution
- Code on Officer/Member Relations
- Behaviour Framework which includes council values
- BHCC Anti-Fraud & Corruption Strategy and Framework

Good Governance Principle B: Ensuring openness and comprehensive stakeholder engagements

- Customer Experience Strategy
- Sustainable Communities Strategy
- Freedom of Information and Subject Access Request

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

- Corporate Plan
- Economic Strategy
- Carbon Reduction Programme
- Medium Term Financial Strategy

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

- Financial Regulations & Standard Financial Procedures
- Modernisation Portfolio of Change Projects and Programmes
- Contract Standing Orders

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

- Human Resources Policies
- Fair & Inclusive Action Plan (which includes equalities work with city partners)
- Staff and Member Training
- Scheme of Delegation

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

- Risk Management Process part of Performance Management Framework
- Information Governance Board
- Health & Safety Policies
- Whistleblowing Policy

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

- Performance Management Framework
- Internal Audit Plan

Appendix 6 Bodies created by BHCC or those which we are in partnership with

- Sussex Integrated Care Board
- The Royal Pavilion & Museums Trust
- Brighton Dome and Festival Limited
- Brighton and Hove Estates Conservation Trust
- Brighton and Hove Music Trust
- Brighton and Hove Seaside Community Homes Ltd
- Gorham's Gift
- The Brighton Fund
- The West Pier Trust Board

BHCC appoints members to a range of other external bodies and partnerships as a means of discharging the council's functions across the area of Brighton & Hove. A complete list of appointments is available in the papers of annual Council, which are published on the council's website.

Those external bodies include the East Sussex Fire Authority, which is a combined fire authority made up of members of its two constituent authorities: East Sussex County Council and BHCC, and the Police & Crime Panel; a joint committee which monitors and supports the Police and Crime Commissioner.