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Bedfordshire, Luton and Milton Keynes Integrated Care Board

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Cambridgeshire & Peterborough Integrated Care Board

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Hertfordshire and West Essex Integrated Care Board

APPENDIX A: Board Assurance Framework (BAF) Report

SO IDs	2022/27 Strategic Objectives	No o risks	Assurance Statement			
SO1	Increase healthy life expectancy and reduce inequality	0	<p>The Board Assurance Framework (BAF) currently comprises eight principal risks, recorded under Datix risk IDs 608, 610, 649, 698, 722, 752, 755, and 745. These risks represent the most significant threats to the delivery of the organisation’s strategic objectives and reflect the organisation’s operating context during a period of system transition. Since the previous Audit and Risk Committee update, the BAF has evolved to provide greater clarity and strategic focus. The earlier position, which referenced six principal risks, reflected a transitional stage in the refinement of the BAF rather than a reduction in risk exposure.</p> <p>Specifically:</p> <ul style="list-style-type: none">Risk ID 745 was previously removed from the BAF following recommendation by the ICB Risk Review Group to disaggregate its scope. The original risk contained two distinct elements:<ul style="list-style-type: none"><i>system transition</i>, and<i>workforce attrition and resilience</i>.The transition-related element was subsequently captured and approved as Risk ID 755, reflecting risks associated with system change, including the removal or reduction of local functions and associated assurance impacts.The workforce-related element has since been refined, strengthened, and re-established as a standalone strategic risk, recognising its ongoing materiality at Board level. <p>In addition:</p> <ul style="list-style-type: none">Risk ID 752 (system integration and transition) was approved and added to the BAF with a current score of 16, appropriately reflecting its strategic significance during the move towards a Central East Integrated Care Board model.All current BAF risks have been reviewed and updated through established governance processes, including the Risk Review Group, and are subject to ongoing executive ownership and oversight. <p>The Board can take reasonable assurance that the principal risks to the delivery of its strategic objectives have been appropriately identified, assessed, and managed through the BAF. The risks recorded are credible, strategically aligned, and reflective of the organisation’s operating context. While some risks remain above target due to external and structural factors, the Committee/Board has clear visibility of these risks, appropriate mitigations in place, and effective oversight arrangements to support informed decision-making.</p>			
SO2	Give every child the best start in life	1				
SO3	Improve access to health and care services	5				
SO4	Increase the number of citizens taking steps to improve their well-being	1				
SO5	Achieve a balanced financial position annually	1				
Risk Matrix		Consequence (C)				
		1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
Likelihood (L)	5. Almost Certain					
	4. Highly Likely				8 risks	
	3. Possibly					
	2. Unlikely					
	1. Rare					

RISK ID	Date open	SO ID	Risk Owner	Directorates	Risk Title	Risk Description	Rationale for current risk score	Risk Appetite	Current risk score L x C = RS	Mitigations			Risk Directional Movement	Assurance					
										Key Controls in Place	Gaps in Controls	Actions to Strengthen the Controls in Place		1 st Line of Defence	Assurance Level	2 nd Line of Defence	Assurance Level	3 rd Line of Defence	Assurance Level
755	09/10/2025	SO3	Jo Burlingham	Operations (Place and ICT)	Removal / reduction of local EPRR function following transition	IF local EPRR functions are removed as part of the upcoming restructures THEN this could RESULT IN detrimental impacts on health care systems resilience and business continuity of service delivery through loss of local knowledge of the health systems, geography, local Incident Co-ordination Centres and insufficient staffing to be able to meet statutory responsibilities as defined within the Civil Contingencies Act. Furthermore, the proposed UK Government Devolution plans anticipate improved local responsiveness and localised decision making and the potential removal or loss of local health systems EPRR functions would conflict with these intentions.	Risk Reviewed, no change.	Cautious	4x4=16	01 April 25: Jim Mackay's letter to ICBs 02 May 25: Draft ICB Blueprint Existing On Call and Incident response structures Risk identified, added to register and subject to regular review. Ongoing national and local modelling / discussions Employee Assistance Programme Regular touchpoints to update staff on progress Support signposted to help staff manage mental health / anxieties /concerns / queries Integration of NHSE into DHSC Transition Team Guidance? (Await further advice regarding if this is NHSE key control). Rationalisation of workstreams? (Await further advice regarding whether this is an NHSE key control.)	NHSE EPRR Team horizon scanning for latest information and guidance, such as Team attendance at NHS all staff briefings 20.05.25 Collaborative sharing of information and intel at fortnightly Regional EPRR Leads Meetings 03.07.25: NHSE SE Region leading on regional and ICB EPRR structures with input from Regional Heads of EPRR	Not Stated	↕	Model ICB blueprint published 02/05/25 by NHS Digital to develop a shared vision of the future with a view to providing clarity on the direction of travel and a consistent understanding of the future role and functions of ICBs. The EPRR Function within ICBs will cease with the function transferring 'over time' to region. HWE ICB submitted detailed plans to NHSE at the end of May 2025 on how the above will be achieved	Reasonable	To be advised	Not Stated	To be advised	Not Stated

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745	17/04/2025	SO3	Jo Burlingham	Operations (inc Place and ICT)	EPRR workforce attrition through transition	IF healthcare systems {inc ICBs, NHSE & UKHSA} lose EPRR staff due to current uncertainty around future posts THEN the wider health care systems ability to maintain current structures during the forthcoming transition period will be compromised RESULTING IN detrimental impacts on these systems resilience and business continuity of service delivery through loss of local knowledge of the health systems, geography and insufficient staffing to be able to meet statutory responsibilities as Category 1 & 2 responders as defined within the Civil Contingencies Act, this includes a 24/7 on call function.	Risk Reviewed, no changes.	Cautious	4x4 = 16	01 April 25: Jim Mackay's letter to ICBs 02 May 25: Draft ICB Blueprint Existing On Call and Incident response structures Risk identified, added to register and subject to regular review. Ongoing national and local modelling / discussions Employee Assistance Programme Regular touchpoints to update staff on progress Support signposted to help staff manage mental health / anxieties /concerns / queries Integration of NHSE into DHSC Transition Team Guidance? (Await further advice regarding if this is NHSE key control). Rationalisation of workstreams? (Await further advice regarding whether this is an NHSE key control.)	NHSE EPRR Team horizon scanning for latest information and guidance, such as Team attendance at NHS all staff briefings 20.05.25 Collaborative sharing of information and intel at fortnightly Regional EPRR Leads Meetings 03.07.25: NHSE SE Region leading on regional and ICB EPRR structures with input from Regional Heads of EPRR	Not Stated	↕	Model ICB blueprint published 02/05/25 by NHS Digital to develop a shared vision of the future with a view to providing clarity on the direction of travel and a consistent understanding of the future role and functions of ICBs. The EPRR Function within ICBs will cease with the function transferring 'over time' to region. HWE ICB submitted detailed plans to NHSE at the end of May 2025 on how the above will be achieved	Reasonable	To be advised.	Not Stated	To be advised.	Not Stated

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752	05/08/2025	SO2	Natalie Hammond	Nursing & Quality	Cross Border Maternity Care	<p>IF women choose to birth outside their local hospital catchment, either across HWE or externally, without interoperable maternity records, shared or known pathways or aligned policies or procedures THEN women may not be referred for their antenatal care in a timely manner and maternity teams may lack access to vital clinical information and may follow inconsistent care practices, RESULTING in safety risks for women and babies, suboptimal or missed care, limited birth choices and poor experiences and adverse maternal and neonatal outcomes.</p>	<p>October 2025- *ENH have not rolled out shared care record this summer due to gaps in their digital midwifery workforce Uttlesford GPs have received a briefing on cross border care and how to refer their patients to the local options for them.</p> <p>*Digital risks remain significant and gaps in digital midwifery workforce across providers in the system, and will be exacerbated by the fixed term contract of the LMNS digital midwife finishing in Dec – this role is crucial to moving the main mitigations on so any support with a second contract extension (Dec-Apr) based on the input needed for this risk</p>	Averse	4 x 4 = 16	<p>Digital: Shared drives phased rollout of shared care record, and CMW training by ShCR team. Reciprocal Care: Model active in one HWE hospital. Cross Border Hub: Policies and contacts on Shared Futures page. Information: ENH provides leaflets/web info; others discuss risks at booking. Safety Reviews: Incidents analysed for cross-border issues. Appointments: ENH offers 16- and 36-week checks for catchment women birthing in Bedford. Collaboration: Monthly Cross Border Group reviews progress and challenges.</p>	<p>Community midwives not accessing cross-border hub (time constraints in appointments) Shared care records only functional in 1 trust Mixed engagement with hospitals outside HWE (8 hospital trusts as main receivers) With hospitals accepting direct or GP referrals, women going out of catchment may not be flagged to the team providing their antenatal care/delays in notification Digital records are in planning stages / proposed, not fully functional Reciprocal care model only in place at 1 Trust</p>	<p>Cross Border Hub: Update documentation, train midwives, and audit usage to improve care coordination.</p> <p>Information for Cross-Border Women: Provide co-produced web guidance, embed risk discussions at booking, and brief GPs on advising out-of-area bookings.</p> <p>Shared Care Record: Develop interoperable systems, roll out a regional data platform, and progress toward a single national patient record.</p> <p>Reciprocal Care Model: Ensure providers deliver antenatal care for all women booked to birth with them within HWE.</p>	↔	LMNS Quality and Safety Forum Cross-Border Care working group Provider-based meetings with Community Matrons Inter-LMNS meetings across the East of England (PMO regional meeting, Quality & Safety Lead regional meeting)	Reasonable	LMNS Partnership Board STQIC ICB Board	Reasonable	LMNS Partnership Board STQIC ICB Board	Reasonable
722	12/09/2024	SO3	Karen Stagg	Operations (including Place and ICT)	Potential failure to meet national Statutory framework due to workforce capacity:	<p>If the CHC team remains understaffed, with high vacancy, sickness rates and leavers and lacks the in-house knowledge, skills, and experience to respond effectively,</p> <p>THEN the team's ability to deliver safe and compliant care will be compromised,</p> <p>RESULTING IN backlogs in casework and failure to meet national standards and efficiency targets.</p>	<p>Vacancy rate of 22% in July 2025 Whole team (19.05 clinical posts /5 Non clinical posts).</p> <p>Sickness rate of 9.7% (upward trend)</p> <p>3.80 Business as usual clinical agency workers recruited to commencing 1st September 2025 to mitigate risk.</p> <p>5.00 WTE Clinical leavers in August 2025 Local induction in development to support retention.</p> <p>Competency framework drafted to support developmental needs across the service in September 2025</p>	Open	4 x 4 = 16	Not Stated	Not Stated	Not Stated	↔	Not Stated	Not Stated	Not Stated	Not Stated	Not Stated	Not Stated

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698	01/02/2021	SO4	Karen Stagg	Operations (including Place and ICT)	Court of Protection Deprivation of Liberty Safeguard orders	<p>IF there is no clear pathway, process, and resources in place to deliver the work for individuals who meet the acid test and lack Court of Protection Deprivation of Liberty Safeguard orders (CoPDOLS),</p> <p>THEN vulnerable CHC patients may be unlawfully deprived of their liberty,</p> <p>RESULTING IN potential legal challenges against the ICB due to breaches of individuals' Article 5 rights under the European Convention on Human Rights.</p>	<p>Risk needs to remain at current level due to lack of dedicated workforce to the workstream. BAU team supporting where they can and are able with the casework already generated from previous project team, however this is slowing progress and impacting on BAU activities.</p>	Open	4 x 4 = 16	<p>As mitigation business case with options outlined to Board and exes agreed with 'bronze' option approved meaning minimum level of workforce approved to work on the highest of 'rag' rated cases. Recruitment underway with agency staff 'infill' until fuller substantive recruitment can be completed or clustering of ICB's concluded with agreement from cluster as to levels of workforce and establishment make up needed to address demands.</p>	Not Stated	Not Stated	↔	Highest 'risk' cases or those with existing court deadlines are being support by the AACC BAU team.	Limited	<p>Presentation of block report of status updates on cases and newly identified cases to Programme board on a monthly basis or more frequent if required</p>	Reasonable	Regional meetings for MCA which includes COPDOL activity	Reasonable
649	08/08/2023	SO3	Natalie Hammond	Nursing & Quality	Paediatric Audiology Service Delays and Patient Safety Concerns:	<p>IF the timeliness and quality of care provided across the HWE paediatric audiology services (recognising current quality challenges identified at ENHT) does not meet the UKAS accredited standards,</p> <p>THEN there is a risk that access to time critical testing does not occur in a safe and timely way</p> <p>RESULTING in potential harm to our population both in terms of safety and patient experience.</p>	<p>Risk score remains the same, this is likely to be the case until ENHT estates for 0-3yrs is resolved. Some progress with ENHT pathways with hearing aid and ABR pathways open, however significant backlog and risk of harm remains due to size and length of waits within the waiting list. Discussion ongoing re mutual aid and levelling up. Additional risk (which balances progress) around ABR reviews with HCT triggering full 5 year lookback and PAH at risk of requiring full 5 year lookback.</p>	Seek	4 x 4 = 16	<p>Ongoing site visits to assess urgent estate needs. Limited mutual aid under discussion within the ICS and with NHSE.</p> <p>System reviews: QI/assurance reviews with providers; NHSE desktop reviews completed for PAH and HCT.</p> <p>Governance: Weekly ICB escalation meetings and monthly system audiology meetings chaired by the Director of Nursing.</p> <p>Pathways: Hearing aid, 0–3, 3–5, and over-5 pathways now open and operational.</p> <p>Estates: Lister works completed; 0–3 estates plan moving to Lister with NHSE approval.</p>	<p>Ongoing workforce challenges at ENHT impacting progress as well as lack of available mutual aid. Reliance on NHSE and external Audiology expertise due to specialist area. Work underway to progress 5 year lookback at HCT impacting on ability to support with mutual aid. Currently there are no providers across HWE that are UKAS accredited There are no national KPIs in place to measure</p>	<p>ABR Lookbacks: Ongoing review work.</p> <p>Capital Estates Funding: Options being explored to secure funding.</p> <p>Mutual Aid: Regular ICS meetings held in line with policy; NHSE mapping exercise underway to expand support.</p> <p>Oversight: ENHT Paediatric Audiology Oversight Group continues under ICB leadership; PMO approach in place for all workstreams.</p> <p>National Guidance: Awaiting NHSE audiology service guidance.</p>	↔	<p>ICB Senior Oversight Meetings fortnightly with ENHT to progress action plans, trajectories and known interdependencies. Key elements discussed and oversight relate to staffing levels, staff morale, communications, patient safety, patient experience.</p> <p>Pediatric Audiology reviews with all appropriate providers via quality improvement/assurance mechanisms.</p> <p>Discussions at provider quality meetings</p> <p>Weekly ICB Escalation Meeting held with Director of Nursing, System Quality Director and key functional</p>	Reasonable	<p>ICB System Transformation & Quality Improvement Committee System Quality Group ICB Board HWE Whole System Audiology Meeting (monthly)</p>	Reasonable	<p>Regional Quality Group</p> <p>NHSE oversight</p> <p>CQC review</p> <p>Scrutiny from Guys and St Thomas specialist</p> <p>National Deaf Children's Society input and oversight</p> <p>Re-start of regional reporting</p>	Reasonable

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										Demand & capacity modelling completed; regional/national reporting in place. Equity: System discussions on levelling up care across sites. Oversight: Fortnightly ENHT meetings and regular reporting to ICB and NHSE bodies. Performance: Jumbo clinics delivered for over-5s, reducing waiting lists.	paediatric quality and performance Current absence of national recommendations from NHSE, although imminent Workforce challenges at HCT due to multiple staff on maternity leave. Estates challenges remain with limited progress to deliver required improvements.	Provider Reviews: Quality reviews across all paediatric audiology providers following desktop assessments. UKAS Accreditation: Provider timelines being confirmed to achieve accreditation. Governance: National, regional, and system-level meetings established; improvements from site visits and ENHT plans monitored via system meetings. NHSE PMO Team: Based at HWE ICB to coordinate and oversee regional improvement work.		leads such as performance and estates ICB attendance at weekly ENHT operational meeting					
610	10/03/2023	SO3	Frances Shattock	Performance, Business Intelligence	Planned Care Improvement	IF waiting lists for elective and diagnostics are not reduced, there a risk to patient health and outcomes, THEN patients conditions may worsen RESULTING in deterioration of patient health. Additionally there is a reputational risk to the ICB which carries a risk of NHSE interventions.	The constitutional standards for 18 weeks are not being met. Plans to meet 65ww target of 0 by end December 2024 were not met although there has been significant improvement of long waits. The 65ww forecast for end of August is 50. The overall PTL has been on a steadily decreasing trend since March 2024. 6-week wait diagnostic performance across the ICS decreased in May and has remained static in June reaching 63.3% (target of 95% by March 2026)	Open	4 x 4 = 16	Waiting List Recovery: Ongoing system and provider work targeting 65- and 78-week waits. Performance Oversight: Monitored through weekly senior team and fortnightly place-based meetings, escalated via the Planned Care Group and Committee to the ICB Board. Efficiency Improvement: HVLC programme underway to boost efficiency and theatre utilisation. Quality Oversight: Elective recovery risks reviewed at system Quality Review meetings and escalated as needed. Harm Monitoring: Oversight maintained through PSIRF processes.	No current known gaps. Performance is on an improvement trajectory.	Planned Care Improvement: There is a focus on elective recovery and it is discussed at the HCP performance committees plus in the fortnightly performance calls.	↔	Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers.	Reasonable	ICB wide issues are discussed at the planned care group. Performance is monitored at the bi-monthly performance Committee and escalated to the ICB board.	Reasonable	There is a focus on RTT at the monthly Planned Care Committee	Limited

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	608	10/03/2023	SO4	Frances Shattock	Performance, Business Intelligence	Failure to meet UEC Targets	IF UEC targets are not met and patients are not assessed, treated, admitted, or discharged within 4 hours, THEN there is an immediate risk to patient health and wellbeing and reputational risk to the ICB, with potential NHSE intervention, RESULTING IN delays that increase the risk of harm, poor patient outcomes, and missed performance targets.	The risk score remains the same at 16 after being reduced in April. Current performance is on plan for the recovery trajectory of the four hour standard (recovery target is 78% by March 2026) HWE target for July was 77.9% and 79.1% was achieved. Cat 2 Ambulance response times have remained static since March 2025. Currently they are on target with July reaching c.35 with a target of 35mins in July. The target for end of year is 30mins.	Open	4 x 4 = 16	Performance Oversight: UEC performance reviewed at regular place-based, system, and ICB forums with escalation through the UEC Board and Performance Committee. Alignment: Linked to Operations Directorate plans, BAF metrics, and improvement trajectories, referencing ENH, SWH, and WE mitigations. Quality & Safety: Risks such as ambulance handovers, mental health delays, and corridor care monitored via Quality Meetings and PSIRF, with minimal harm identified.	No current known gaps. Performance is on an improvement trajectory.	UEC Performance: UEC performance is closely monitored with action plans discussed in each HCP SRG/LDB meetings monthly plus fortnightly performance calls. Plus the weekly UEC meeting and the UEB board.	↔	Performance is discussed at weekly place based senior team meetings and monitored at fortnightly place based performance meetings with providers and NHSE.	Reasonable	Performance and operational action taken to monthly System Resilience group / Local Delivery Board meetings and discussed in line with UEC action plans with escalations to monthly UEC Board Performance is monitored at the bi-monthly STQI Committee with escalations to the ICB board.	Substantial	Not Stated	Not Stated

BAF Document coding guide

Status (RAG)		Red	Effective controls may not be in place and / or appropriate assurances are not available to the ICB	
		Amber	Effective controls thought to be in place, but assurances are uncertain and / or possibly insufficient	
		Green	Effective controls in place and the Board are satisfied that appropriate assurances are available	
Directional Movement		↩	New	
		↑	Higher / Rising risk	
		↔	No Change / Stable	
		↓	Lowered / Improving	
Progress on actions		Complete		
		On schedule		
		Expected delay		
		Delayed		
		Major delay		
Issues		Progress and Assurance / Issues		Provide an overview of the progress and assurances for this, list any identified issues
		Key workstreams		List the key workstreams that will enable delivery of the objective
5 x 5 Risk Matrix		Indication of risk score using likelihood ratings by consequence ratings		
Assurance level - measures the quantity		H	High - Oversight functions are provided on the controls. Two or more assurances equals high (H)	
		M	Medium - Oversight functions are provided on the controls. One assurance equals high (M)	
		L	Low - Oversight functions are provided on none of the controls equals (L)	
ICB Risk Matrix, and colour codes for action		Review no action required.		
		Continue to watch. Action is discretionary.		
		Action should be taken and / or continued monitoring by the ICB.		
		Immediate actions required / and continued monitoring by the ICB.		
Assurance rating - measures the quality/strength		None	1 st line - Controls absent or failing, unmanaged exposure. 2 nd line - Oversight not functioning; significant governance failures. 3 rd line - Controls ineffective or non-existent; major risks unmitigated.	
		Limited	1 st line - Controls weak or inconsistently applied, poor evidence. 2 nd line - Insufficient challenge; uneven compliance; oversight weaknesses. 3 rd line - Significant weaknesses in controls or oversight.	
		Reasonable	1 st line - Mostly effective but with some gaps; improvement areas noted. 2 nd line - Oversight generally effective with manageable gaps. 3 rd line - Controls adequate but with improvement opportunities.	
		Substantial	1 st line - Controls consistently operating; risk well managed; strong evidence. 2 nd line - Robust oversight and challenge; high compliance; evidence reliable. 3 rd line - Strong control environment: minimal improvement required.	
Risk Appetite Descriptors		Averse	Avoidance of risk is a key objective. Activities undertaken will only be those considered to carry virtually no or minimal inherent risk.	
		Cautious	Preference for very safe business delivery options that have a low degree of inherent risk with the potential and only a limited reward potential	
		Open	Willing to consider all options and choose one most likely to result in successful delivery while providing an acceptable level of reward.	
		Seek	Eager to be innovative and to choose options offering higher business rewards (despite greater inherent risk)	
		Significant	Confident in setting high levels of risk appetite because controls, forward scanning and respective systems are robust	
ICB Risk Domains		Risk Appetite	HWE ICB's Risk Appetite Statement	
Financial How will we use our resources?		Seek	Consistently seek to use available funding to develop and sustain the greatest benefit to health and healthcare for our population and partners, accepting the possibility that not every programme will achieve its desired goals, on the basis that controls are in place.	
Compliance and Regulatory: How will we be perceived by our regulator?		Open	Conform with regulatory expectations but challenge them where we feel that to do so would be to improve outcomes for our residents.	
Innovations, Quality and outcomes		Seek	Pursue innovation and challenge existing working practices, seeking out and adopting new ways of working and new technologies to the benefit of the residents of Hertfordshire and West Essex Operate with a high level of devolved responsibility Accept that innovation can be disruptive and to use that as a catalyst to drive positive change	
Reputation How will we be perceived by the public and our partners		Seek	We will be willing to take decisions that are likely to bring scrutiny to the organization but where potential benefits outweigh the risks.	