

Leadership Visit Programme Annual Report 2024/25

Public Board 27 November 2025

Presented for:	Information
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Previous Committees:	Quality Assurance Committee 16 October 2025

Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	
Make best use of our estate, equipment and digital assets	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	✓	Workforce Retention Risk - We will deliver safe and effective patient care, through supporting the training, development and H&WB of our staff to retain the appropriate level of resource to continue to meet the patient demand for our clinical services	Cautious	Moving Towards
Operational Risk				
Clinical Risk	✓	Patient Safety & Outcomes Risk - We will provide high quality services to patients and manage risks that could limit the ability to achieve safe and effective care for our patients.	Minimal	Moving Towards
Financial Risk				
External Risk				

Key points	
1. The annual report provides a summary of the leadership visit programme April 2024 – March 2025 and the themes emerging from this.	Information
2. A total of 25 leadership visits were scheduled for 2024/25. One of these visits needed to be cancelled due to operational pressures resulting in 24 visits taking place. The visits were conducted in person with Executives, Non-Executives and a Lead Manager.	Information
3. The summaries from all of the leadership visits completed in 2024/25 have been reviewed to identify key themes that have emerged from these visits during this period. The summaries from all of the leadership visits completed in 2024/25 have been reviewed to identify key themes that have emerged from these visits during this period. These related specifically to staff experience of managing complex and challenging patients, staffing, and sharing quality improvement initiatives.	Assurance
4. Leadership visibility both in hours and out of hours was raised as an area for improvement in the CQC Well-Led inspection in June 2025. Therefore, the programme for 2025/26 will be reviewed mid-year and action taken to address this.	
5. Trust Board is asked to <ul style="list-style-type: none"> • be assured by the summary of the leadership visit programme 2024/25, which has enabled Board members to engage with clinical teams, including the key themes that have been identified. • Note the programme will be reviewed in Q4 2025/26 to reflect learning from the CQC Well-led inspection. 	Information

1. Summary

The purpose of the annual report is to provide a summary of the leadership visit programme April 2024–March 2025 and the themes emerging from this.

2. Background

The leadership visit programme is well established, starting in 2008 following publication of the Trust's Patient Safety Strategy. The programme provides an opportunity for members of the Trust Board to engage with patients, relatives and staff through regular visits to clinical areas and non-clinical areas. The purpose of the visits is to provide visible leadership by the Board on quality and safety and opportunity to talk to patients, families and staff about their experience of care in hospital.

Leadership walkrounds are recognised nationally as a critical leadership intervention, as described by the Institute of Health Improvements (IHI). Regular Walkrounds are considered to be a sign of the Trust's safety culture and approach to improving quality in the organisation. This has provided members of the Board with the opportunity to talk to staff specifically about quality, safety and improvement programmes and to get feedback to help achieve these improvements across the organisation.

Leadership visibility both in hours and out of hours was raised as an area for improvement in the CQC Well-Led inspection in June 2025. Therefore, the programme for 2025/26 will be reviewed mid-year to consider the recommendations for improvement.

Standards agreed for leadership visit programme

Leadership walkrounds involve members of the Board (Executive Director and Non-Executive Directors) and a member of the corporate nursing and quality team. The programme is overseen by the Director of Quality and administered by the Trust Chair Executive Assistant and supported by the corporate nursing team who provide pre visit information based on ward metrics.

The leadership visit programme provides Non-Executive Directors with the opportunity to engage with patients, relatives and staff and to discuss standards relating to quality and safety with clinicians and managers during the visits.

The following standards provide a framework for the Leadership visit programme:

- 2 visits a month to be undertaken.
- The visits to be undertaken face to face (in person).
- All Executive Directors and Non-Executive Directors to contribute to the programme.
- An Executive Director, Non-Executive Director and a member of the corporate nursing/quality team to be present on every visit as a minimum.
- Prior to the visit the Trust Chair Executive Assistant will circulate details of the visit, including meeting times and diary appointment, to all members, based on information provided by the corporate nursing team.
- The Lead Manager (corporate nursing/quality team) will co-ordinate with the CSU being visited a location and overview of the area. Where applicable the Professional Practice and Standards Team will also add to the pre visit template key quality indicators to consider. A template (Appendix 1) has been produced to support the visit, for consistency.

Feedback from the visit is provided to the CSU Clinical Director, General Manager and Head of Nursing by the member of the quality team in attendance. This includes confirming good practice that has been observed and recommendations arising from the visit. Feedback and recommendations arising from leadership visits are set out in a short summary to the CSU management team, using the template provided, which is sent within 48 hours of the visit. Where immediate action may be required, feedback is provided directly to the Ward Manager, Matron, Head of Nursing or General Manager during the visit, or directly after it has finished. This is also raised with the Chief Medical Officer and Chief Nurse at the weekly quality review meeting where appropriate. Follow up on areas of immediate concern is escalated through the Risk Management Committee, if this related to a specific risk documented by the CSU, or Quality and Safety Assurance Group.

The feedback summary is stored in a shared folder on the G drive by the EA for the Trust Chair. This is used to inform the annual report, for assurance.

The Trust's Chief Nurse, Chief Medical Officer and Chief Operating Officer continued to undertake in person safety visits to clinical areas to engage with patients, relatives and staff, including those areas where issues have been raised related to nurse staffing, ward metrics (from weekly assurance visits) and patient safety incidents that have been reported. There has continued to be a focus on the urgent and emergency care pathways as a consequence

of the very significant and sustained operational pressures across the system and on Maternity and Neonates Services following the CQC core service inspections.

3. Summary of leadership visit programme 2024/25 - assurance

A total of 25 leadership visits were scheduled for 2024/25. One of these visits needed to be cancelled due to operational pressures resulting in 24 visits taking place. The visits were conducted in person with Executives, Non-Executives and a Lead Manager. The programme is developed by allocating a date(s) to the CSUs who then identify and arrange an area to visit, to provide the Board with opportunity to talk to staff and also to patients and their family and carers.

The visits during this period (April 2024 – March 2025) have taken place in the following CSUs and clinical areas:

Date	CSU	Ward/Dept	Speciality
16 April 2024	Women's CSU (SJUH or LGI)	J03	Maternity
30 April 2024	Trauma and Related Services (LGI)	L22	Plastic Surgery
15 May 2024	Specialty and Integrated Medicine (SJUH)	J26	Acute medicine - admissions
23 May 2024	Chapel Allerton	Cancelled	
12 June 2024	Oncology (SJUH)	J87	Haematology Daycase
25 June 2024	Neurosciences (LGI)	L17	Neurology Day Case & Outpatient Department
16 July 2024	Children's Hospital (LGI)		
30 July 2024	Adult Critical Care (LGI)	L02 & L03	Neurosurgery
15 August 2024	Abdominal Medicine & Surgery (SJUH)	J83	Elective Surgery and Liver transplant
22 August 2024	Urgent Care (LGI)	Emergency Department	
11 September 2024	Cardio-respiratory (SJUH)	L14	Cardiac Catheter Lab
18 September 2024	Outpatients	Paul Sykes Centre	
16 October 2024	Leeds Dental Institute	Outpatient Department	
29 October 2024	Pathology (SJUH)	Histopathology	
14 November 2024	Theatres and Anaesthetics (SJUH)	David Beevers Day Unit	
26 November 2024	Head and Neck (LGI)	L23	ENT/Maxillo-facial
10 December 2024	Wharfedale		
18 December 2024	Outpatients (SJUH)	Paul Sykes Centre	
12 January 2025	Oncology	Radiotherapy	
28 January 2025	Medicines Management (SJUH)	Pharmacy	
12 February 2025	Oncology (SJUH)	JONA- Oncology Assessment area	
25 February 2025	Specialty and Integrated Medicine (SJUH)	J16	Elderly Medicine
12 March 2025	Urgent Care (SJUH)	Emergency Department	
25 March 2025	Abdominal Medicine and Surgery (SJUH)		

4. Themes Identified from leadership visits 2024/25

The summaries from all of the leadership visits completed in 2024/25 have been reviewed to identify key themes that have emerged from these visits during this period. These related specifically to staff experience of managing complex and challenging patients, staffing, and sharing quality improvement initiatives.

The key themes emerging from these visits were as follows:

Ongoing operational pressures— Clinical teams described the very significant challenges they continued to face regarding the sustained operational pressures with increased attendances and admissions, increased acuity of patients and the number of patients awaiting discharge with packages of care. There continued to be discussions about the ongoing work through the Home First programme to facilitate discharges earlier in the day, recognising that the challenges related to patient outflow was the impact on emergency department.

Managing complex and challenging patients - Specific issues were raised related to the care and treatment of patients attending the hospital with mental health conditions and managing patients with challenging behaviour, including violence and verbal and physical aggression towards staff. Staff in a number of areas also described the frequency and impact of racist behaviour towards staff was increasing and they felt, in some instances, was going unaddressed.

Staffing – Staffing in some areas continued to be a significant challenge and staff shared their experiences of this, although there were a range of areas that reported improvements in staffing and pipeline for recruitment. This included recruiting overseas nurses, recruitment events, apprenticeship programmes. Leadership development has supported teams to manage this risk.

Sharing learning and quality improvement – staff discussed the processes in place to share learning from incidents and the patient safety publications were well received. Staff were positive about the approach to quality improvement and shared examples of how they had engaged in this during the last 12 months. Staff were proud to share local examples of quality improvement and many teams gave this a lot of thought before the visit. Leaders also shared steps they had taken to improve their visibility, including Tea with the Tri and increased gemba walks.

Patient feedback – The face-to-face visits was a significant benefit in terms of providing opportunity to talk to patients and families directly. The patients involved described their positive experiences of being cared for in hospital. The key areas for improvement related to regular communications and keeping patients informed about their care and treatment, including discharge plans.

Waste reduction – Staff shared their experiences related to waste reduction, recognising the significant financial challenge, describing local initiatives to address this through reducing waste, including daily management and the use of production boards. Staff on a number of visits described their involvement within the Trust Wide Rapid Process Improvement Week focused on reducing spend in May 2024 and the negative impact this was having on services.

Infrastructure/estate – A common theme emerging from the visits related to estates issues and infrastructure. Some areas described ongoing concerns and areas of risk that were flagged appropriately following the visit whilst other areas spoke positively about the received capital funding and work completed by the Estates and Facilities Team and the positive impact this was having for both staff and patients.

In summary, the leadership visits have continued to be positively received by staff. This has been an important opportunity for the Board to engage with staff in clinical areas, and patients where this could be arranged.

Leadership visibility both in hours and out of hours was raised as an area for improvement in the CQC Well-Led inspection in June 2025. The approach to leadership visits has also been discussed at a Board time-out in October and further feedback will be requested in Q4 2025/26 and the recommendations will be incorporated into the programme for 2026/27.

5. Financial Implications

There are no financial implications detailed within this paper.

6. Risk

The Quality Assurance Committee (QAC) provides assurance oversight of the Trust's most significant risks, which cover the Level 1 risk categories (see summary on front sheet). Following discussion at the QAC meeting there were no material changes to the risk appetite statements related to the Level 2 risk categories and the Trust continues to operate within the risk appetite for the Level 1 risk categories set by the Board.

7. Communication and Involvement

Not applicable.

8. Equality Analysis

Not applicable.

9. Improving Health Equity

The Trust is committed to Improving Health Equity meaning reducing the unfair and avoidable differences in health some groups experience. The leadership visits seek to understand experience and views of all staff and patients.

10. Publication Under Freedom of Information Act

This paper has been made available under the Freedom of Information Act 2000

11. Recommendation

Trust Board is asked to

- be assured by the summary of the leadership visit programme 2024/25, which has enabled Board members to engage with clinical teams, including the key themes that have been identified.
- Note the programme will be reviewed in Q4 2025/26 to reflect learning from the CQC Well-led inspection.

12.Supporting Information

The following papers make up this report:

- Appendix 1 Leadership Visit pre-visit briefing (template)

Lucy Atkin
Head of Quality Governance
October 2025

Appendix 1 Executive Leadership Walkround Ward/Department pre visit briefing

Please enter any clinical area 'bare from the elbow to finger tips'. One simple band ring allowed but no decorated ring or wristwatch. Ensure you decontaminate your hands on entrance to the ward and are seen to do so.

Date of visit and time of visit	
Non-Executive Director	
Executive Director	
Manager	

About the Ward/Department		
Ward/Department:	CSU:	Service:
Clinical Director:	Head of Nursing:	
General Manager:	Deputy Head of Nursing:	
Sister/Charge Nurse:	Matron:	
Overview of the Ward/Department		
<p><i>Short summary of the Ward/Department – what is the structure of the area, speciality, type of conditions being treated/work completed.</i></p>		
Staff spoken to during the visit		
<p><i>Summary of the visit</i></p>		
<p>Suggested areas to talk to staff about:</p> <ul style="list-style-type: none"> What is your ward/area/team good at? 		

- *Are there any issues of quality and safety that you want the Board to know about?*
- *How do you share the learning and make improvements following incidents or patients experience?*
- *Do you know where to access information on health and wellbeing when you need it?*
- *Is there any further support your CSU needs from the health and wellbeing team?*
- *Do you feel able to speak up and be heard?*
- *What would you like the Board to know about your service?*