

Update Report from Leadership Walkround Programme - 2026/27 Quarter 1

Public Board
30 July 2026

Presented for:	Discussion
Presented by:	Beverley Geary, Chief Nurse
Author:	Penny McSorley, Director of Quality Lucy Atkin, Head of Quality Governance
Previous Committees:	NONE.

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
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Link to Strategic Objective	People – we make LTHT a brilliant place to work for everyone in order to deliver excellent, safe, and sustainable care for every patient, every time.
Link to Provider Capability Assessment	People and culture
Link to CQC Well-led Statement	Capable, Compassionate and Inclusive Leaders
Regulatory Impact	Regulation 12: Safe care and treatment

Key points	Purpose
1. This report summarises the key themes emerging from 12 Leadership Walkrounds undertaken during quarter one 2026/27, the key themes from the visits, and the level of assurance these visits provide regarding the quality and safety of services across the Trust.	<i>Information</i>
2. The Board is asked to take assurance that the Leadership Walkround Programme continues to provide effective oversight of the quality and safety of services. No significant or unmitigated patient safety concerns were identified during Quarter 1, and identified improvement actions are being progressed through established governance arrangements.	<i>Information</i>
3. The Board is asked to: • Receive the Quarter 1 2026/27 update on the Leadership Walkround Programme. • Take assurance that the programme continues to provide effective oversight of the quality and safety of care through direct engagement with patients, staff and clinical services, with findings triangulated with existing quality governance and assurance processes. • Note the key themes emerging from Quarter 1, the actions being progressed in response, and the proposed Quarter 2 test of change to further strengthen the programme through the introduction of a small number of unscheduled leadership visits alongside the existing structured walkround programme.	Approval

Risk Appetite Framework			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
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	Operating within
External Risk	Regulatory Risk - We will comply with or exceed all regulations, retain its CQC registration and always operate within the law.	Averse	Operating within

1. Summary

This report provides the Quarter 1 2026/27 update on the Trust's Leadership Walkround Programme. The programme provides an important source of Board assurance by enabling Executive Directors, Non-Executive Directors and senior leaders to engage directly with patients and colleagues, observe care delivery, identify good practice, and understand the challenges affecting the delivery of safe, high-quality care. This report summarises the key themes emerging from 12 Leadership Walkrounds undertaken during the quarter, and the level of assurance these visits provide regarding the quality and safety of services across the Trust.

The Board is asked to receive the report and take assurance from the findings of the Quarter 1 Leadership Walkround Programme. The report highlights recurring organisational themes, identifies areas requiring ongoing Executive oversight, and outlines proposals to further strengthen the programme through a Quarter 2 test of change, introducing a small number of unscheduled leadership visits alongside the existing structured programme to enhance organisational intelligence and Board assurance.

2. Update

The Leadership Walkround Programme forms a key component of the Trust's approach to providing Board assurance on the quality and safety of care. It also provides visible leadership, supports a positive safety culture and enables triangulation of information received through formal performance and governance reporting.

During Quarter 1 2026/27, 12 scheduled Leadership Walkrounds were completed across a range of clinical services and sites, including two bi-monthly Women's and Neonatal Maternity Safety Champion Walkrounds. Areas visited included Abdominal Medicine and Surgery, Trauma and Related Services, Chief Nurse Back to the Floor Walkrounds at St James's University Hospital, Urgent Care (Same Day Emergency Care), Specialty and Integrated Medicine, Cardiorespiratory Services, Chapel Allerton Hospital, Gynaecological Oncology Theatres, Oncology at St James's University Hospital and Wharfedale Hospital.

The Board is asked to take assurance that the Leadership Walkround Programme remains an effective mechanism for obtaining first-hand insight into the quality and safety of services, identifying both good practice and areas requiring improvement, and supporting the Trust's commitment to continuous quality improvement. Whilst no significant or unmitigated patient safety concerns were identified during Quarter 1, several opportunities for improvement have been recognised and continue to be progressed through established governance processes.

2.1 Key Themes

Quality of Care and Patient Experience - Leadership Walkrounds continued to provide strong assurance regarding the quality and compassion of care delivered across clinical services. Patients consistently described positive experiences of care, highlighting our colleagues professionalism, kindness and effective communication. Teams demonstrated a strong commitment to delivering patient-centred care despite increasing operational pressures, with several examples of innovative practice identified to enhance patient experience, including the Care Heart Project supporting families at end of life, environmental improvements funded through charitable investment, and continued development of ambulatory models of care to reduce unnecessary hospital attendance.

Culture, Leadership and Colleague Engagement - A consistently positive culture was evident across the services visited. Colleagues demonstrated pride in their teams and the care they provide, describing supportive leadership, effective multidisciplinary working and a willingness to learn and improve. Colleagues reported feeling able to raise concerns through established governance and Freedom to Speak Up processes, and several areas highlighted improvements in team morale following focused leadership interventions. Visible ward leadership and local quality improvement initiatives were recognised as significant contributors to sustaining high standards of care.

Continuous Improvement and Learning - Many teams demonstrated quality improvement maturity, using audit, performance data and patient safety learning to drive sustained improvement. Examples included improvements in environmental audit compliance following a healthcare-associated infection outbreak, robust review processes supporting timely management of neutropenic sepsis, and innovative approaches to pressure ulcer prevention. Teams described embedding learning into daily practice through multidisciplinary huddles, real-time monitoring and staff education, demonstrating a positive patient safety culture focused on continuous improvement rather than compliance alone.

Increasing Demand and Capacity Pressures - Increasing clinical demand was a consistent theme across several services. Staff described growing patient acuity, rising activity levels and sustained operational pressures affecting patient flow and service capacity. Whilst services continue to demonstrate resilience and maintain patient safety, there were recurring concerns regarding the adequacy of clinical environments, available capacity and the ability to meet future demand. Several services highlighted ambitions to develop alternative models of care, including Same Day Emergency Care pathways and greater delivery of care within community settings, recognising these as important opportunities to improve patient experience and system efficiency.

Digital Infrastructure - A recurring theme was the need for improved digital capability to support clinical pathways and operational management. Teams identified limitations in current IT systems affecting performance monitoring, communication, workflow efficiency and data collection. Opportunities were identified to strengthen digital infrastructure to improve service oversight, support national reporting requirements and enable future service transformation.

Clinical Environment and Estates - Whilst clinical areas were observed to be clean, organised and well maintained, several services identified estate limitations that are increasingly impacting patient experience and operational effectiveness. Common themes included insufficient clinical space, limited storage, ageing infrastructure and environments

that compromise privacy, dignity and infection prevention. These issues are becoming increasingly significant as services continue to expand and patient demand increases.

Workforce Sustainability and Staff Wellbeing – Colleagues remained highly committed despite describing sustained operational pressures and increasing complexity of care. Workforce challenges included recruitment and retention in some staff groups, the impact of large rotating trainee cohorts, induction for staff outside standard training pathways, and ongoing fatigue associated with prolonged system pressures. Teams recognised improvements in organisational support and leadership visibility but highlighted the importance of continuing investment in staff wellbeing, education and professional development.

System Working and Patient Flow - Several services highlighted opportunities to strengthen pathways across organisational boundaries. Delays associated with discharge, transport, mental health pathways and interfaces between acute, community and specialist services continue to affect patient flow. Conversely, examples of effective collaborative working, both within the Trust and with external partners, demonstrated the benefits of integrated approaches to improving patient care and making best use of available capacity.

Overall Theme - Overall, Quarter 1 Leadership Walkrounds provide assurance that colleagues continue to deliver safe, compassionate and high-quality care despite sustained operational pressures. The strongest recurring themes were the commitment and professionalism of colleagues, a positive culture of learning and improvement, and effective multidisciplinary working. The principal strategic opportunities identified relate to addressing estate and digital infrastructure, supporting workforce sustainability, and developing innovative models of care to meet increasing demand. No immediate or systemic patient safety concerns requiring Board intervention were identified; however, these recurring themes will continue to be monitored through the Leadership Walkround Programme and existing governance arrangements.

2.2 Developing the Leadership Walkround Programme

The Leadership Walkround Programme continues to evolve to strengthen the quality of assurance provided to the Board. During Quarter 2 2026/27, a test of change will be undertaken alongside the existing structured walkround programme to explore opportunities to enhance the consistency of visits, improve the capture of organisational intelligence and strengthen the identification and escalation of cross-cutting themes.

As part of this test, a small number of unscheduled leadership visits will be introduced alongside the planned programme. These visits will provide additional opportunities to observe care delivery and the working environment as experienced on a typical day, complementing the existing structured walkrounds and providing a broader source of qualitative assurance.

The pilot will evaluate whether combining scheduled and unscheduled visits, supported by a more standardised approach to observation and thematic reporting, strengthens Board assurance, improves triangulation with other sources of quality intelligence and enables earlier identification of emerging risks and examples of outstanding practice. Learning from the pilot will be reviewed at the end of Quarter 2 and used to inform the future development of the Leadership Walkround Programme.

3. Quality and Performance Implications

The Leadership Walkround Programme provides an important source of assurance regarding the quality and safety of care across the Trust by enabling direct observation of clinical services and engagement with patients and staff. The Quarter 1 programme identified examples of good practice alongside opportunities to strengthen digital infrastructure, the clinical environment, patient flow and workforce support. No significant patient safety concerns requiring immediate escalation were identified.

The programme supports continuous quality improvement by identifying themes that inform local and organisational improvement priorities, with actions monitored through established governance arrangements. There are no adverse performance implications arising from this report.

4. Financial Implications

None.

5. Risk

The Leadership Walkround Programme forms part of the Trust's quality governance and assurance framework and supports the Board's oversight of patient safety, quality and organisational culture. The report does not propose any material changes to the Trust's risk profile or risk appetite.

6. Communication and Involvement

The Leadership Walkround Programme promotes direct engagement with patients, families and staff, ensuring that their experiences and feedback inform organisational learning and improvement. Findings from individual walkrounds are shared with the relevant Clinical Service Units and Executive leads, with actions monitored through local governance arrangements.

Key themes and learning are reported quarterly to the Board to provide organisational oversight and support continuous improvement. Learning identified through the programme is also shared, where appropriate, through existing quality governance, patient safety and improvement forums to promote the spread of good practice across the Trust.

7. Impact on Equality & Health Inequalities

An Equality and Health Inequalities Impact Assessment was not required for this report as it provides a quarterly update on the Leadership Walkround Programme and does not propose any changes to policy, service delivery or decision-making that would have a differential impact on protected groups or health inequalities.

The programme itself supports equitable care by providing opportunities to identify issues affecting patient experience, access and outcomes across a range of clinical services and sites. Emerging themes relating to equality or health inequalities will be escalated through the Trust's established governance arrangements where identified.

8. Publication Under Freedom of Information Act

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

9. Recommendation

The Board is asked to:

- Receive the Quarter 1 2026/27 update on the Leadership Walkround Programme.
- Take assurance that the programme continues to provide effective oversight of the quality and safety of care through direct engagement with patients, staff and clinical services, with findings triangulated with existing quality governance and assurance processes.
- Note the key themes emerging from Quarter 1, the actions being progressed in response, and the proposed Quarter 2 test of change to further strengthen the programme through the introduction of a small number of unscheduled leadership visits alongside the existing structured walkround programme.

10. Supporting Information

Appendix 1 – Leadership Visit Programme

APPENDIX 1 - LEADERSHIP VISIT PROGRAMME April 2026-March 2027

Spread across sites, with 10% out of hours

Night visits will be carried out by Brendan, Elizabeth and Beverley – not expected that NEDs support these
NED Maternity Safety Champion visits to be factored into this programme (these dates are set in Bev's diary)

Maternity and Neonatal safety champions walk round highlighted in Red

Out of hours walk round to take place between 6pm – 8am highlighted in Blue Visits must reflect spread across CSUs and include non-clinical areas (Corporate functions which will be defined by Executives)

Night Visits – Will be led by CEO, CN & DCEO and dates to be confirmed highlighted in Green

Back to the floor, chief Nurse walk rounds Highlighted in Purple

Ad hoc visits undertaken by the Chair & Chief Executive in year (retrospective)

Date	Day	Time	CSU/Clinical area	Exec Director / Director of Quality	Non-Exec Director	Lead Manager	Documents added to G drive and One Drive
			Women's/ Neonates, Maternity safety champions walk round	Beverley Geary	Laura Stroud Angela Graves		Saved to Chief Nurse G Drive
			Abdominal Medicine & Surgery – J45	Tim Hiles		Julie Metcalfe	Yes
			Chief Nurse Back to the floor walk round – SJUH	Beverley Geary, DoNS, Hons & Matrons	Not needed	Not needed	Not required
			Trauma and Related Services	Beverley Geary	Jo Koroma Simon Le Clerc	Emma Wright	Yes

		Emma Rogers attending on behalf of BG			
	Urgent Care – SDEC SJUH	Suzanne Dunkley	Ricky Singh	Julie Metcalfe	Yes
	Speciality integrated medicine	Tim Hiles	Ricky Singh Andrew Greenwood	Emma Rogers	Awaiting
	Cardiorespiratory LGI		Did not go ahead	Georgie Duncan	Not Required
	Chapel Allerton	Paul Jones		Rue Musekiwa	Yes
	Oncology (SJUH) J95 & J96	Tim Hiles	Antony Kildare	Lucy Atkin to cover	Yes
	Women's/ Neonates, Maternity safety champions walk round	Beverley Geary	Laura Stroud Angela Graves	Not needed	Not Required
	Wharfedale	Tim Hiles	Ricky Singh Gillian Taylor	Lucy Atkin	Yes
	Speciality and Integrated Medicine J21	Suzanne Dunkley	Amanda Stainton	Julie Metcalfe	Yes
	Urgent Care	Craige Richardson	Jo Koroma	Emma Wright	Not Required

	Adult Critical Care (SJUH)	Paul Jones	Ricky Singh	Rue Musekiwa	
	Women's/ Neonates, Maternity safety champions walk round	Beverley Geary	Laura stroud Angela Graves	Not needed	Not Required
	Cardio- respiratory (LGI)	Craige Richardson	Antony Kildare	Gillian Hodgson	
	Chief Nurse Back to the floor walk round – LGI	Beverley Geary, DoNS, Hons & Matrons	Not Needed	Not Needed	Not Needed
	Wharfedale	Antony Kildare	Laura Stroud	Diane Holden	
	Security/Portering and Mortuary	Jenny E	Simon Le Clerc Jo Koroma	Lucy Atkin	
	TRS L27	Tim Hiles	Amanda Stainton	Sharon Morrison	
	Leeds Dental Institute	Craige Richardson Jenny Ehrhardt	Gillian Taylor	Georgie Duncan	
	Chief Nurse Back to the floor walk round – Chapel Allerton	Beverley Geary, DoNS, Hons & Matrons	Not needed	Not needed	

	Women's/ Neonates, Maternity safety champions walk round	Beverley Geary	Laura stroud Angela Graves	Not needed	
	Pathology (SJUH)	Jenny E	Antony Kildare	Jo Regan	
	Theatres and Anaesthetics SJUH	Jenny E	Amanda Stainton Gillian Taylor	Julie Metcalfe	
	Head and Neck	Jenny E	Amanda Stainton	Diane Holden	
	Urgent Care / Children's CAT Unit LGI	Paul Jones	Amanda Stainton Gillian Taylor	Sharon Morrison	
	Women/ Neonates, Maternity safety champions walk round	Beverley Geary	Laura stroud Angela Graves	Not needed	
	Seacroft	Suzanne Dunkley	Amanda Stainton Jo Koroma	Diane Holden	
	Chief Nurse Back to the floor walk round – Seacroft	Beverley Geary, DoNS, Hons & Matrons	Not Needed	Not Needed	
	MMPS SJUH	Liz Garthwaite	Amanda Stainton	Alyson Beckett	

	Chapel Allerton	Paul Jones	Mike Baker	Sharon Morrison	
	Adult Crit Care (LGI)	Liz Garthwaite	Angela Graves Simon Le Clerc	Julie Metcalfe	
	Outpatients LGI	Paul Jones	Amanda Stainton	Jo Regan	
	Head and Neck	Suzanne Dunkley Penny McSorley	Simon Le Clerc Jo Koroma	Emma Rogers	
	Theatres and Anaesthetics (SJUH)	Tim Hiles	Amanda Stainton Angela Graves	Rue Musekiwa	
	Adult crit care	Suzanne Dunkley	Jo Koroma	Gillian Hodgson	

CORPORATE FUNCTIONS

Date	Day	Time	CSU/Clinical area	CSU Manager / Exec	Exec Director Area	Exec to attend	Non-Exec Director	Quality Manager
			Colorectal/Urology Booking Teams	Nicola Kellett and Jacob Burton	Tim Hiles	Paul Jones	Jo Koroma	Rue Musekiwa
			Heli-deck Fire Team (Trauma Centre)	Simon Cooper	Craig Richardson	Craig Richardson	Angela Graves	Gillian Hodgson
			OD & Culture – Ashley Wing	Michelle Litten	Suzanne Dunkley	Jenny E	Gillian Taylor	Alyson Beckett
			HR - Medical Revalidation, Appraisal, Job Planning, Consultant Leave – THQ	TBC	Liz Garthwaite	Tim Hiles	Angela Graves	Alyson Beckett
			Occupational Health – Trust HQ	Cat Balcombe	Suzanne Dunkley	Craig Richardson	Amanda Stainton Jo Koroma	Diane Holden
			Dermatology (Admin and	Daniel Hodgson	Tim Hiles		Mike Baker	Jo Regan

	Clerical) – Chapel Allerton					
	End User Compute Team	John Speight	Paul Jones	Craige Richardson	Jo Koroma	Gillian Hodgson

To be completed by Marie to reflect the actual ad-hoc visits undertaken by the Chair & Chief Executive in year (retrospective)

April							
May							
June							
July							

Executive Director

Elizabth Garthwaite, Chief Medical Officer, Beverley Geary, Chief Nurse, Tim Hiles, Chief Operating Officer, Suzanne Dunkley Chief People Officer, Jenny Ehrhardt, Director of Finance, Craige Richardson, Director of Estates and Facilities, Paul Jones, Chief Digital and Information Officer

Non-Executive Director

Gillian Taylor (until end Dec 2026), Mike Baker, Mark Burton, Amanda Stainton, Jo Koroma, Laura Stroud, Angela Graves, Andrew Greenwood, Simon Le Clerc, Ricky Singh,

Manager to support

Emma Rogers, Jo Regan, Rue Musekiwa, Krystina Kozlowska, Lucy Atkin, Diane Holden, Julie Metcalfe, Sharon Morrison, Emma Wright, Gillian Hodgson

Leadership visits information: Kayleigh Hughes, Clinical Support Team Sister, Professional Practice Standards and Safety Team
kayleigh.hughes3@nhs.net

Diary appointments (Microsoft Teams) – to be sent by Nicola Faulkner (Executive Assistant for Chief Nurse)
when programme completed

PAs to arrange swaps for their Executive Director as appropriate - please notify Nicola Faulkner of any changes.