Report from Leadership Walkround Programme - 2026/27 Quarter two

Public Board
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Presented for:	Information
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Previous Committees:	NONE.

Freedom of Information Act (FOIA) Exemption	☐**YES** (restricted from the FOIA) ☒**NO** (available to the public under the FOIA)

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 provides the Quarter 2 2026/27 update on the Trust's Leadership Walkround Programme and wider Executive leadership visibility and engagement activities. These provide an important source of Board assurance through direct engagement	Information
2. The Trust is broadening its approach to leadership visibility beyond the established structured programme. This includes Chief Executive and Chair visits, Maternity and Neonatal Safety Champion visits, ad hoc Executive visits and Board participation in Inclusion and Belonging activities.	Assurance
3. Overall, the programme provides positive assurance regarding the commitment of colleagues and the quality of care observed, whilst highlighting operational and environmental challenges requiring continued oversight	Assurance

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 2 2026/27 update on the Trust's Leadership Walkround Programme and wider Executive leadership visibility and engagement activities. These provide an important source of Board assurance through direct engagement with patients and colleagues, observation of care delivery and opportunities to understand organisational culture, recognise good practice and identify challenges affecting the delivery of safe, high-quality care.

During the quarter, 11 Leadership Walkrounds were undertaken, identifying positive themes relating to compassionate leadership, multidisciplinary teamwork, colleague engagement and patient experience. Recurring challenges included patient flow and capacity, workforce pressures, digital systems and clinical infrastructure. These findings provide valuable insight into the experiences of colleagues and patients, alongside areas requiring continued organisational oversight.

The Trust is broadening its approach to leadership visibility beyond the established structured programme. This includes Chief Executive and Chair visits, Maternity and Neonatal Safety Champion visits, ad hoc Executive visits and Board participation in Inclusion and Belonging activities. Collectively, these provide additional opportunities to engage with colleagues, patients and communities, strengthen two-way communication and reinforce a shared understanding of the Trust's values, vision and priorities.

This evolving approach supports the CQC Well-led framework, particularly expectations regarding visible, compassionate and inclusive leadership, organisational culture, staff engagement and a shared vision and strategy. The introduction of more flexible and informal engagement, including a trial of a revised approach based on teaching from Roy Lilley, an established NHS commentator and advocate for compassionate, visible leadership, aims to strengthen organisational intelligence and ensure that colleagues' experiences inform improvement.

Overall, the programme provides positive assurance regarding the commitment of colleagues and the quality of care observed, whilst highlighting operational and environmental challenges requiring continued oversight. Further development will focus on strengthening the consistency of leadership engagement, triangulating findings with other sources of assurance and demonstrating how feedback translates into meaningful action and improvement.

2. Broadening Executive Leadership Visibility and Engagement

The Trust continues to strengthen its approach to visible, compassionate and inclusive leadership, recognising that direct engagement with colleagues, patients and communities provides valuable insight into organisational culture, the quality and safety of care and the experiences of those delivering and receiving services.

Building on the established Leadership Walkround Programme, a broader range of engagement activities is providing greater opportunities for Executive and Non-Executive Directors to connect with colleagues across clinical and corporate services, hear different perspectives and reinforce the Trust's shared vision, values and strategic priorities.

This approach aligns with the CQC Well-led framework and the refreshed Leeds Way values, supporting a culture where colleagues feel listened to, valued and empowered to contribute to improvement.

Importantly, the focus is not solely on leadership visibility, but on ensuring that the intelligence gathered informs decision-making, organisational learning and improvement, with feedback to colleagues demonstrating that their voices influence change.

Appendix 1 provides details of leadership visits completed and planned during 2026/27.

2.1 Executive Leadership Visits

During Quarter two, 11 visits have been undertaken providing valuable insight into the experiences of patients and colleagues, the quality and safety of care and the operational challenges affecting services. The following themes have emerged from the visit findings:

Compassionate Leadership, Culture and Staff Experience

A consistent positive theme was the strength of local leadership, multidisciplinary teamwork and the commitment of colleagues to delivering compassionate, high-quality care.

In Adult Critical Care and Respiratory Services, colleagues described supportive and accessible leadership, positive professional relationships and feeling empowered to raise concerns. In Critical Care, the visibility and responsiveness of the CSU Triumvirate was particularly valued, with colleagues demonstrating confidence in escalating issues and contributing to service improvement.

Staff wellbeing was also a prominent theme. Critical Care colleagues highlighted the value of Professional Nurse Advocates, clinical psychology support and team debriefs in managing the emotional demands of caring for critically unwell patients. The Respiratory Service demonstrated a positive and inclusive working culture, including through its globally trained nurses' network.

These findings provide positive assurance regarding the culture and leadership experienced by colleagues in the areas visited.

Patient Experience, Flow and Capacity

Visits highlighted the commitment of colleagues to delivering person-centred care, alongside the impact that operational pressures can have on patient experience.

In Adult Critical Care, delays in transferring patients to appropriate ward environments were identified as a challenge. Colleagues described the impact of extended stays in Critical Care on patient independence, wellbeing and exposure to distressing clinical situations. Improvements to facilities, including the installation of a wet room, demonstrated local action to enhance patient experience.

Urgent Care continued to experience significant demand and corridor care pressures associated with delays in accessing inpatient beds. Despite these challenges, the department reported positive patient safety outcomes, including no developed pressure ulcers during the preceding seven months and no harm associated with falls recorded in June.

Patient feedback within Respiratory Services was positive, although an opportunity was identified to strengthen communication where clinical uncertainty makes it difficult to provide definitive answers.

These findings reinforce the importance of patient flow, timely access to appropriate care environments and effective communication in supporting patient safety and experience.

Clinical Safety, Equipment and Infrastructure

Visits provided opportunities to explore clinical risks and understand the mitigations in place to support safe care.

In Respiratory Services, ongoing concerns regarding oxygen supply infrastructure were discussed, including the progress of a business case and the arrangements in place to mitigate the risk.

Environmental challenges were also identified, including temperature management during periods of extreme heat and the need for additional isolation facilities within Critical Care. Plans to increase side-room and negative-pressure capacity were discussed.

The visits provided assurance that colleagues understood the risks and could describe the mitigations in place. However, the underlying infrastructure challenges remain and require continued oversight through established governance arrangements

Digital Systems and Service Development

Digital infrastructure and opportunities for improvement emerged as themes across clinical and corporate services.

In Adult Critical Care, colleagues described the continued reliance on paper-based clinical documentation and the associated administrative burden. Opportunities to improve efficiency and support safer care through digital transformation were recognised, alongside the importance of engaging clinical teams in the design and implementation of future systems.

A visit to the End User Computing Team provided insight into the work undertaken to maintain and improve the Trust's digital infrastructure, including hardware replacement, equipment refresh programmes and improvements to IT waste management and sustainability.

The visit highlighted the contribution of corporate services to patient safety and the challenges associated with managing variable demand and user expectations. An opportunity was identified to increase awareness of this work through colleague stories and greater visibility of the team's contribution to frontline care.

Learning, Improvement and Innovation

Visits identified examples of local improvement and innovation, including developments to support patient independence within Critical Care, work to understand and manage demand within the Respiratory Sleep Service, and opportunities to strengthen pathways through the Motor Neurone Disease Centre.

The End User Computing Team also demonstrated improvements in sustainability and opportunities to strengthen colleague engagement following the centralisation of the service.

These examples highlight the commitment of colleagues to identifying opportunities for improvement and developing services in response to patient and organisational needs.

2.2 Maternity and Neonatal Safety Champion Visit

Maternity and Neonatal Safety Champion visits highlighted concerns regarding the suitability and sustainability of community maternity facilities. The community service operates across 122 venues, with fragmented estate arrangements creating challenges for accessibility, workforce resilience, lone working and continuity of care. The Seacroft visit identified restricted access to facilities and the need to share accommodation with other services.

The visits provided an opportunity for Executive leaders to hear directly about these challenges and consider opportunities for improvement. A proposed model of 6–8 community maternity hubs, including the potential development of Seacroft, has been identified as a strategic opportunity to improve accessibility, continuity of care and operational resilience. Further work is required to develop the vision, estate requirements and implementation options for Executive Team consideration.

The visits provided valuable insight into the operational and environmental challenges affecting community maternity services, supporting Executive consideration of longer-term solutions. Continued oversight is required to ensure that the proposed community hub model is developed and that existing risks are appropriately managed.

2.3 Chief Executive and Chair Visits

Alongside the structured Leadership Walkround Programme, the Chief Executive and Chair undertake visits across the Trust, providing opportunities for informal engagement with colleagues, patients and volunteers.

During Quarter two, visits included antenatal clinics, Cardiorespiratory Services and Seacroft, alongside the Chair accompanying volunteers on a tea trolley round.

These visits provide opportunities to recognise the contribution of colleagues and volunteers, hear directly about their experiences and understand the challenges and opportunities within services. They complement the formal programme by strengthening the visibility and accessibility of senior leadership and reinforcing the importance of listening, engagement and organisational culture.

2.4 Wider Leadership Engagement

During Quarter two, the Trust launched its refreshed Leeds Way values, developed through extensive colleague engagement. The values of Kind, Open and Honest, Responsible and One Team provide a shared foundation for leadership behaviours, organisational culture and the delivery of safe, high-quality care.

Alongside this, Board members have increased their participation in activities supporting Inclusion and Belonging, providing opportunities to engage with colleagues and

communities, celebrate diversity and strengthen understanding of the experiences of different staff groups.

These activities support the CQC Well-led expectations for compassionate and inclusive leadership, a positive organisational culture and a shared understanding of the Trust's vision and values.

The Trust's Annual General Meeting in September provided a further opportunity for engagement with colleagues, stakeholders and the public.

2.5 Development of the Leadership Walkround Programme

During Quarter two, the programme incorporated ad hoc Executive visits alongside the established structured Leadership Walkround Programme.

This approach provided greater flexibility for senior leaders to engage with colleagues across different services and at different times, including an out-of-hours visit to the Emergency Department.

The programme also included engagement with corporate services, recognising their contribution to patient safety and the delivery of high-quality care.

The visits demonstrated the value of direct engagement in identifying positive practice, understanding operational pressures and providing an additional perspective on the effectiveness of local governance and risk management arrangements.

The Trust are introducing more flexible and informal engagement, including a trial of a revised approach based on teaching from Roy Lilley, an established NHS commentator and advocate for compassionate, visible leadership, which aims to strengthen organisational intelligence and ensure that colleagues' experiences inform improvement. The approach aims to identify practical issues that may not be visible through formal reporting, support timely resolution where possible and demonstrate to colleagues that their concerns are heard and acted upon. Learning from the trial will inform the future development of the Leadership Walkround Programme.

Both the ad-hoc Executive visits and trial of a more informal approach demonstrate a move towards more flexible, responsive and meaningful leadership engagement.

3 Quality and Performance Implications

The Leadership Walkround Programme provides an important source of qualitative assurance regarding patient safety, quality of care, colleague experience and organisational culture. Findings from Quarter 2 identified positive examples of compassionate care, supportive leadership and local improvement, alongside recurring challenges relating to patient flow, workforce capacity, digital infrastructure and the clinical environment.

Whilst no immediate patient safety concerns requiring escalation were identified through the visits, several issues require continued oversight through existing governance arrangements. The programme complements established performance and quality reporting by providing frontline insight into the impact of operational pressures and the effectiveness of local arrangements.

The continued development of leadership engagement will strengthen the Trust's ability to triangulate this intelligence with other sources of assurance, identify emerging themes and inform organisational improvement."

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:

1. Receive the Quarter 2 2026/27 update on the Leadership Walkround Programme and wider Executive leadership engagement activities.

2. Take assurance from the positive findings regarding compassionate care, leadership and colleague engagement, whilst recognising the operational and environmental challenges requiring continued oversight.
3. Note the broadening approach to Executive leadership visibility and engagement, supporting the Trust's refreshed Leeds Way values and the CQC Well-led framework.
4. Support the continued development of the programme to strengthen organisational intelligence, triangulation of findings and evidence that colleague and patient feedback informs improvement.

10 Supporting Information

Appendix 1 Leadership Visit Programme April 2026-March 2027

Appendix 1 Leadership Visit Programme April 2026-March 2027

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
16 Apr 2026	13.30–14.30	Women's / Neonates	Maternity Safety Champion	Beverley Geary	Laura Stroud, Angela Graves		Completed
17 Apr 2026	14.30	Abdominal Medicine & Surgery – J45	Leadership Walkround	Tim Hiles		Julie Metcalfe	Completed
21 Apr 2026	13.30–15.30	SJUH	Chief Nurse Back to the Floor	Beverley Geary, Directors and Heads of Nursing, Matrons	Not required	Not required	Completed
30 Apr 2026	09.00–10.30	Trauma and Related Services	Leadership Walkround	Emma Rogers on behalf of Beverley Geary	Jo Koroma, Simon Le Clerc	Emma Wright	Completed
30 Apr 2026	13.00–14.30	Urgent Care – SDEC SJUH	Leadership Walkround	Suzanne Dunkley	Ricky Singh	Julie Metcalfe	Completed
11 May 2026	13.30	Antenatal	Chief Executive / Chair Visit	Brendan Brown	Dipesh Odedra		Completed
14 May 2026	15.00–16.00	Specialty Integrated Medicine	Leadership Walkround	Tim Hiles	Ricky Singh, Andrew Greenwood	Emma Rogers	Completed
14 May 2026	15.15	Maggie's	Chief Executive / Chair Visit	Brendan Brown, Antony Kildare			Completed

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
23 May 2026	09.00–11.30	Cardiorespiratory – LGI	Out-of-Hours Leadership Walkround			Georgie Duncan	Cancelled
27 May 2026	13.00–14.30	Chapel Allerton	Leadership Walkround	Paul Jones		Rue Musekiwa	Completed
5 Jun 2026	—	Da Vinci Robotic Theatre – Lincoln Wing	Chief Executive / Chair Visit	Antony Kildare			Completed
11 Jun 2026	14.30–16.00	Oncology – SJUH J95/J96	Leadership Walkround	Tim Hiles	Antony Kildare	Lucy Atkin	Completed
18 Jun 2026	13.30–14.30	Women's / Neonates	Maternity Safety Champion	Beverley Geary	Laura Stroud, Angela Graves	Not required	Completed
18 Jun 2026	14.30–16.00	Wharfedale	Leadership Walkround	Tim Hiles	Ricky Singh, Gillian Taylor	Lucy Atkin	Completed
2 Jul 2026	—	LGI Antenatal	Chief Executive / Chair Visit	Brendan Brown			Completed
9 Jul 2026	14.00–15.30	Specialty and Integrated Medicine – J21	Leadership Walkround	Suzanne Dunkley	Amanda Stainton	Julie Metcalfe	Completed
17 Jul 2026	09.00–10.00	Clinical Genetics – Joseph's Well	Ad Hoc Executive Visit	Suzanne Dunkley	Not required	Not required	Completed

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
21 Jul 2026	20.00–22.00	Urgent Care	Out-of-Hours Leadership Walkround	Craige Richardson	Jo Koroma	Emma Wright	Completed
22 Jul 2026	09.00–10.00	Adult Critical Care – SJUH	Leadership Walkround	Paul Jones	Ricky Singh	Lisa Gibson	Completed
5 Aug 2026	—	Motor Neurone Disease Centre	Chief Executive / Chair Visit	Antony Kildare			Completed
19 Aug 2026	10.00–11.00	EMS – J08	Ad Hoc Executive Visit	Jenny Ehrhardt, Liz Garthwaite	Not required	Not required	Completed
21 Aug 2026	13.30–14.30	Community Maternity – Seacroft	Maternity Safety Champion	Beverley Geary	Laura Stroud, Angela Graves	Not required	Completed
25 Aug 2026	—	Gledhow Wing Volunteer Trolley Rounds	Chief Executive / Chair Visit	Antony Kildare			Completed
8 Sep 2026	11.00–12.00	End User Computing Team	Corporate Service Visit	Paul Jones, Liz Garthwaite	Jo Koroma	Gillian Hodgson	Completed
10 Sep 2026	—	Cardiorespiratory – J10	Chief Executive / Chair Visit	Antony Kildare			Completed
10 Sep 2026	15.30–16.30	Cardiorespiratory – LGI L20	Leadership Walkround	Antony Kildare	Ricky Singh	Gillian Hodgson	Completed

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
15 Sep 2026	10.00–12.00	Outpatients – SJUH	Leadership Walkround			Diane Holden	Cancelled
15 Sep 2026	13.30–14.30	Theatres – Wharfedale	Ad Hoc Executive Visit	Beverley Geary	Not required	Not required	Ad hoc visit
15 Sep 2026	14.30–15.30	Outpatients – Wharfedale	Ad Hoc Executive Visit	Beverley Geary	Not required	Not required	Ad hoc visit
16 Sep 2026	09.00–10.00	NPIC	Ad Hoc Executive Visit	Jenny Ehrhardt, Liz Garthwaite	Not required	Not required	Ad hoc visit
16 Sep 2026	09.00–10.00	Colorectal / Urology Booking Teams	Corporate Service Visit	Tim Hiles, Paul Jones	Jo Koroma	Rue Musekiwa	Cancelled
17 Sep 2026	13.45–14.30	Pathology	Ad Hoc Executive Visit	Suzanne Dunkley	Not required	Not required	Completed
30 Sep 2026	12.30–13.30	ED SJUH, RS, SM, PMC and Gynaecology Outpatients	Leadership Walkround		Simon Le Clerc, Ricky Singh	Lucy Atkin, Sharon Morrison, Penny McSorley	Completed
1 Oct 2026	07.30–08.30	LGI Mortuary	Ad Hoc Executive Visit	Beverley Geary, Craige Richardson	Not required	Not required	Completed
1 Oct 2026	09.00–10.30	Heli-deck Fire Team – Trauma Centre	Corporate Service Visit	Craige Richardson, Beverley Geary	Angela Graves, Ricky Singh	Penny McSorley, Chris Storton	Completed

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
2 Oct 2026	11.00–13.30	Paediatric Theatres – LGI	Ad Hoc Executive Visit	Suzanne Dunkley	Not required	Not required	Completed
8 Oct 2026	18.00–19.30	Trauma and Related Services – L27	Out-of-Hours Leadership Walkround	Tim Hiles	Amanda Stainton	Sharon Morrison	Completed
13 Oct 2026	09.00–11.30	Cross-site	Chief Nurse Back to the Floor	Beverley Geary, Directors and Heads of Nursing, Matrons	Not required	Not required	Completed
13 Oct 2026	11.30–12.30	Leeds Dental Institute	Leadership Walkround	Jenny Ehrhardt	Ricky Singh	Georgie Duncan	Completed
15 Oct 2026	12.30–14.00	OD & Culture – Ashley Wing	Corporate Service Visit	Suzanne Dunkley, Jenny Ehrhardt	Gillian Taylor	Alyson Beckett	Cancelled
15 Oct 2026	13.30–14.30	Women's / Neonates	Maternity Safety Champion	Beverley Geary	Laura Stroud, Angela Graves	Not required	Completed
19 Oct 2026	—	Radiology – LGI	Chief Executive / Chair Visit	Antony Kildare			Completed
20 Oct 2026	07.30–18.30*	SJUH Mortuary	Ad Hoc Executive Visit	Beverley Geary, Craige Richardson	Not required	Not required	Completed
29 Oct 2026	—	CfLM	Chief Executive / Chair Visit	Antony Kildare			Completed

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
29 Oct 2026	12.30–13.30	Pathology – SJUH	Leadership Walkround	Antony Kildare	Ricky Singh	Jo Regan	Completed
19 Nov 2026	12.00–13.00	Occupational Health – Trust HQ	Corporate Service Visit	Craige Richardson	Jo Koroma, Ricky Singh	Diane Holden	Completed
Q3	—	Women's / Neonates	Maternity Safety Champion	Beverley Geary	Laura Stroud, Angela Graves	Not required	Scheduled
Q3	08.30–09.30	Corporate service – area redacted	Corporate Service Visit	Tim Hiles, Daniel Hodgson	Mike Baker	Jo Regan	Scheduled
Q3	09.00–10.00	Area redacted	Leadership Walkround	Jenny Ehrhardt	Amanda Stainton, Gillian Taylor	Julie Metcalfe	Scheduled
Q3	09.00–10.00	Area redacted	Leadership Walkround	Paul Jones	Amanda Stainton	Jo Regan	Scheduled
Q3	09.00–12.00	Area redacted	Chief Nurse Back to the Floor	Beverley Geary, Directors and Heads of Nursing, Matrons	Not required	Not required	Scheduled
Q3	12.00–13.00	Area redacted	Leadership Walkround	Liz Garthwaite	Amanda Stainton	Alyson Beckett	Scheduled
Q3	14.30–15.30	Area redacted	Leadership Walkround	Liz Garthwaite	Angela Graves, Simon Le Clerc	Julie Metcalfe	Scheduled

Date	Time	Area / Service	Type of Visit	Executive	Non-Executive Director (s)	Lead Manager	Status
Q3	15.00–16.00	Corporate service – area redacted	Corporate Service Visit	N/A		Alyson Beckett	Scheduled
Q4	15.00–16.30	Area redacted	Leadership Walkround	Suzanne Dunkley	Amanda Stainton, Jo Koroma	Diane Holden	Scheduled
Q4	15.00–16.30	Area redacted	Leadership Walkround	Suzanne Dunkley, Penny McSorley	Jo Koroma	Emma Rogers	Scheduled
Q4	15.00–16.30	Area redacted	Leadership Walkround	Tim Hiles	Amanda Stainton, Angela Graves	Rue Musekiwa	Scheduled
Q4	15.00–16.00	Area redacted	Leadership Walkround	Paul Jones	Gillian Taylor, Ricky Singh	Sharon Morrison	Scheduled
Q4	18.00	Area redacted	Out-of-Hours Leadership Walkround	Jenny Ehrhardt	Amanda Stainton	Diane Holden	Scheduled
Q4	18.00	Area redacted	Out-of-Hours Leadership Walkround	Suzanne Dunkley	Jo Koroma	Gillian Hodgson	Scheduled
Q4	TBC	Area redacted	Leadership Walkround	Paul Jones	Mike Baker	Sharon Morrison	Scheduled