



Leadership principles in health and social care in Wales

A RESPONSE FROM WCVA

1. Wales Council for Voluntary Action (WCVA) is the national membership organisation for the voluntary sector in Wales. Our purpose is to enable voluntary organisations to make a bigger difference together.
2. We are pleased to have the opportunity to respond to Social Care Wales and Healthcare Education Inspectorate Wales' consultation on leadership principles in health and social care.

DO THE PRINCIPLES AND COMPASS CAPTURE THE RIGHT THINGS?

3. The principles are sound and, although we have made some suggested additions, highlighted in the attached PowerPoint, we would endorse them. The voluntary sector could instil and embed those principles operationally and from a governance point of view as part of its role in compassionate and collective leadership across health, social care, and well-being systems.
4. However, *A Healthier Wales* calls for integration across health and social care and if ever the time is right, it is now. Compassionate leadership should be integral to integration, with the voluntary sector a crucial partner. During the Covid-19 crisis

we have, across the sector as a whole, established more of a 'can do' attitude with quick, yet considered, decision-making utilising engagement, involvement and community resilience. We see a relationship to Welsh Government's Connected Communities strategy, whereby success means being citizen-focused and establishing mechanisms for conversations about what works and what may not.

5. West et al's *Caring to Change* (2017), and, in part, the compass of four behaviours (Atkin and Parker, 2012), set out the importance of interaction between people. Yet they fail to make the connection to the importance of a co-productive approach, as enshrined within the Social Services and Well-being (Wales) Act and A Healthier Wales. WCVA believes that it is essential that leaders embrace co-production.
6. It is good to see that, in terms of collective leadership, West et al (2017) acknowledge that collective and compassionate leadership should not take place 'just in a hierarchical sense' and that it encompasses the individual and the system level. However, there is a danger that a hierarchical approach could become the case if people (service users and carers) are not involved from the outset, and we could lose the person-centred approach that has been hard-fought for over the years. Indeed Table 1 appears to set out a hierarchical approach to compassionate leadership and its approaches, although this may well simply be an unintended by-product of the page design.
7. Listening is integral to the four behaviours of compassionate leadership (see PowerPoint, highlighted in red text) and we suggest also including:
 - Attending: 'and have thoughtful conversations'.
 - Helping: 'by listening to what works and what doesn't'.
 - Empathising: 'through being kind and by active listening, responding and having greater congruence with staff'.

IS THERE ANYTHING MISSING YOU WOULD HAVE HOPED TO SEE?

8. We would like to see:
 - The principles of co-production woven into the documentation.
 - More clarity on how compassionate leadership will be measured. If there is to be a framework, then an option would be to use the Measuring the Mountain qualitative methodology. However, it will not be straightforward to measure such a nebulous concept.

- The evidence base for compassionate leadership cultures could be misleading. Are the outcomes the result of compassionate leadership, or a combination of other factors which would mean using methodology to unpick complex interventions?
- More clarity as to the role that digital working will play in compassionate leadership.

WOULD YOU BE CONTENT TO ENDORSE THESE PRINCIPLES ON BEHALF OF YOUR ORGANISATIONS SO THAT WE BUILD THE MANDATE FOR ACTION?

9. We would be happy to endorse the principles on behalf of WCVA and see the voluntary sector as key partners to support the implementation.
10. We will be pleased to discuss these points further with Social Care Wales if requested.

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