Developing the OD Workforce: Our Journey

Premiered at the OD in The NHS II Conference, 7 July 2014
Executive Summary

**Journey:**
- Gathering the group
- Agreeing a process
- Contracting
- Learning about Co-operative Inquiry
- Mapping the inquiry
- Cycle of action and reflection into three areas:
  - the OD brand
  - confidence & legitimacy
  - core skills: what & how to develop
- Deepening the group process - including ongoing personal Inquiry & reflections
- Conclusion & recommendations

**Challenges:**
- OD is a contextual practice
- OD challenges the standard NHS paradigm
- the shifts & changes of the group

**Proud of:**
- the safe space we created in which to sharpen our practice
- that we lived it as a group and from here the key finding emerged
- a process that enabled us to stand in our own authority with this recommendation
- the counter-cultural quality of the recommendation – that we need to look after ourselves, as well as everyone else

**What we produced:**
- an amazing space to learn & work together
- a recommendation that one of the main ways to develop OD practitioners in the NHS is for them to have safe places to stay sharp
- OD career pathways compendium
- sample NHS OD Job Descriptions
- virtual mentoring process
- complexity development for OD idea

**What next?**
- areas from the mindmap we didn’t follow
- new inquiry lines we uncovered
- OD Awards idea
Developing the OD Workforce: Aims

We set out to...

- Find out about building OD capability, though building OD capability
- Run the group as a co-operative inquiry model developing OD capability through developing our own capability

Group question at session 1:
What issues do we currently face when trying to build OD capability in the NHS?
Developing the OD Workforce: Contracting

How are we going to work together to make this worthwhile?

Quality – what makes it for us?

- Learning
- Something to take back
- Leading something
- Clarity around OD – flexibility + veracity
- Bold + simple
- Leadership around clear set basic building blocks
- Comfortable, and stretchy (discomfort)

Be open
Be bold
Be an unguarded ‘you’!
- Both supportive & challenging environment.
- Short of ideas
- Be ambitious but focused
- Be present!
- Reflection process
- Keep in mind meanings, values, world
- Challenge each other + ourselves
- Be curious
- Don’t forget the little things
Our Journey: Early Conversations
(Nov 2013 – Jan 2014)

Purpose of the group:

1. Develop a joint understanding of the: Knowledge (knowing) Skills (doing) 
   Behaviour (being) that would enhance the impact & sustainability of OD 
   in the NHS (Analogy a surgeon wouldn’t take on robotic surgery 
   without being trained first)

2. Across a continuum of OD roles e.g. Core practitioner, Workforce & OD Director OD/L&D/HR 
   roles Service improvement/Transformation roles, Leadership roles – strategic or 
   operational

How will we know if we’ve been successful?

Some suggestions:

- Someone would be able to find a development pathway to build their OD career
- OD is seen as a profession in the NHS
- OD is a strategic driver and enable for the NHS

& OD won’t be:

- An adjunct to other services
- Populated by unqualified enthusiasts who don’t know what they don’t know
- Exclusive

Some emerging principles for how this group could work

- Don’t reinvent the wheel
- Do small things first
- Be accountable as peers

Image created at Nov 13 workshop
Developing the OD Workforce

Our journey

1. Gather the group
2. Identify issues
3. Explore three strands
4. Engage the wider community
5. Converge finding
6. Close

Explicit process

Implicit process

- Convence
- Bring in new people
- Deepen relationships
- Maintain network
- Develop our practice
Key question: how do we play into the system as well as challenge it in how we present what we do? This really ‘grabbed us’ and deepened our inquiry.
Cooperative Inquiry – an Introduction

James Traeger – Mayvin
The Purpose of a Cooperative Inquiry

• To support a diverse group of skilled learning practitioners to work together as co-researchers around a specific area of our practice
• To inquire into our experience in a ‘self as instrument’ way
• To surface useful knowledge, for ourselves, as a group and for the benefit of the wider system/organisation
• Our purpose to be refined further together
Co-operative Inquiry – core principles

• Everyone is an equal participant – we are ‘co-researchers’ and ‘co-subjects’
• We explore agreed question(s)
• We go through cycles of action and reflection
• Possibly experimenting with new forms of personal or professional practice
• Making sense of the experiences together, using ‘different ways of knowing’
How does a Co-operative Inquiry usually work?

1. We come together, form the group, agree ways of working and a shared topic of inquiry

2. We engage in actions and practical applications, keeping a record of what happens

3. We reflect on the experience separately and together (using different ways of knowing)

4. We re-consider the original questions and thoughts in the light of experience, and agree further actions - and so on...

5. We can meet face to face or virtually, but it is a good idea to face at least half the time
Cycles of action and reflection

Meeting 1 – 1 day
- Agree purpose, ways of working
- Form the group
- Decide the initial research questions

Meeting 2 – ½ day
- Share ‘findings’
- Develop the group experience
- Decide the next question

Meeting ‘n’
- Share findings
- Develop the ‘publishing’ agenda – what will we say about this and to whom?

Reporting
- Decide on
  - What to report
  - How to report it
  - To whom?

Mayvin
Wider Ways of Knowing

We inquire together about the question(s) we agree, collecting data at multiple levels...

John Heron and Peter Reason 1997
We consider what we want to know about, according to a widening circle of focus, starting with ourselves, and our own practice, then with each other, and then towards the wider system.

*Reason & Bradbury / 2001*
What makes for **quality** in a cooperative inquiry?

- Research cycling, genuine reflection on action, (not just finding out what we already know!)
- Balancing divergence and convergence
- Using different forms of reflection
- Challenging uncritical subjectivity (may use devil’s advocate)
- Mirroring the support and challenge required of the system
- Noticing our own experience as a model for the wider experience of the participants and the system
- Developing enough trust that we can name and engage with difficult ‘truths’
- Facilitation that balances being with the group whilst keeping an eye on the meta-task
Some Questions to get started

In preparation for our first and come along prepared to talk about:

• How would you describe your own practice and approach, and what you are currently learning about?

• What are you interested/excited by in this work?

• What do you have concerns/questions about?

• As you approach this work, what are the images, metaphors, thoughts, feelings... that spring to mind?
Inquiry areas we followed

- What is the current capability of the NHS?
- Defining OD
- Lack of confidence
- Local context and OD values
- Legitimacy - am I really OD?
- Money, what's the UK tradition, what's the NHS tradition?
- People outside OD don't know what I do
- Unrealistic expectations
- What's OD for and what's OD not for
- What skills do people want? What are the core OD skills? What do we use in OD?
Mind mapping led us to three areas of inquiry...

- Brand Strand

- Developing OD Practice: Core Skills

- OD Confidence and Legitimacy
Branding is identified as one of the key issues when trying to build capability in the NHS.

We self selected this strand based on our interests and wanted to delve into it further.
Brand Strand: Cycles of Action and Reflection

Phase I for Brand Strand

- We identified the questions we wanted to ask which we posed to both NHS and private organisations
- Synthesised data and fed back to the group who also shared their findings
- Decided on the line of further inquiry

Questions asked

- How visible is the brand for OD in your organisation? And at what staff levels is there recognition/awareness?
- How aware is the organisation as a whole around the OD strategy? Do they have visibility or it/ do they know what it is or that it exists?
- How much confidence exists in the NHS to deliver OD / play the part/ influence - confidence in self/team to deliver OD/ organisation in terms of support for OD delivery/investment in OD?
- How can we shape support to improve the confidence of OD practitioners/leads or OD team members?
Brand Strand: Cycles of Action and Reflection

Phase II for Brand Strand

- We asked the wider OD community in the NHS ...

What is your OD brand?

[Logos of various companies including Cadbury, Barclays, Do OD Organisational Development, NHS, Shell, Dr. Martens, Burberry, Adidas, McDonald’s, Mercedes, and BBC]
Brand Strand: Challenges

- Being in physically different locations and unable to meet in between meetings
- One of us not able to attend a group meeting
- One of us being abroad on various occasions during the action research periods
- Therefore relying on email to share findings, update each other and make progress

Brand Strand: Learning Points

- Our experience was therefore a microcosm of NHS organisations (macro environment) and how teams often need to work
- Trusting what the other person does in your absence was key to progressing the work
- Valuing differences and building on it
What kind of OD practice does my Trust need?

What are the conditions for OD to succeed here?

What kind of OD practitioner do I want to be?
Developing OD Practice

- What are the core skills we need in OD?
- How do we develop them?
Developing OD Practice: Benchmarking Competence

We looked at three competency frameworks

- The ODN Competencies
- The NHS North West Leadership Academy Model
- The OD elements of the CIPD profession map

We noticed differences in:

- Number
- Content
- Range
- Measures
- Approach
- Outcomes
Developing OD Practice: Developing our Skills

We did a search for “OD Courses”

- There were a lot of results!
- Courses ranged from one day workshops to PhDs
- Costs ranged from quite cheap to very expensive
- This didn’t include the courses being commissioned by NHS organisations & LDPs

We noticed differences in

- Content
- Outcomes i.e. qualifications / accreditation
- Duration
- Accessibility
- Level
What does the NHS want from an OD Practitioner?

We wanted to find out what the NHS asks for when recruiting OD practitioners
- We asked our networks, searched NHS jobs and got example JDs from OD practitioners
- Grades ranged from Band 6 to 9
- Pretty much all JDs were aimed at graduates.

We noticed differences in
- Grade
- Qualifications
- Content
- Responsibility
- Breadth & depth
- Focus i.e. HR / Strategy
How do people get into OD in the NHS?

We were curious about the backgrounds of some of our NHS OD practitioners.

We interviewed a sample of our community and asked them to tell their stories.

The routes into OD seemed to be via HR, L&D, Clinical Practice, “Academic background” and “Private Sector”.

We noticed differences in:

- Qualifications
- Grounding in OD methodology (or not)
- Describing the role of OD
- Length of time as an OD practitioner
- Approach to OD
Developing OD Practice: Our Conclusions

- It’s a very fragmented picture
- It can be quite confusing for OD practitioners looking to benchmark their competence and then develop themselves
- Organisations have very different expectations of what an OD practitioner should be like
- Our OD community is very diverse in its history and experiences
OD Confidence and Legitimacy

“So, let them bring on all their problems, I'll do better than my best. I have confidence they'll put me to the test. But I'll make them see I have confidence in me”

Maria, The Sound of Music
OD Confidence and Legitimacy: What we did

Our inquiry focused on what it is that gives us legitimacy & confidence as OD practitioners.

We asked a range of OD practitioners across the system, clients and our own experience these questions:

- What gives us confidence as a OD practitioners?
- What is our mindset when we are feeling confident?
- What knowledge and tools do we use that gives us confidence?
- What are we doing that gives us confidence?
OD Confidence and Legitimacy: Our Findings

- Wisdom exists at all levels, capability is internal
- OD practitioners have varying levels of confidence using varied skills, theoretical knowledge and resources.
- A theme that was not articulated was the use of self as instrument
- Confidence matrix: I’m at my most confident when...
OD Confidence and Legitimacy: Second cycle of inquiry

- Developing the notion of OD as a craft
- Mindful of multiple audiences
- What is in the shadow of our confidence that is hard to look at?
- Where does your confidence really come from? What is it hard to look at?
- How can we twang the tension between ‘tough’ OD and the ‘pink and fluffy’?

“Our deepest fear is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness that most frightens us. We ask ourselves, Who am I to be brilliant, gorgeous, talented, fabulous? Actually, who are you not to be? You are a child of God. Your playing small does not serve the world. There is nothing enlightened about shrinking so that other people won't feel insecure around you. We are all meant to shine, as children do. We were born to make manifest the glory of God that is within us. It's not just in some of us; it's in everyone. And as we let our own light shine, we unconsciously give other people permission to do the same. As we are liberated from our own fear, our presence automatically liberates others.”

- Marianne Williamson

NHS Employers
Leadership Academy

Organisational Development
Putting Theory into Practice
What is in the shadow of this confidence?

- **Close to Certainty Far From**

  - **Agreement**
    - **Far From**
      - Using OD models, methods, techs
        - Kinds of work we do here: Values workshops, staff surveys, processes for listening exercises
      - Using self as instrument
        - Kinds of work we do here: thought partner, critical friend, getting along side, often with Execs/senior groups
      - Unstable space: Seek patterns
        - Confidence 2 – developed into third space and varies high/med/low depending on me/the client/the system
      - Confidence 3: the shadow
        - What affects it?
          - Me: my solidity, energy, grounded-ness, courage, focus on process not the task (builds confidence at next levels)
          - The client: energy for/understanding of OD, comfort with inquiry & not-knowing
          - The system: tolerance for/belief in an OD approach
      - Confidence 1 – developed working between these two spaces
        - Kinds of work we do here: most commissioned work use the contracting cycle to adapt in emergence

  - **Far From**
    - Landscape Diagram to map findings of personal inquiry

- Underpinned by OD values & inquiry mindset
Insights: What does an OD person look like?

- OD is what the organisation needs it to be, therefore how the specialist craft of OD is practiced is complex, contextual and in the NHS often restricted to HRD.

- We discovered our craft is driven by a mindset with system theory being the ‘North star’, underpinned by knowledge, theory and skills rather than formal qualifications (although these can help us feel ‘legitimised’ and give us the theory)

- Developing the ‘self as an instrument’ is the foundation to expert practice.
Reflections: The OD Cake Conversation

- OD – emphasis on relationships and the interactions (resources/flow-space) between these relationships
- Need to analyse relationships and interactions at every level (‘touch points’), with OD integrated across an organisation
- ‘Crafting’ OD. The feel/nature of OD is unique for each organisation (culture, lifespan, values and vision).
- Organisations need to select from a range of ingredients (confidence, competencies, skills and behaviours) that are most suited and appropriate to their own environment/setting
- Ingredients selected will allow an organisation to craft their own OD capability (cake) and brand
- Make mistakes and learn from them (rebuild cake).
OD Confidence and Legitimacy: Further Questions and Insights

- What will keep us on solid ground and strong in ourselves as OD practitioners?
- Does our ambition for OD align with the purpose of the organisation?
- How does our OD join the dots to align the system?
- What issues do we face when building OD capability?
- We need a dynamic set of competencies to meet the needs of the organisation, local and time specific, not a rigid and specialist framework
- OD as a craft embodies complexity and is comfortable to hold the ambiguity.
Developing the OD Workforce: What we produced

- The space for alchemy to occur for us as a group

- A finding from our experience of working as a group – that what the community needs for OD capability development are these safe spaces to develop & sharpen its practice

- The Do OD virtual mentoring programme an idea made possible through the group coming together, 7 mentors now trained and a possible process that can be repeated developed

- Discovery of Prof Eve Mittleton-Kelly at the LSE, the School of Complexity and a set of connections which is enabling a future capability building intervention

- OD career pathways compendium

- Developing a resource library for practitioners to be hosted on the Do OD website

- Creating a database of useful courses and qualifications in OD

- Our learning from the process; individual reflections
NHS OD Practitioners benefit from...

- A safe space to stay sharp

providing them with containment and challenge in order to reflect on:

- What kind of OD practice does my Trust need?
- What are the conditions for OD to succeed here?
- What kind of OD practitioner do I want to be?
What kind of OD practice does my Trust need?

What are the conditions for OD to succeed here?

What kind of OD practitioner do I want to be?

What is the strategy OD supports, in its simplest terms?
How does the ambition of OD align with the purpose of the organisation?
What is the brand of the OD that plays well in this system?
What are the organising principles OD needs to follow?

How can a whole system mindset be nurtured?
How can we help to simplify and ground the strategy?
What is the relationship between HR and OD?
Who owns leadership of the whole system?
What are the anchors for our OD practice?

Which career pathway did I take into OD?
How can access my capability?
What do I stand for?
What self as instrument do I bring?
How can I become more courageous?
A Safe Space to Stay Sharp: Characteristics from group experience

- Create the space to reflect together in safety
- Consider the make up of a group (good difference)
- Ask questions
- Listen actively
- Keep an open mind
- Use the OD models that best make sense to you
- Be willing to go with the flow
- Stay connected with a wider group - ‘waist deep’ in the wider system
- Respond to external needs
  - Step into the unknown
  - Hold uncertainty
  - Stay playful
Celebrate your safe space to stay sharp
Developing the OD Workforce: Our Challenges

- Surfacing of the implicit challenge within OD, that its practice is contextual i.e. a local, timely & specific discipline, so how can we use a single framework?
- Discovery from our inquiry that OD as a craft is a challenge to the standard NHS view of what a profession is; it has multiple points of entry, it doesn’t have a linear progression, and boundaries can change dependent on context
- Our group experience was fragmented; the group shifted each time we met, and two people dropped out at different points
Developing the OD Workforce:
Who are we?

Supported by James Traeger from Mayvin

Natalie Grosvenor,
Yorks & Humber Leadership Academy

Mandy Irons
Lincolnshire Community Health
had to leave group early

Christalene Alaart,
Royal Free

Carolyn Norgate,
Guy's & St Thomas'

Paul Taylor,
DoOD

Rebecca Meads,
HR Management Graduate Trainee

Julia Petherbridge,
Thames Valley and Wessex Leadership Academy

Lisa Atkin,
DoOD
had to leave group early

Delivered in partnership with:

NHS Employers
Leadership Academy
Personal Reflections and Learning Points:

Cooperative Inquiry Participants:
- Christalene Alaart
- Natalie Grosvenor
- Rebecca Meads
- Carolyn Norgate
- Julia Petherbridge
- Paul Taylor

Cooperative Inquiry Facilitator:
- James Treagar
Christalene Alaart – Royal Free Hospital

“My work environment is one which is focuses on delivery, often within a short space of time. It was therefore refreshing to be part of this group as it gave us permission and the space to reflect, ask critical questions and piece together some of the many fragments of OD within a safe space created by the facilitator, James. It reminded me of the importance of working in a trusting environment, a key ingredient for learning, and the need for OD practitioners to sharpen their tools and be courageous in their work. The experience of working in this group and subgroup beautifully mimicked that of a macro environment.

Reflecting on these experiences and talking about it has been helpful to reinforce the learning and connecting theory with practice. One of my biggest challenges (and the group’s) from this experience was to refrain from having an end product. Now that is being courageous! I know that even though this piece of work has ended, my journey in OD is an ongoing one on both a personal and a professional level as I use myself as an instrument.”
“Over the last few months, I have thoroughly enjoyed being part of this network and entering the ‘OD world.’ Working with such a diverse and enthusiastic team of OD people has led to some very honest and rich discussions. Having the time to reflect and think in a safe and trusted space has been extremely refreshing and insightful. Individuals have felt able to relax, challenge and question assumptions and delve deeper into issues. They have used ‘themselves’ as an instrument for learning, reframing their role and impact they have as an OD practitioner. Sadly, having time to reflect and think is something that the NHS does not nearly do enough of. This needs to change, with OD having an integral role to play. Despite initial discomfort, the group has gone against the NHS traditions of producing toolkits and products. Instead, experimenting and having ‘less is more.’ Going forward, to build ‘OD Capability’, practitioners need to not fear making mistakes and working in uncertainty. Instead, learning from mistakes and working with uncertainty through further questioning will lead to a richer experience.”
Carolyn Norgate – Guy’s & St Thomas’ NHS Foundation Trust

To start with, this felt like a bit of a Cinderella group – only Julia and I seemed to have any energy from the DoOD community which made me curious about where we put our energy; this felt like a group that was about taking care of ourselves and to start with only us two showed up.

It was my idea to ensure that an OD group of people working together on OD capability for the NHS should do this in an ‘OD way’ and build their own OD capability as they go, so I was excited to get started on both journeys and nervous about what I’d thrown into the system.

We really kicked off proper as a group in February 2014. Using LinkedIn and our own networks to recruit fellow inquirers, we battled storms and trains to begin our journey. I was bowled over by everyone’s commitment to come together on this.

I really valued the learning we did around the process with James; this wasn’t entirely new to me but it felt like knowledge I’d never really practised so I wanted to get my teeth into it. I also really valued the sense of quality in the action research paradigm as opposed to looking for a right/wrong answer (because this feels so resonant with our work in OD)

Getting into the process felt hard at times: fitting in time to spend with other practitioners on our inquiry questions was one challenge, another was inquiring into my own practice and bringing quality to that process (how is it different to my day-to-day reflections?)

What helped with this was the group sessions, as convergence points, as a place of support and challenge and as chance to refresh around process.

What I got from the process, on top of the data generated from the fieldwork, was a different quality of noticing in my own practice – noticing what the conditions were for confidence or lack of in my day-to-day work and noticing what might be happening in the shadow of that confidence

So my personal takeaways are: a practical way to use co-operative inquiry, this new reflexivity around confidence and/or lack of, and a recognition that I wouldn’t have done this without the larger container of the Co-operative inquiry process and the group of co-researchers who helped me with the sense-making and pushed me on the questions.
“In the first meeting my energy was focused on what I saw as the pressing need to build OD capacity and capability within the NHS. I saw a high risk of OD becoming the ‘new black’ for the NHS with a focus solely on culture change and values that ‘everyone is doing or can do OD’. The call to ‘professionalise OD’ was a driving motivation. We were drawn to a analogy that a surgeon wouldn’t take on robotic surgery without being trained first........

My introduction to Cooperative inquiry was through this group and has transformed my narrow linear thinking. The first round of inquiry involved asking a range of experienced OD practitioners in the region about ‘I’m most confident when my mindset is, I’m using knowledge and tools such as, I’m doing things like?’ Amazing......

Looking at the shadow side of what makes us confident was another huge learning, the quote from Marianne Williamson “ Our deepest fear is not that we are inadequate, our deepest fear is that we are powerful beyond measure...” Scary.....

Finally the coming together of the three strands and the organising principles that enabled us to articulate what we had found as an offering for the OD community. Powerful....

The dynamic and trusted space created by the group made the process a ‘magical experience’, the exploration, learning, sense making and building relationships sharpened me as an instrument and has left me even more curious. As a group we paralleled all the complexity, time and work pressures from the NHS ‘world’ and for me making the effort to attend, ask the questions, share, connect and learn was rewarded with a charismatic space to become a better me.....and produce something that will contribute to OD confidence and capability in the NHS! Thank you to James and the team.”
“I came to the group with an open mind and high hopes. I really enjoyed the process of inquiry. I was constantly impressed with the wisdom of the group. I have learned a lot from the work both about the topic we were investigating and about myself. Until now I didn’t entirely understand the complexity of the OD workforce. I still don’t, but I have a much better grasp of its textures, nuances, challenges and opportunities. It has really helped me to think about what we can do to help.

I began this journey knowing that something would be revealed and I have come to the end of this phase delighted to have helped reveal something. I have really valued the safe space to stay sharp. It has been a powerful and transformative process. Don’t underestimate how hard it can be to keep a group together. Life gets in the way, but that’s life.

I feel like a more engaged, informed and enlightened practitioner as a result of this work. I also feel like there’s a lot more to discover and that’s amazingly exciting. I’m ready to help write the next chapter of the story.”
Natalie Grosvenor - Cooperative Inquiry
Participant - Yorks & Humber Leadership Academy

Benefits:
• I benefited from the experience of working with such a diverse, switched on and enthusiastic team of OD people.
• I enjoyed exploring together and learnt from their different views, angles and experiences of OD.
• I felt that my opinions were valued, and that the group was a safe place to work and explore my own thoughts and feelings about being an OD person in the NHS.
• My current private sector exposure and clients helped me compare and contrast with OD from a much for commercial and structured world.
• I appreciated the headspace to think and develop ideas in an environment where I felt I could have ‘dreamspace’.
• I appreciated the structure of the cooperative enquiry and the facilitation by James.
• I remember ‘myself as an instrument’ and apply this thought regularly to current practice – what do I want to be /achieve/what is my expertise/how do I sound/where do I fit in the rest of the orchestra/ how will I or could I make others feel.
• I found that the concept of CII helped us relax into an environment where if was acceptable to relax, make mistakes and explore wider thoughts/new ideas.
• I felt that I was able to be honest – This prompted me to be more honest and realise the value of my challenge in current practice.
• The work reinforced my findings around the fact that people need more structure around OD in order that they have a safe space to practice/experiment/develop
• I felt that I had benefitted from a ‘quality’ CI experience

Concerns:
• How to be Ok with the fact that I have not produced a take away product or toolkit – even though I know that this is totally Ok, and not what was required, my desire to give something practical with which people can judge my input bothered me.
• Who will see this work v. who SHOULD see this work – still a question for me.
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- Who will see this work v. who SHOULD see this work – still a question for me.
- How do I ensure that I try to stay sharp by trying to work within, and encouraging others to create a work within a safe place to stay sharp?
- Committed to using my learnings to pay it forward.
- Keen to use the CI approach within organisations as an ODP/consultant/facilitator
- Interested to understand what others are doing/ how they are feeling/how the experience has prompted thought on their OP practice and future style.
- Curious about what next.

My ‘Hero’ Journey:
I have been around once – crossed to the dark side ...through descent and ordeal and back across the threshold into the light!
Currently somewhere between atonement and calling for the next adventure – definitely in the ‘known’ for the majority of the time for the moment, with only brief moments of ‘unknown’ /doubt about direction.
James Traeger – Mayvin
Cooperative Inquiry Facilitator

“My role in the Cooperative Inquiry is a complex one - I have to facilitate the inquiry, provide a guiding methodology (whilst leaving in the flexibility required to enable the group to enter the space of the 'truly unknown'), provide appropriate support and challenge to enable the group and individuals to flourish, and to participate in the research questions myself, as this is 'research with' rather than 'research on'.

Such complexity could provide the facilitator of such a process with nightmares, but if the group is prepared to really 'go there'; that is, in the midst of its own changing internal and external landscape, to live up to its commitment to be a supporting and trusting group, without backsliding on the requirement for challenge, then this becomes a dream come true. And so it was with this group.

I am really pleased that this group lived up to its initial intention to provide some guidance on OD capability in the NHS that was 'bold, simple and useful.' The recommendation that we have come with is really exciting in my view: that OD practitioners working in a dynamic and complex system like an NHS Trust, require 'a safe place to stay sharp', and that we have a tool and a set of principles that enable that space to be useful. We base this on the evidence of our own experience, as well of that of the wider NHS OD community with whom we consulted. We asked a key question of quality during this research - how can we play into, and usefully challenge this community? This important, somewhat counter-cultural recommendation does just that.”
Developing the OD Workforce: Next Steps

- Further inquiry into how we collectively create the safe supervision spaces; what supervision is already out there?
- Other lines of inquiry on our original mind-map that we didn't follow up, may be energy in the system to go there.
- What level of professional qualification and accreditation is already out there?
- How do we in OD hold a system oriented overview?
- What is a healthy relationship between OD and HR?
- How can OD work more closely with strategy?
- How could we recognise our practice, should we have OD awards for the NHS and run them in an OD way.