

# OD in the NHS

## What people see...

- A **corporate sticking plaster**, patching up people's pain.
- A strong focus on working on people in line with the **organisational effectiveness agenda**, rather than acknowledging that people are the organisation.
- Regularly sent away to **"fix the culture"** – as if that is somehow possible – and more and more these days its practitioners are recasting themselves as the totalitarian sounding "change manager" or "change agent".
- Often argued to be **late to the party** – and **lacking a place at the table**.
- A **badly defined field of thought and practice**, often lacking a home and lumped in with other activities – and hence not having a voice occupationally or corporately.
- It **privileges the dominant corporate voice** – and does not adequately support subaltern and marginalised voices.
- It is broadly speaking **sidelined and underutilised**, with a strong focus on the **transactional**, reflecting its location as an adjunct of HR.
- Recent shifts see OD being instructed in organisations to **"fix the group"**, whilst the new realm of health and well-being is set up to "fix the individual".
- In terms of the composition of the occupation, it noticeably **lacks diversity**.
- OD ends up **doing the snagging**, after others – such as those who do organisational design – have done the design and the build.
- A practice that struggles to demonstrate usefulness because of the **business obsession with quantitative measures**.

## What it could and should be...

- Committed to the primary task of **convening spaces where people think together and where they are given licence to co-create a better NHS**.
- Separated from the dominant corporate discourse, so as to capitalise on the way in which **OD practitioners have the potential to facilitate dialogue and often act as synaptic connections across organisations and systems**.
- A practice that meaningfully **creates space for conversation** and genuinely **listens so as to hear what is said**.
- Reconnected to its **humanistic foundations instead of promoting corporate compliance** behind practices that **infantilise** the people with whom we work and feel more like **light entertainment** rather than serious human connection!
- An influence that **looks to slow down the pace of corporate life** to improve well-being and thereby offer **space and time for people to engage creatively** with the way in which things get done in the workplace.
- **Confident of its voice** – and of attending to the voices of everyone in the organisation or system/
- Prepared to **reposition itself as an independent practice in the corporate context**, which – instead of merely responding to leadership requests to "fix" elements of the system, which is a problematic notion – assumes the role of **connecting all of the elements therein and creating the opportunity for connection and conversation across the company**.



# Keeping the conversation going

In light of this summary of the discussion to date, people are invited to consider two questions:

1. To what extent – if at all – does this assessment of both where OD in the NHS presently finds itself and where it could be positioning itself to work ring true in terms of your experience and thinking?
2. How can OD practitioners come together collectively to address some of the issues highlighted here – and achieve some (if not all) of the ambitions outlined?

OD has enormous potential as a connective practice that works closely alongside the workforce and also extends up, down, and across of every organisation and system. In principle, this positions OD to move comfortably across the surface – and to dip down into the depths – of the corporate context where it is practised.

To maximise this effect and to capitalise on the potential for OD to disrupt negative aspects of corporate life and to support the emergence from everywhere across the space of positive fresh thinking and exciting new ideas to be tested out as safe-to-fail experiments, we need to carefully consider – as practitioners – how best to promote this refreshed vision of our field of practice.

If you are interested in being part of this ongoing dialogue, drop an email to **[radicalod@colefellows.co.uk](mailto:radicalod@colefellows.co.uk)** with *Future of NHS OD* in the subject heading.

