

# North West OD Competency Project

Report 2 – June 2016

End of Phase 3

NHS North West Leadership Academy



Working with

Health Education England

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## 1. Introduction and background

This project sets out to focus up on how to support talent management in the field of organisation development (OD) across the North West region. The field of practice from which OD practitioners emerge is wide and varied. It is not a single profession and there is no statutory body which license practitioners. Assuring the quality of OD practice is a subject which comes to the fore at regular intervals. As there is no one view of OD it can be difficult to ascertain the calibre of candidates wanting to progress in the field and also to assure clients that the practitioner has the necessary capability to support the work which is required.

Although some practitioners have formal qualifications which evidence their background underpinning knowledge, many do not. Many employers and clients rely upon evidence from the field and the demonstration of capability via project delivery.

From a global perspective the issue of assuring the quality of the work of the OD practitioner via competency frameworks and accreditation systems has been reignited over the past few years. In Canada a voluntary accreditation system has been introduced (<http://www.odcanada.org/>) and within the United States of America the Organisation Development Network (<http://www.odnetwork.org/>) is launching a voluntary global competency framework.

Within the NHS the North West region began its work around the OD toolkit ([https://www.nwacademy.nhs.uk/sites/default/files/resource\\_files/DevelopingTogetherODToolkit-NHSNWLA.pdf](https://www.nwacademy.nhs.uk/sites/default/files/resource_files/DevelopingTogetherODToolkit-NHSNWLA.pdf)) in 2005 and this work has been, and continues to be, used widely across the country in both the NHS and other sectors. Nationally the DO OD programme led an inquiry into OD capability which resulted in the development of the capability framework (<http://www.nhsemployers.org/OD>). Within the DO OD 3P model competency is viewed as one of important elements, however the 3P model does not provide a competency framework.

Given all the work internationally, within the UK and locally the challenge remains that given the contested and varied views about what OD 'is and is not', and the variety of competency models in the field without single agreement several key practical questions need to be addressed to support the transformation work underway within our health and care sectors:

- How does the NHS identify its OD talent?
- How do you assess, with any degree of certainty, the capability of a practitioner at any given point in time?
- How do you assure the OD talent pipeline to ensure the availability of OD practitioners who are capable of supporting this most complex organisational and system level change and improvement work?

This project seeks to begin to address these key practical questions. The project was commissioned by the NHS North West Leadership Academy and was led by Dr Maxine Craig (<https://uk.linkedin.com/in/maxinecraig> )

## 2. Project aims

This project has 3 key aims:

- 2.1 To design an approach which would enable the NHS North West Leadership Academy (NHS NWLA) to ascertain the capabilities of the practitioners working in local communities, particularly focused upon those practitioners capable of working at a board and system level.
- 2.2 To test the prototyped framework in the field with a small group of experienced OD practitioners for utility, appropriateness and face validity.
- 2.3 To produce a report of both the process and learning as a platform for future work.

## 3. Methodology and rationale

During the planning and design phase of the work a number of approaches were considered. Having reflected on the contested nature of OD, its somewhat ill-defined role boundaries and the status of formal accredited learning in the field it was decided that an assessment centre approach was not the most suitable. The contested nature of OD makes it difficult to ensure that any pass or fail assessment type approach is unlikely to yield valid outputs. A more developmental approach was required, this approach appears to be supported by the work in the NHS of Turner and Nichol (2016).

### 3.1 *Action research as the basis of all OD*

Action research is cited (Cummings and Worley, 2001) as the methodical approach which underpins all OD work. Contemporary adaptation of the method within OD (Southern 2015) views co-creation of the understanding of the results of the research inquiry as critical to progress. A broad framework of action research cycle framed the methodological approach to the work.

## 4. Summary of the prototype design

The prototype intervention design featured the following elements:

### Table 1

	Description	Rationale / notes
a.	Production of a self-assessment tool based on the NHS NWLA OD tool kit and using the OD competencies within the CIPD competency map	Self-assessment and reflection were viewed as critical elements in supporting practitioners to reflect upon their current competency status
b.	Testing of the prototype 1 self-assessment document with 3 practitioners in the field	To enable feedback and adjustment prior to the test with the larger group of practitioners.
c.	Design of a development workshop	
d.	A 14-day period of review, reflection and feedback by the workshop participants	
e.	Integration of learning into the approach and production of end of project report	

## 5. Cycles of testing, learning and adaptation

### 5.1 *Production of a self-assessment tool based on the NHS NWLA OD tool kit and using the OD competencies within the CIPD competency map.*

The competency framework was an important part of this work, but it must be acknowledged it is only one part. It is the overall developmental process which is important and enables the objectives of the work to be achieved. The NHS NWLA and the project lead would not wish readers to focus solely on the competency element.

The North West OD tool kit has within it OD competencies. This work has been an iterative process with practitioners in the region being central throughout. This process of continuous development began in 2005 and has included support and work by external experts from both OPP (<https://www.opp.com/en/About-OPP>) and Right Management (<http://www.rightmanagement.co.uk/wps/wcm/connect/right-uk-en/home>), as such the construct validity of this tool had been previously tested.

In 2011 the NHS NWLA undertook a further piece of work with OD practitioners across the region which revealed that some felt that additional competencies were required to ensure the role of OD practitioners was fully recognised. An unpublished report (NHS NWLA 2011) brought together the findings of this review and sought to develop further competencies.

Having reviewed this document, it was evident that although the competencies within it appeared to have good face validity they had not been tested for any type of construct validity in the field. As such it was decided to focus upon the competencies in the original North West OD tool kit in order that construct validity was maintained and evident.

Using the 2011 report analysis revealed that the OD competencies within the Chartered Institute of Personnel and Development's professional map <https://www.cipd.co.uk/cipd-hr-profession/profession-map/> offered additional and helpful competencies which had both good face and construct validity.

Both sets of competencies were used as part of the testable framework in phase one. No changes or adaptations were made to either set of competencies to ensure continuity of construct validity.

## 5.2 **Testing of the prototype self-assessment document with 3 practitioners in the field**

During the first cycle of work three experienced OD practitioners were asked by the NHS NWLA to test the competency element of the framework. Two of the three were able to participate (one NHS practitioner and one practitioner from a Local Authority). The exercise provided excellent and insightful feedback which enabled the second test cycle of work to be developed.

**Table 2: Learning from test cycle one**

Learning	
1.	Participants confirmed that an assessment centre was not a satisfactory way to achieve the objectives of the project.
2.	There was reported overlap between the two sets of competencies but the CIPD competencies also offered a helpful and significant degree of difference which bridged the gap in the NW OD Tool Kit competencies.
3.	The rating scale used in the first cycle was based on a competent / not competent self-assessment. Participants proposed that it would be improved by the use of a numerical rating scale.
4.	The focus upon development goals after each part of the competency assessment was helpful for developmental thinking and reflection, as well as documentation.
5.	The opportunity for using the framework as part of process as a talent management tool within organisations was highlighted as an additional benefit.
6.	The assessment of knowledge was challenging as it is not within the document (it was accepted the first test cycle did not include this element, but it was a feature of test cycle two).

### 5.2.1 Action taken as a result of first test cycle:

- A numeric rating scale replaced the 'competent / not competent' scale.
- No further adaptations were made before the project proceeded to the large test cycle.

### 5.3 *Design of a development workshop*

During the phase a developmental workshop was designed which would enable OD practitioners to evidence their career journey in relation to the development and performance of OD competencies. As such, the primary focus of the work is upon self-assessment. The issue of validation of the claims is discussed in the recommendations section of this paper.

**Table 3: Key elements included within the workshop intervention**

Pre-workshop self-assessment of competency using the prototype developed in previous cycles of the project
Pre-workshop review of current CV
<b>Workshop focus:</b>
Historical and contemporary views on OD
Explanation and discussion regarding why self-assessment is the approach of choice
Individual work on developing a personal career chronology which included mapping life events, career history, formal and informal learning
Peer reviewed
Analysis of levels of personal OD practical experience in the field, as opposed to knowledge base. Participants were asked to consider their experience in relation to working with individuals, small groups and teams, business unit level interventions, working with executives and boards in their own organisations and their experience of working strategically across organisational boundaries
A review of which ethical code of practice underpinned their work
An analysis of most important development goals in the coming year(s)

A second reflection upon the competency framework
Making their own personal claim of competence

**6. Key learning points following the prototype workshop (test cycle two)**

A focus group approach was used at the end of the workshop to enable participants to share their reflections and advise with regard to the approach being taken and the design of the development workshop. As part of the focus group it was agreed that participants would have 14 days to provide any further views and advice regarding the project. All this information is included in this section of the report.

**6.1 *Appropriateness of the approach***

All participants endorsed the approach as an appropriate way of supporting OD practitioners to review and make a statement of competence. A statement of competence was viewed to be an effective way of starting the process of assuring the capability of OD practitioners. Participants advised that they supported this approach over an assessment centre.

**6.2 *Identification of practitioners ready to work at the system level***

At the close of the workshop a small number of participants expressed their desire to work at a system level (working with multiple organisations and stakeholders, on the transformation programmes underway in the region). During the closing focus group, the following timelines were used to enable participants to think about their claim in relation to system level capability.

- Able to currently evidence system level capability
- Will be system ready with development within 6 months
- Will be system ready with development within 12 months

Participants requested a further period of review before their claim was confirmed. A follow up process is recommended as part of this report to close this element of the work.

**6.3 *Feedback on the competencies used as part of the project***

With regard to the competence framework deployed during this project a number of suggestions were made with regard to format. They have been incorporated in the document at Appendix 1.

This project did not seek to develop a competency framework, but to deploy a well designed and constructed tool which was already in use.

- 6.3.1 A key point of discussion during the workshop was the availability of a wider range of competency frameworks around the field of OD. The general consensus was that the competency part of the process was interchangeable, i.e. what was important was that the practitioners were assessing themselves against a **recognised** competency model and making their claim based on supporting evidence. It was felt that the designed approach was strong as it enabled an interchangeability of the competency framework, should this be seen to be appropriate, or if one competency framework became mandated within the field of OD. Given the status of OD in the Europe and the UK it is unlikely that a framework will be mandated and that a small number will continue to be key. The most important point of any competency framework is its reliability and validity.
- 6.3.2 Some participants made suggestions about the rewriting and redrafting of the competencies. It was agreed that this was not within the scope of this current project.
- 6.3.4 Some participants identified that there were some overlaps in the two sets of competencies used in the projects. Time at the workshop did not allow an in-depth analysis of this element. This may be a piece of work the NHS NWLA decides to undertake in future phases of this work.
- 6.3.5 On the 7<sup>th</sup> of June 2016 the NHS NWLA co-hosted an OD event with North West Employers (<https://nwemployers.org.uk/>). Over 50 OD practitioners from the wider public sector joined the event. This project was shared at the event and the group were asked for qualitative responses with regard to the ideas behind the project and the approach being taken. This data is presented at Appendix 2.

#### 6.4 ***The Ethics associated with OD practice***

Within the workshop the participants considered their practice in light of ethic statements or codes. A number of ethical frameworks were available as part of this reflection. Such is the field of OD that no single code exists. The ODN has an ethical credo and some practitioners with CIPD status already adhere to their professional code. A wide ranging discussion concluded that the most important element of ethics within the claim is that the practitioner is clear about which code they used to guide their practice. This element was viewed as an important part of governance process for OD.

#### 6.5 ***Validating the claims of competence***

In general, the view was that if the claims were well written and supported by a portfolio of evidence they would be an effective measure of competence. Some participants suggested that using the competency framework as a 360-degree tool may be effective. This point is discussed further within the recommendations section of this paper.

#### 6.6 ***Using the approach for talent management and appraisal in OD within the North West***

The participants strongly advised that this approach could be used at an organisational level to support appraisal and talent management. It was felt that Heads of OD could utilise the approach once the final formatting work is concluded and deliver the workshops in their own organisations. A 'train the trainer' session was discussed as an option for cost effective dissemination. However,



the participants who led OD teams within their organisations expressed the view that following the attendance at the prototype workshop they could facilitate this within their own organisations. Two participants offered to trial the work further within their own teams.

In general terms participants suggested the documentation and the framework could help them plan career development at an OD team level. Clearly this has benefits in terms of the talent pipeline within the North West and represents a cost effective approach.

## **7. Recommendations**

- 7.1 The feedback from the two action learning cycles supports the view that the approach is an effective way of supporting OD practitioners to reflect upon their level of competence and make a public claim of competence. Once the final formatting of approach and the self-assessment documentation is completed further test cycles should be developed with the participants (from test cycle 2) taking the work into their organisation and sharing their learning. This would be a cost effective way of commencing the dissemination process across the region.
- 7.2 The final formatting should ensure that the development of the self-assessment documentation is used as part of the 'Understanding your OD practice workshop and evidencing your current level of OD competency' workshop. It is unlikely to be helpful if the competency element is used as a standalone product.
- 7.3 This project sought to identify those practitioners who are currently working at a system level or with development over the next 12 months could do so. At the end of the prototype workshop a small number of participants made their verbal claim that they were either system ready or would be with development within the next 12 months. It is recommended that as a follow up to the project all participants are contacted and asked this question again following the agreed period of reflection. This will enable the NHS NWLA to begin the dialogue with this small group about the actual development which is required to build the capacity of a small group of OD practitioners who are able to support complex system level OD interventions.
- 7.4 Validating the claims of competence is an important element which requires consideration by the NHS NWLA team. In a traditional assessment centre design, the client (NHS NWLA) would have an opinion expressed by assessors as to the candidate's capability and potential. No such view is provided by this process. This was discussed with participants during the workshop. Several proposals were made to strengthen the external governance of the self-assessment process. It is recommended that the NHS NWLA team consider the points below and strengthen the work with the inclusion of validating activities.
- 7.4.1 Within the claim the OD practitioner should provide summary evidence of OD work undertaken which supports in particular the statements they are making about working at their highest level of competence (i.e. their ability to work at the following levels: individual, team, business unit, board and system level).
- 7.4.2 The summary evidence should include project scope, intervention design, when the work was undertaken and a reflective account of outcomes and learning. Each summary evidence should be supported by a client reference statement. In this way governance of

the claims being made can be assured. The NHS NWLA team will need to decide how many summary evidence claims they wish to include.

- 7.5 A minority of participants expressed the view that using the self-assessment tool as 360-degree assessment might enhance the process. This was also suggested by participants at the event on the 7<sup>th</sup> of June (appendix 2). The project lead does not advise that the current competency tool is configured for 360-degree feedback. However, this view is important and requires further consideration by the NHS NWLA team.
- 7.6 Many participants were very keen to continue to contribute to the development of the work. It is recommended that a progress update is provided to them and once complete the final report of this phase is shared with them.

## **8. Summary**

This piece of work continues the journey into improving the quality of OD practice across the North West region. The region is at the forefront of public sector transformation in England and as such needs to deploy its OD capacity effectively and wisely. Ensuring the continued availability of high calibre OD professionals within the public sector is crucial to the transformation agenda. This project commences the journey into assuring the quality of OD practice in the UK public sector. These first steps have been warmly received by OD practitioners who have shown an enthusiasm for the follow on steps and the next stages of implementation.

Dr Maxine Craig – June 30<sup>th</sup> 2016.

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