Case Number 2083.0

Unlocking Social and Economic Growth: The Delivery Approach to Government Performance

"Success in government is 10% about choosing the right policy and 90% about relentlessly implementing it."
– Sir Michael Barber[1]

In June 2005, Sir Michael Barber arrived at No.10 Downing Street[2] for a meeting with Tony Blair, then the British Prime Minister (PM), who was nearing the end of his second term. Since June 2001, Barber had served as Head of the Prime Minister's Delivery Unit (PMDU), a small performance management entity positioned at the heart of government (but in parallel to the civil service apparatus) whose core mandate was to support the delivery of concrete results to citizens in key policy areas. In this function, the PMDU team worked closely with several stakeholders – from the Prime Minister to the Chancellor, Cabinet ministers and top civil servants – to ensure sustained focus on priorities as well as help line ministries solve problems and continuously build capacity.

The unwavering commitment of the Blair administration to getting things done, combined with a systematic process put in place with PMDU for translating ideas into impact was showing results. By 2005, Barber and his team had worked with different ministries to ensure most of the targets in areas like education, health, crime and transportation were met, and with significant progress made on others (see exhibit 1). Despite encouraging outcomes, however, Barber had some questions. How could he help ensure continuity and irreversibility of the delivery efforts beyond PM Blair's mandate and his own tenure? What would it take to institutionalize a government innovation that demonstrably led to better results in public services?

Barber was convinced, and data indicated, that sustaining the delivery agenda in the UK could lead to better outcomes in a range of public services. Furthermore, he believed that increasing government's ability to deliver, and be seen to deliver, results that benefit citizens without overburdening them with taxes was an important moral purpose. The challenge was how to make the delivery system resilient to political and economic cycles.

The Delivery Approach

Delivery was considered by the PMDU to be a systematic process through which public system leaders could maximize the chances of achieving outcomes valued by citizens. The delivery approach was grounded on the basic idea that government's capacity to deliver was directly linked to development outcomes. Where government was

[1] Author interview, 03/16/2016.
[2] No. 10 Downing Street is the headquarters of the British Government's Executive Branch, and also the official residence and office of the Prime Minister (who also holds the role of First Lord of the Treasury). The building is located in the City of Westminster in London, near Buckingham Palace, the official residence of the British Monarch.

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effective and accountable, economic growth was enhanced, society was strengthened and citizens were able to lead more fulfilled lives. By contrast, where governments failed to deliver, valuable resources were wasted, people's lives were made worse and the political process was called into question.[3] The importance of delivery, according to Barber, was independent of ideological preferences of a government or its size. Big or small, governments needed to make responsible use of taxpayer's money.[4]

The "implementation gap"[5] (i.e. the failure of well-intended policy ideas to achieve their desired impact) was a critical obstacle to government performance. All too often, governments suffered from lofty promises that fell short of improving citizens' lives. In Barber's view, implementation gaps were commonly created and perpetuated because of misguided perceptions about the reality of government functioning. Public officials often decided on policies and then expected results to naturally follow. The delivery approach proposed a fundamentally different mental model, which stressed the importance of uncompromising implementation. Key features of this cyclical mental model included emphasis on prioritization, rapid action, and learning and adaptation in continuous feedback loops (see exhibit 2).

Although difficult to achieve and sustain in practice, the delivery approach was based on disarmingly simple concepts. Underlying all processes and tools were five straightforward, and yet powerful questions. Barber found that asking system leaders at various levels these questions invariably led to productive conversations that paved the way to effective delivery.

The first question, "What are you trying to do?", helped to set clear priorities and establish specific, measurable goals. The second question, "How are you trying to do it?", compelled the development of clear practical plans which were regularly used and updated. The third question, "How, at any given moment, will you know whether you are on track?", required the development of valid, reliable, close to real-time data on key indicators, with monitoring routines (such as stock-take meetings) with all key players involved. While the fourth question, "If you are not on track, what are you going to do about it?", prompted reflection and the development of agreed actions (which were then followed up, tested in practice and refined if necessary) and to act (by trying something and not neglecting a problem once identified). The fifth question, "Can we help?", offered support to ministries to remind them of the principles underlying effective delivery (constant ambition, refusal to give up; focus on goals, no distractions; maintaining the routines; analysis and problem-solving where required, and bringing to bear lessons from elsewhere).

The delivery framework and culture

The backbone of the delivery approach was a set of 15 elements, organized into 5 categories, which together formed a guiding framework to understand how delivery would occur (see exhibit 3). The Delivery Framework provided a comprehensive, and yet approachable view of what was required to improve government effectiveness

[3] Delivery Associates Website, http://www.deliveryassociates.org/.
[4] Michael Barber, *How to run a government: So that citizens benefit and taxpayers don't go crazy*, London: Penguin UK, 2015, p. 253.
[5] Michael Barber, Nick Rodriguez & Ellyn Artis, *Deliverology in Practice: How Education Leaders Are Improving Student Outcomes*, California: Corwin Press, p. 1.

and accountability. Developed, field-tested and refined by Barber and collaborators based on the PMDU experience and later delivery efforts worldwide, the framework was meant as a conceptual and practical tool to help inform delivery work in various contexts (e.g. developing or developed world) and government levels, from local to national. While displayed in a linear fashion, not all of the elements of the framework followed a sequential order. Processes often happened in parallel. Some were constantly reviewed based on feedback from the field; others, like building capacity and developing meaningful relationships, cut across all stages.

The establishment of Delivery Units was a distinctive feature of the delivery approach. Delivery Units were defined as small, dedicated performance management structures charged with driving improvements of a few, well-specified service delivery outcomes. These units were normally positioned at the center of governments' administration and in parallel to bureaucracies to ensure more autonomy. The Delivery Unit team usually included some of the most talented and capable people in the system. In particular, problem-solving, relationship-building, analytical acumen and coaching skills were highly valued. Although specific structural arrangements were variable, Delivery Units typically shared the following functions:[6]

- Setting direction and context, by helping create a clear shared view of what success looks like;
- Establishing clear metrics and accountabilities, by translating goals into concrete performance indicators (and cascading them across management levels where appropriate) and assigning ownership of targets to specific individuals;
- Creating realistic (and yet ambitious) plans, budgets and targets, by linking resources to government priorities and translating strategy into specific actions on the ground;
- Tracking performance effectively, by reporting on key metrics with the appropriate level of detail and in a timely manner;
- Holding robust performance dialogues, by implementing routines to review progress, solve emerging problems and build momentum in a challenging, yet supportive environment;
- Ensuring continuous learning and innovation, by persistently taking action, providing rewards and consequences to improve performance across implementation areas.

The practice of delivery was ultimately about creating a culture of superior and sustainable performance. Together, the disciplined day-to-day processes of delivery served as an entry point to influence behaviors and reshape organizational values, beliefs and norms. Barber summarized the delivery culture in five keywords "ambition, focus, clarity, urgency and irreversibility," each of which signaled a set of behaviors:

- *Ambition*: constantly challenging performance, asking difficult questions and holding everyone to a high standard;
- *Focus:* relentlessly sustaining priorities, avoiding distractions;
- *Clarity:* getting to the heart of what's happening and "confronting the brutal facts" with a combination of rigorous problem solving, fact-based-analysis and effective communication;

[6] Michael Barber, Paul Kihn, & Andy Moffit, "Deliverology: From idea to implementation," Washington DC, McKinsey and Co., 2011.

- *Urgency:* overcoming tendency of inertia, constantly pushing beyond the comfort zone to keep results on the forefront of the agenda;
- *Irreversibility:* avoid celebrating success too soon, approaching delivery as an ongoing process.

To illustrate the potential impact of the delivery culture on government functioning, Barber contrasted the culture of firefighting around ever-flowing emergencies in government (what he called "government by spasm") with a more systematic, proactive approach (what he called "government by routine") (see exhibit 4). The story of the original PMDU in England as well as subsequent delivery efforts globally in many ways represented the ongoing pursuit to replace "government by spasm" with "government by routine."

The Prime Minister Delivery Unit (PMDU) Experience

During his first mandate, from 1997 to 2001, Blair became keenly aware of the chasm between policy ideas and outcomes on the ground. He had pressed the system hard, and yet results in several areas remained lackluster.[7] Similarly, Barber felt that delivery was a key missing piece in the British government. As Head of the Education Department's Standards and Effectiveness Unit, he reported having met with several people from No.10 who would frequently ask *"have you got any more ideas?"* to which he used to reply *"I do have ideas, but how come you never ask me whether we have implemented the ideas we have already had?"*[8]

From 1997 to 2001, Barber had helped the Education Department set targets on literacy standards and drive concrete improvements in literacy and General Certificate for Secondary Education (GCSE) results. Progress in primary school performance was one of the few demonstrable successes in reforming public services in Blair's first term. The success of education reforms led by Barber provided momentum to Blair's successful campaign in 2001.

In June 2001, after winning the general elections by a landslide, which gave him a second term, Blair told the British people that he interpreted the results as *"a mandate for reform…an instruction to deliver."*[9] A few days later, Barber received a call from Jeremy Heywood (the PM's principal private secretary) to tell him the PM had confirmed that he wanted Barber to establish and lead a Delivery Unit. Barber immediately saw an opportunity to bring the methods he had successfully utilized while at the Education Department to a much greater scale.

A few weeks earlier, after conversations with David Miliband (Blair's adviser and Head of the Policy Unit), Barber had written a design brief that laid the ground on how a Delivery Unit might work. The document contained two ideas that proved central to the whole delivery endeavor: (1) it suggested a rigorous and relentless focus on a relatively small number of the PM's key priorities; and (2) it proposed tying the PM's time to these priorities by organizing a series of stock-take meetings to review progress, remove barriers to success and move the delivery agenda forward.

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[7] The World Bank, "Transcript: Delivering Results – A Conversation with Jim Yong Kim, Tony Blair, and Michael Barber, April 10, 2013, http://www.worldbank.org/en/news/speech/2013/04/10/delivering-results-conversation-jim-yong-kim-tony-blair-michael-barber.

[8] Barber, *Instruction to deliver*, London: Politico's Publ, 2008, p.45.

[9] "Blair's Balancing Act Win is 'Clearly an Instruction to Deliver,'" NewsOK, June 15, 2001, http://newsok.com/article/2744973.

At early stages of inception, there was intense deliberation on whether and why a Delivery Unit parallel to the government bureaucracy was actually necessary. Couldn't the Prime Minister leverage the existing structure to promote improvements? Weren't there public officials already responsible for performance management? In fact, wasn't delivery everyone's responsibility in government? Barber felt strongly that a dedicated unit charged with driving the delivery agenda was vital for the following reasons:

1. To ensure that the PM and public officials' time was systematically and routinely dedicated to identified priorities;
2. To ensure relevant departments and agencies contributed to a shared goal;
3. To sharpen focus on the implementation function, rather than politics, strategy and policy;
4. To serve as a center of expertise on delivery which consolidated the lessons which may apply to other parts of the government machine.

With the rationale for a Delivery Unit well established, the work shifted towards structuring and implementing the PMDU. While initially the proposal was to have four teams organized by functions (account managers, problem-solvers, data analysts and capacity-builders), it progressively became clear that such organization led to fragmentation of work and excessive management burden on the Head of the PMDU. The updated arrangement[10] organized the PMDU by government priority. In each priority, departmental teams (with subject matter expertise, analytical capabilities and relationship building skills) assumed a critical role in advancing delivery. The account management and problem-solving functions were combined, whereas data analysis remained independent and capacity building was dropped as a separate function. (Exhibit 5 shows the PMDU organization by government priority.)

Priorities and relationships

When Barber accepted the invitation to serve as Head of the PMDU, he had no Delivery Unit to inherit. This meant he faced both the privilege and the risk of finding the people, developing the processes and establishing the relationships. He noted:[11]

> *"At one of my first meetings with Blair in my new role, he agreed he wanted reform to be 'more radical, more urgent and more comprehensive', but at that time I had no staff and only the vaguest idea what to do!"*

The starting point of PMDU's work was priority setting. After a series of meetings among top policy officials in late June and early July 2001, 14 delivery priorities emerged in four areas. For the Department of Health[12] the priorities were heart disease mortality, cancer mortality, waiting lists, waiting times, and accident and emergency. For the Department of Education[13] the priorities consisted of literacy and numeracy at age 11, Math and English at

[10] The plan for a new structural arrangement of the PMDU was developed by Peter Thomas, then Barber's Deputy Director. Source: Barber, *How to run a government: So that citizens benefit and taxpayers don't go crazy,* p.41.
[11] Barber, *Instruction to deliver.*
[12] In the UK government ministries are called departments.
[13] In some cases, goals were dropped because the policy wasn't settled (e.g. higher education reform in 2001). The Delivery Unit reviewed each year with the PM what was in or out of the portfolio.

14, 5 + A – C in GCSEs,[14] and truancy. The Home Office had three priorities related to overall crime and breakdowns by type; likelihood of being a victim, and offenders brought to justice. For the Department of Transport the two priorities were road congestion and rail punctuality. For each of these priorities, aspirations were translated into measurable commitments and broken down into sub-targets where necessary to fully capture the idea of what success meant. On hospital waiting times, for instance, a maximum wait of six months was set for non-emergency surgery, and a maximum of four-hour wait was agreed for people in the Accident and Emergency Departments to be seen, treated and appropriately referred.

Barber then set out to establish relationships with key stakeholders in the system. To avoid the risk of getting trapped in series of bureaucratic meetings with limited results, he prioritized key relationships early on, and was deliberate on how to create a "win-win" in each engagement. That meant crafting a targeted narrative to each key stakeholder, which highlighted the unique value proposition of the Delivery Unit from her or his perspective. For example, for the Prime Minister, the main message was "whatever you are doing, we are focused on your priorities" and for the Chancellor of the Exchequer (Treasury) "we will make sure the money you allocate delivers results." While for the cabinet ministers the message stressed PMDU would "help [you] get your bureaucracy to deliver the government's priorities," for the top civil servants PMDU worked to "sustain a focus on priorities and help you solve your problems." The message to everyone in the government was one of win-win and recognition, with a clear commitment: "however much we contribute, you get the credit."

Most crucially, Barber and the PMDU team sought to not undermine or impose a bureaucratic burden in any of these key stakeholders. In Barber's words, *"it would have been disastrous – but not at all unusual at the time – to create a Delivery Unit that got into the way of delivery."*[15] The PMDU team was committed to devolving all the credit of positive results to departments. The small team size signaled the purpose of partnering rather than competing with Ministries for delivery. To minimize resistance and enlist broad support, Barber proposed a "contract" with permanent secretaries, in which he pledged to follow, and ensure that his entire team would follow, a set of unorthodox working principles in government, with a list of explicit behaviors that could be expected from the PMDU team (see exhibit 6).

Planning and monitoring delivery

With an atmosphere of enthusiasm and optimism, Barber and his team embarked on the work of planning for delivery in the summer of 2001. To instill pace and energy, the first line of business was to pull together from departments a list of "quick wins" that could demonstrate to the public that something concrete was happening.[16]

This first exercise proved to be an uphill struggle. Some secretaries argued that focusing on quick wins would distract from the central task of implementation, while others complained about the Delivery Unit micro-managing their staff. The PMDU team also requested concrete delivery plans for each of the priorities to which secretaries of

[14] GCSE stands for General Certificate of Secondary Education. The grades A-C respond to grades that pass, with D, E and F corresponding to the grades which fail.
[15] Barber, *Instruction to deliver*, p. 64.
[16] Influenced by John Kotter's book *Leading Change*, Barber viewed the achievement of "quick wins" as a critical initial step in the change process.

state were committed (see exhibit 7 for key elements of a delivery plan). In a letter to permanent secretaries, Barber wanted to acknowledge the initial challenges encountered, while at the same time striking an assertive and collaborative tone to set the pattern of the relationship with departments moving forward. He deliberately sent the letter using the Downing Street letterhead, even though the PMDU staff was housed in Parliament Street, to convey the impression that everything the PMDU did emanated directly from the PM. He wrote:

> …I am clear that we are – all of us – seeking to design a new, more effective approach to the delivery of the government's key public service objectives. I am also clear that none of us yet has a perfect blueprint! There is fear, I know, that the PMDU will seek, especially through the planning phase, to 'micro-manage,' creating a bureaucratic process which hampers departments' efforts to deliver. That would be counter-productive and is not our intention. On the contrary, we want to develop a process with you that results in delivery plans which… are based on best practices in the public and private sectors, and where appropriate, overseas…[17]

In addition to communicating with the permanent secretaries, Barber also shared this letter with Tony Blair, Richard Wilson (Cabinet Secretary) and Gus MacDonald (Minister for the Cabinet Office). In response, Blair reinforced his support and suggested a meeting with departmental ministers and top officials to make it clear that he was "right behind this."[18]

The British government administration was much more geared up to write policy papers, legislations and regulations than it was to prepare plans. According to Barber, the plans initially returned to the PMDU from departments by the established deadline "varied from the barely adequate to the absolutely dreadful."[19] He was looking for "real, messy, practical, operational plans with folds and creases, scribbled notes in the margins and coffee stains,"[20] but instead what he got in many cases was a thoughtful prose with generic ideas. None of the plans included enough information on the delivery chain[21] that connected the plan at the top of government hierarchy to service delivery on the frontline. Few plans included a clear description about data collection and analysis systems and trajectories for pre-determined targets.[22] Without data, it was impossible to understand whether the proposed policies and programs were working or not. Without sensible trajectories, it was difficult to know when to expect changes and their magnitude. Progressively, the PMDU team supported the establishment of robust data systems, capable of capturing and making sense of relevant information, to inform decision making and drive the delivery agenda forward.

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[17] Barber, *Instruction to deliver*, p. 76.
[18] Barber, *Instruction to deliver*, p. 78.
[19] Barber, *Instruction to deliver*, p. 85.
[20] Barber, *Instruction to deliver*, p. 84.
[21] Delivery chain is defined as a set of actors (people and organizations) and the relationships between them through which a given strategy will be implemented. It is meant as a graphic representation that answers the question: "starting with your strategic intent and ending with changes in practice at the front line, how – and through whom – does your strategy actually happen?" Barber, Rodriguez & Artis, *Deliverology in Practice: How Education Leaders Are Improving Student Outcomes*, p. 145.
[22] Targets are defined as the numerical representation of a goal that is specific, measurable, realistic and time-bound (SMART). A trajectory is a series of interim targets that plots the planned path of the metric between present date and the target date. Both targets and trajectories are meant to estimate the impact of the plan on the government's goals. Barber, Rodriguez & Artis, *Deliverology in Practice: How Education Leaders Are Improving Student Outcomes*, p. 163.

Central to all delivery efforts in the original PMDU was a process for managing performance in which those responsible for delivery were held into account. This was done through regular stock-takes: structured meetings designed to discuss progress against goals and make practical decisions to overcome barriers. What set the stock-takes apart from other meetings in No. 10 Downing Street was the content of the conversation. While traditionally the main subjects in meetings at No. 10 Downing Street revolved around politics, legislation, media and public opinion, Delivery Unit stock-takes focused on dialogues about performance based on evidence.

To allow for honest conversations, stock-takes included only a few key stakeholders, with regular attendance of the Prime Minister. Meeting topics were staggered so that all priorities received attention on a rotating basis and were continuously on the PM's radar. Prior to each meeting, a briefing prepared jointly by the Delivery Unit team and the Policy Directorate would be shared with Tony Blair with the group's views on current performance, issues on which the PM should challenge the department, and supporting data (pre-validated and accepted by all participants). After the stock-takes, a minute was circulated to attendees, and the Delivery Unit team would follow up with the department to make sure the agreed-upon actions were taken. In addition to the regular stock-takes, delivery performance reviews also included less frequent (and more comprehensive) meetings in which the state of delivery in general and in each department was appraised.

Common to all the routines was a fundamental shift towards a data-driven mentality. Rather than making decisions on the basis of political preferences or intuitions, government started to operate based on concrete, defensible facts.

9/11 – Delivery never sleeps

By September of 2001, it had become clear that departments were taking delivery very seriously. Despite evident limitations in the capacity to drive progress, senior officials were engaged in the process and learning from it. On September 11, Barber was ready to lead a meeting with key officials on which he planned to reaffirm the PM's commitment to the delivery of results, when he saw on the TV screen pictures of the first plane crashing into the World Trade Center. Assuming it was a terrible accident, he set off for the meeting, which was quickly interrupted by reports that the Twin Towers had collapsed.

By the end of that day, the entire British Government machine had refocused on the global crisis. In the months that followed from the terrorist attack to the fall of the Taliban, Tony Blair faced enormous demands of the global agenda. Despite the stormy context, however, Blair continued to dedicate time to the delivery of public services. On September 27th, for instance, at a No.10 staff meeting, Jonathan Powell (then Chief of Staff)[23] strongly reaffirmed that delivery remained a central priority for the PM. To elevate the message, Barber stated: "The whole point of having a Delivery Unit is that whatever the PM is doing and however distracted he may be, he can be sure we are always on the case." [24]

[23] Jonathan Powell served as Tony Blair's Chief of Staff from 1995 to 2007. As the only senior adviser to serve with Blair throughout his entire time as leader of the Labor Party, he played a key role in the British government's foreign policies and political strategies.
[24] Barber, *Instruction to deliver*, p. 103.

That same week, Barber was summoned to a meeting with Tony Blair about domestic policy. Blair was alarmed, although not surprised, with Barber's report that government still significantly lacked preparedness for delivery. Barber offered Blair the same commitment he gave to staff, and added: "If you wake up in the night worrying about delivery, just remember: delivery never sleeps."[25]

Outcomes

In the years that followed, the PMDU sought to combine the elements of delivery into a steady, relentless routine. Keeping momentum and protecting the function of delivery was no easy feat; Barber often described this work as a "long, grinding haul"[26] – at times tedious and at times draining, but always fascinating.

In December 2001, the PMDU was able to report significant improvements in some areas, whereas other intractable problems persisted. Health Service waiting times, for instance, was arguably the most important to the public and the most complex issue. On the delivery report to the PM, Barber argued that "a much more sustainable approach was required" to address health challenges.[27]

After December 2001, PMDU published delivery reports twice a year. These reports proved valuable not only as a tool to promote internal accountability and solidify trust in the delivery methods, but also as an activity that sparked collaboration across different areas. Results emerging from those reports were typically mixed, reflecting wide variations across departments in the likelihood of capacity for delivery. For example, accidents and emergency (A&E) wait times in the National Health System (NHS) was an unsettling challenge. During 2002, the Delivery Unit was monitoring progress on an ambitious target. The promise was that, by the end of 2004, none of the more than 12 million people who relied on this service each year would wait more than four hours to be seen, treated or, if necessary, admitted to hospital. Up until the summer of 2002, however, monthly data revealed that while 80 percent of patients were dealt with within four hours, 20 percent were waiting longer – sometimes much longer.[28]

Reducing Accident and Emergency wait times in the National Health System

Inspired by encouraging results obtained in efforts to reduce street crime,[29] the Health team decided to apply the methods of rapid priority review and intense mobilization for action to the A&E problem.

In a series of field visits led by Clara Swinson (Health account manager) and Richard Page-Jones (Director of the Delivery Unit), the PMDU collected evidence about the root causes of the problem and quickly developed an idea of what needed to be done. The team visited one A&E department which performed exceptionally well and

[25] Barber, *Instruction to deliver*, p. 103.
[26] Barber attributes this expression to a political commentary by Matthew d'Ancona, writing in the *Sunday Telegraph*: "There is no drama in delivery…only a long, grinding haul punctuated by public frustration with the pace of change." Source: Barber, *Instruction to deliver*, p. 112.
[27] Barber, *Instruction to deliver*, p. 116.
[28] Barber, *Instruction to deliver*, p. 164.
[29] On March 2002, Home Office data showed that street crime was skyrocketing in the UK. In response, Blair proposed the creation of an emergency committee (COBRA) to deal with the issue. The immediate mobilization of stakeholders to review capacity and develop effective solutions worked - street crime trends began to revert by September of that year. Source: Barber, *Instruction to deliver*, p. 148.

one which the data revealed very poor results. It became apparent that the worse-performing A&E Department had weak management that conflicted with executives of the NHS Trust. In that setting, managers would intentionally keep patients waiting in order to draw attention and strengthen their case for additional funding. By contrast, the well-performing A&E had excellent management, and systematically adopted processes to increase efficiency. Their "see and treat" practice,[30] for instance, had radically transformed the triage process by treating minor injuries immediately (in addition to dealing with urgent cases) at the triage point and sending patients home (see exhibit 8).

The fastest possible scale-up of the "see and treat" practice became the central recommendation to more than 200 A&E departments. Starting in January 2003, A&E data began to move in the right direction. In the last week of March (which was a "census" week for hospital star ratings), 90 percent of patients were being seen within four hours, compared to 80 percent prior to the interventions (see exhibit 9). During the summer of 2003, the metric plateaued around the 90 percent range. The Department of Health explained this as a normal occurrence given the time of the year, but the PMDU began to press for renewed action. Implementation of the "see and treat" triage system proved necessary, but insufficient. The team was convinced that achieving the target would require effective management of the whole hospital. For example, if a patient needed to see a specialist, management had to ensure this was possible within the time limit. Likewise, if a patient needed hospitalization, management should ensure beds became available in a timely manner. During 2003, the Department of Health, assisted by the Delivery Unit, codified best practices in management areas and, on the basis of weekly data, dispatched teams of experts to solve problems in hospitals with the most need.

An additional policy element was included in the plan by the Fall of 2003. During one of the stock-take meetings, Blair posed the question of whether there were positive incentives in place for hospitals to meet the A&E target. The room went silent – there were none. By December 2003, the Health team had developed an incentive package which would provide financial rewards to A&E departments that met milestones during 2004, on track to achieving the final target in December of that year. As the incentives package was introduced, progress towards the target followed (see exhibit 9). Improvements in A&E wait times were met with skepticism by critics, who argued the effect may have been due to gaming behaviors[31] (e.g. hospitals distorting clinical priorities or manipulating the data to give the idea of compliance). However, later studies concluded that the dramatic changes observed were likely attributable to actual improvements in health service delivery, despite pitfalls associated with target-setting.[32,33] The disciplines of delivery were bringing about real impact in citizens' lives.

The Challenge of Irreversibility and Translation

Four years after its inception, the PMDU had transformed the British government's culture in relation to implementation of policies. The disciplined processes of delivery introduced at the heart of public administration

[30] Sharon Saint Lamont, "'See and Treat': spreading like wildfire? A qualitative study into factors affecting its introduction and spread," *Emergency Medicine Journal*, *22*(8), 2005, pp. 548-552.
[31] Alex Mears, "Gaming and Targets in the English NHS," *Universal Journal of Management*, *2*(7), 2014, pp.293-301.
[32] Steven Kelman & John Friedman, "Performance improvement and performance dysfunction: an empirical examination of distortionary impacts of the emergency room wait-time target in the English National Health Service," *Journal of Public Administration Research and Theory*, 2009, mun028.
[33] Gwyn Bevan, G., & Hood, C. (2006). Have targets improved performance in the English NHS?. *BMJ*, *332*(7538), 419-422.

became an important ingredient for effectiveness and accountability in Prime Minister Blair's second term. The emphasis on data-driven performance management and relentless implementation yielded tangible impact in several social areas. Barber and his team had created a whole new set of procedures as well as a new vocabulary to describe government's way of doing business. The PMDU had not addressed all of the British government's challenges, but nonetheless many important milestones had been met. Unquestionably, Barber and the PMDU team had brought ambition, focus, clarity and sense of urgency to government work.

Things had clearly changed, but would they stay changed in the long run? The key challenge facing Barber in 2005 was how to promote irreversibility of delivery efforts moving forward. There were numerous threats to bringing about irreversible progress:[34]

- Giving up because the task was simply too difficult;
- Being satisfied with the form of implementation rather than the real change on the ground;
- Compromising too soon when facing resistance and conflicts;
- Negotiating away the core of the change to buy a quiet life;
- Gaining so much success so soon that you move on to other things before change is secure.

Upholding the PMDU required consolidating delivery as a new mindset across the government machinery; winning people's hearts and minds so they would not want to go back to old ways of performing their work; embedding delivery into the fabric of government. The PMDU team had gone a long way, instilling a sense of ownership for delivery within departments, elevating the value of evidence in guiding policy and programmatic decisions, and improving the lives of millions of people. What would it take to build on the major accomplishments obtained, translating the practice across different administrations in the UK, or even across different countries to improve public sector management?

The characteristics of the democratic process often prevented government innovations from disseminating and perpetuating or translating from one administration to another. Translating experience from one country to another was even more challenging – given the differences in institutions, practices and socio-cultural norms. The original PMDU could undergo alterations as new politicians took office. Nevertheless, Barber felt strongly that the pursuit of delivery had value in and of itself, regardless of how irreversible efforts became through history. As Barber walked into the No. 10 Cabinet Room for his meeting with Blair, with a deep sense of accomplishment, he found himself thinking about the intense journey of the last almost four years, and the legacy of the project of which he had been a part.

[34] Barber, *Instruction to deliver*, p. 366.

Exhibit 1: Results of Key Delivery Unit Targets by 2005[35]

Priority	Better than 2001?	Heading in the right direction?	Target hit or on target to be hit?
Health			
Heart disease mortality	YES	YES	ON TRACK
Cancer mortality	YES	YES	ON TRACK
Waiting list	YES	YES	NO TARGET
Maximum waiting time for non-emergency surgery	YES	YES	ON TRACK
A&E waiting time	YES	YES	HIT
Maximum waiting time for GP appointments	YES	YES	HIT
Nurse numbers	YES	YES	NO TARGET
Doctor numbers	YES	YES	NO TARGET
Education			
11-year-old literacy	YES	YES	MISSED
11-year-old numeracy	YES	YES	MISSED
14-year-old English	YES	YES	MISSED
14-year-old Math	YES	YES	MISSED
5 or more A – C grades at GCSE	YES	YES	NOT CLEAR
Attendance	NO CHANGE	JUST BEGINNING	NOT CLEAR
Teacher numbers	YES	YES	NO TARGET
Home Office / criminal justice system			
Overall crime	YES	YES	NOT CLEAR
Street crime	YES	YES	MISSED
Burglary	YES	YES	ON TRACK
Car crime	YES	YES	ON TRACK
Likelihood of being a victim of crime	YES	YES	NO TARGET
Asylum applications	YES	YES	BLAIR ASPIRATION HIT
Offenses brought to justice	YES	YES	LIKELY TO BE HIT
Drug-related crime	YES	YES	NO TARGET
Police numbers	YES	YES	NO TARGET
Transport			
Road congestion	NO	BETTER MANAGED BUT NO	NO TARGET
Rail punctuality	YES	YES	HIT

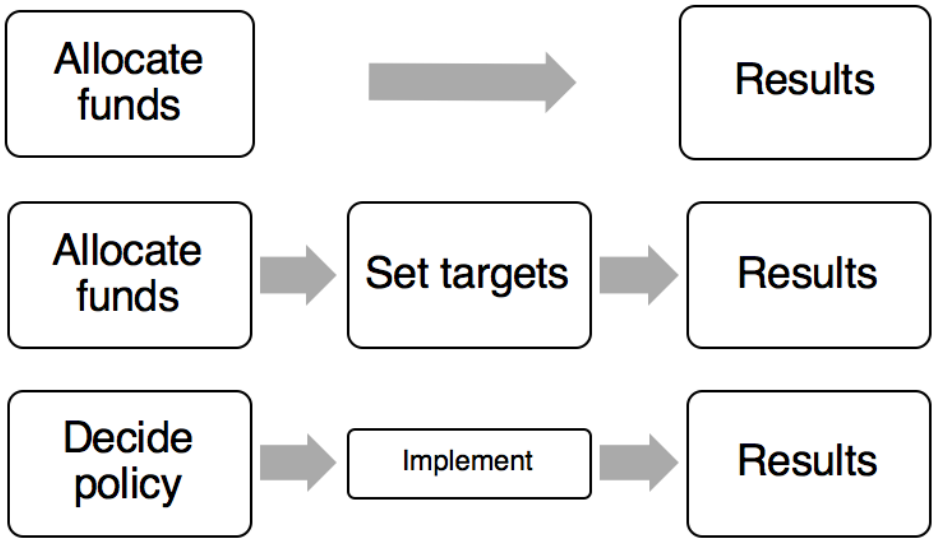
Legend:

RED	Highly problematic – requires urgent and decisive action
AMBER-RED	Problematic – requires substantial attention, some aspects need urgent attention
AMBER-GREEN	Mixed – some aspects require substantial attention, some good
GREEN	Good – requires refinement and systematic implementation

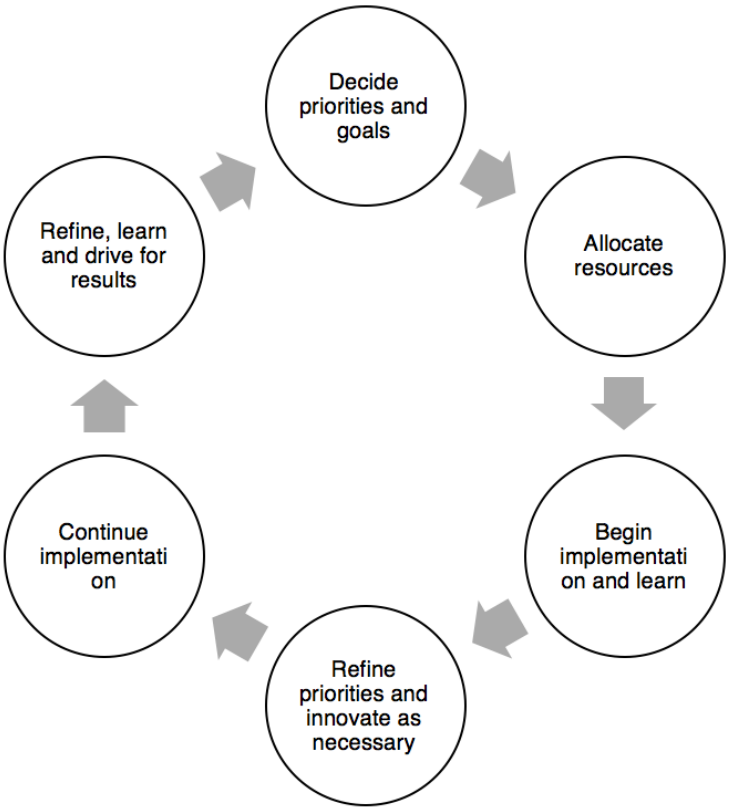
[35] This is a simplified table from Barber's book *Instruction to Deliver* ,p. 388. More detail is available at the Treasury website: www.hmt.gov.uk.

Exhibit 2: Mental Models in Government[36]

Traditional mental models

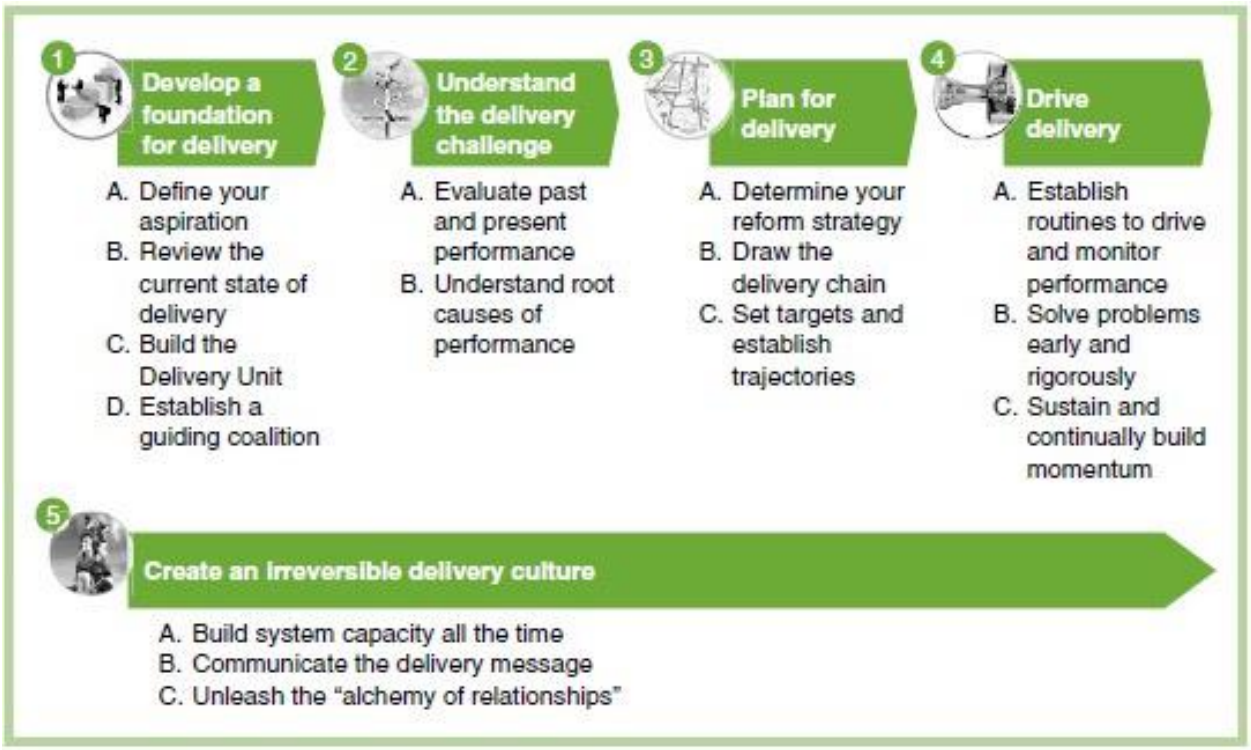


The delivery mental model



[36] Barber, *How to run a government: So that citizens benefit and taxpayers don't go crazy*, p. 35.

Exhibit 3: The Delivery Framework[37]



[37] Barber, Rodriguez & Artis, *Deliverology in Practice: How Education Leaders Are Improving Student Outcomes*, p.6.

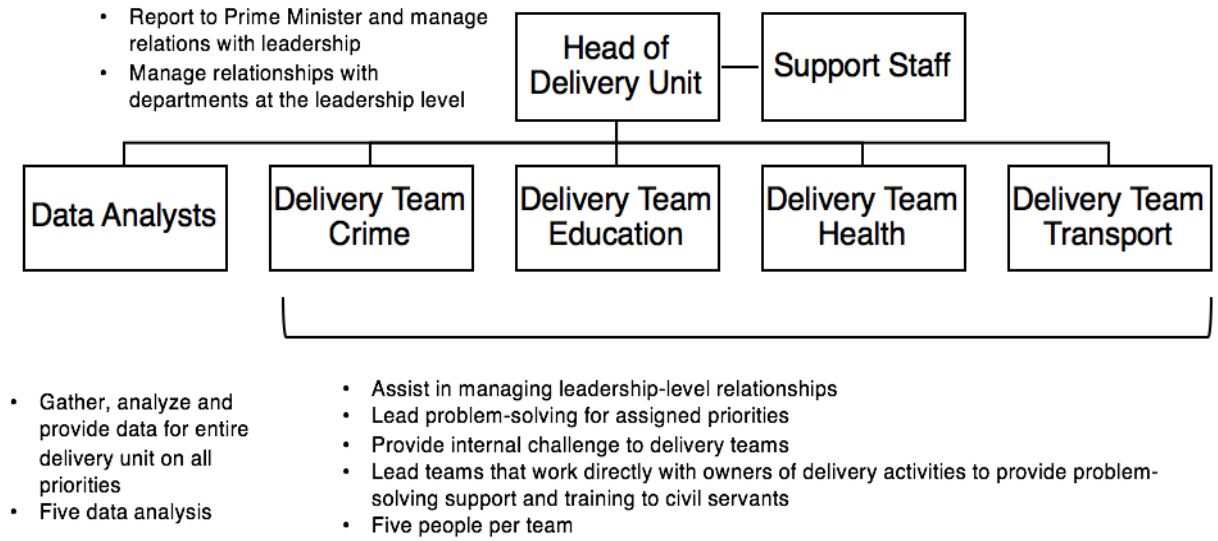
FRAMEWORK ELEMENT	DEFINITION
Develop a foundation for delivery	
1A. Define your aspiration	Define outcomes connected to your moral purpose. This helps answer the question "what are you trying to do?"
1B. Review the current state of delivery	Conduct a rapid but thorough diagnostic of the system's current capacity to deliver results.
1C. Build the Delivery Unit	Create a team in your system that will be responsible for driving the achievement of your aspirations, no matter what.
1D. Establish a guiding coalition	Enlist a critical mass of people to support your delivery work especially when things get difficult.
Understand the delivery challenge	
2A. Evaluate past and present performance	Gather and analyze relevant data to understand performance gaps and patterns.
2B. Understand root causes of performance	Search for root causes of performance patterns to determine suitable response strategies.
Plan for delivery	
3A. Determine your reform strategy	Develop a deliberate and coordinated set of activities to help you achieve your goals.
3B. Draw the delivery chain	Map out key actors (people and organizations) and their relationships to understand how and through whom your strategic intent links to practical changes in the frontline.
3C. Set targets and establish trajectories	Translate your goals into specific numeric commitments and plot the planned path of the metric over time.
Drive delivery	
4A. Establish routines to drive and monitor performance	Schedule regular, structured conversations to review progress against your goals, discuss and solve major challenges, and make decisions to drive delivery forward.
4B. Solve problems early and rigorously	Identify problems that emerge over the course of implementation and respond in a timely, effective manner.
4C. Sustain and continually build momentum	Sustain delivery efforts through the inevitable pressures, setbacks and transitions.
Create an irreversible delivery culture	
5A. Build system capacity all the time	Continuously promote formal learning, deliberate practice and reflection opportunities to build skill and will among delivery stakeholders.
5B. Communicate the delivery message	Keep stakeholders engaged and motivated to support your delivery goals and strategies.
5C. Unleash the "alchemy of relationships"	Create space to nourish meaningful relationships with individuals and groups who can help hold and advance your delivery efforts.

Exhibit 4: Contrasting Government By Spasm with Government By Routine[38]

GOVERNMENT BY SPASM		GOVERNMENT BY ROUTINE
Everything matters	VS	Clear priorities
Vague aspirations	VS	Specification of success
Crisis management	VS	Routine oversight
Guesswork	VS	Data-informed
Post-hoc evaluation	VS	Real-time data
Massaged impressions	VS	An honest conversation
Remote and slow	VS	In touch and rapid
Present-focused	VS	Future-focused
Hyperactivity	VS	Persistent drive
Sound bites	VS	Dialogue
Announcements	VS	Change on the ground

[38] Barber, *How to run a government: So that citizens benefit and taxpayers don't go crazy*, p. 154.

Exhibit 5: Prime Minister's Delivery Unit (PMDU) Organizational Structure[39]



[39] Barber, *How to run a government: So that citizens benefit and taxpayers don't go crazy*, p. 42.

Exhibit 6: The Set of Behaviors PMDU Committed[40]

AVOID	EMPHASIZE
• Micro-management • Generating bureaucracy and unnecessary work • Getting in the way • Police wheezes (or gimmicks) • Being driven by headlines • Short-termism • Opinion without evidence • Changing the goalposts	• Keeping the Prime Minister well informed about priorities • Consistent pursuit of priorities • Data and evidence • Plain speaking • Early identification of problems • Imaginative problem-solving • Application of best practice • Recognizing differences as well as similarities between departments • Urgency • Building capacity • Leaving responsibility and credit where they belong • The expectation of success

[40] Barber, *Instruction to deliver*, p. 64.

Exhibit 7: Key Elements of the Delivery Plan[41]

PLAN ELEMENT	KEY QUESTIONS
Accountability and leadership	• Who is accountable both at ministerial and office level? • Who will ultimately be responsible for delivering the priority, including on the frontline?
Project management	• How will the work be managed and by whom? • What is the chain of decision-making? • Who are the key people along the delivery chain? • Do they have the right skills to deliver on what is being asked of them?
Levers for change	• What levers for change are available (e.g. data, inspection, audit or benchmarking)? • How will capacity building be handled? What are the incentives for rewarding success and dealing with failure?
Feedback and communication	• How will feedback be sought on a daily basis, both from staff and consumers? • How will this feedback be used to refine policy development and implementation? • How will key messages about the change program be communicated to staff?
Timetable for implementation	• What is the timetable? • What are the key milestones?
Risks and constraints	• What risks and constraints might throw the work off course? • How will they be managed?
Interdepartmental collaboration	• How will other departments and interdepartmental mechanisms (e.g. Cabinet Committees) be involved? • Are there particular handling issues?
Resources	• What resources, both human and financial, are available?
Benchmarking	• What benchmarks should be set in place within a service or other services and sectors, or equivalents overseas?

[41] Delivery Associates, internal documentation.

Exhibit 8: Scaling up "See and Treat"

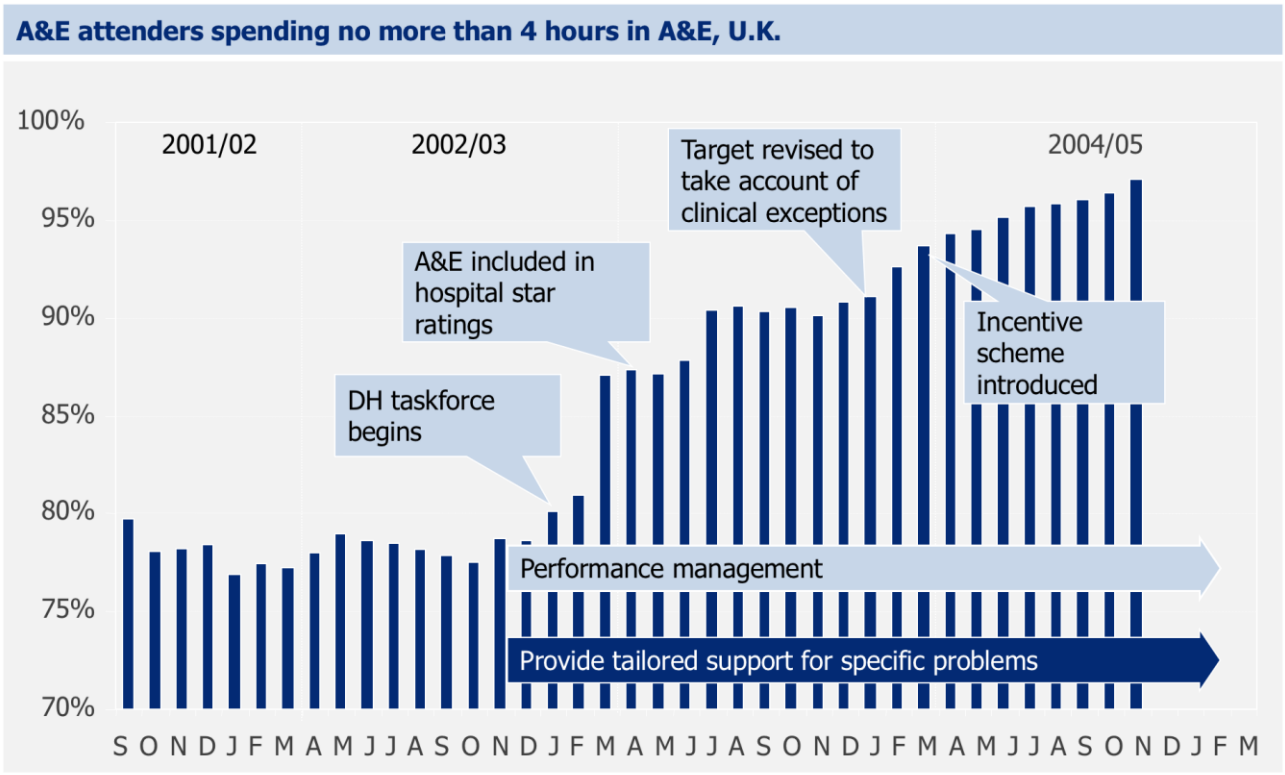
In analyzing the patterns of A&E visits, the PMDU team discovered that patients could be segmented into three categories. About one-third of the patients presented to A&E Departments with minor issues that could be promptly treated and discharged. Another third was composed by those who needed further diagnosis (e.g. X-rays, MRIs) and referral to specialists. The remaining third were patients with severe conditions that begged immediate treatment and hospitalization.

Based on this breakdown, the potential for quick wins became clear. The "see and treat" practice seemed particularly suitable to patients with minor conditions. The Health team felt that removing this bottleneck could dramatically improve wait time performance in a short timeframe. On the other end of the spectrum, patients with severe issues were much more complicated to influence, because their timely treatment depended on making hospital beds available – something that hinged on issues beyond the scope of A&E work. Segmenting the problems, identifying "choke points" to performance and developing tailored solutions to meet the unique needs of each sub-group quickly became integral elements of the PMDU approach to problem-solving.

The Health team recommended rapid scale-up of the "see and treat" practice in more than 200 A&E departments across NHS England. Additionally, the team suggested that performance on A&E targets feature in published hospital ratings, and that the Department of Health manage performance on this indicator across the system on a weekly basis – challenging and offering assistance from external experts as needed. These proposals were met with skepticism and discontent from clinical staff, who felt government was imposing targets and undermining their professional autonomy. The intervention of the National Director for Emergency Access, who strongly advocated for the value of tighter control of relevant indicators, framing target-setting and data monitoring as enablers rather than hindrances to ongoing improvement of clinical services, was instrumental to overcome such resistance.[42]

[42] Sir George Alberti, "Transforming Emergency Care in England," Department of Health, October 2004, http://aace.org.uk/wp-content/uploads/2011/11/Transforming-Emergency-Care-in-England.pdf.

Exhibit 9: Accidents and Emergency (A&E) Wait Time Performance Over Time



Source: Department of Health