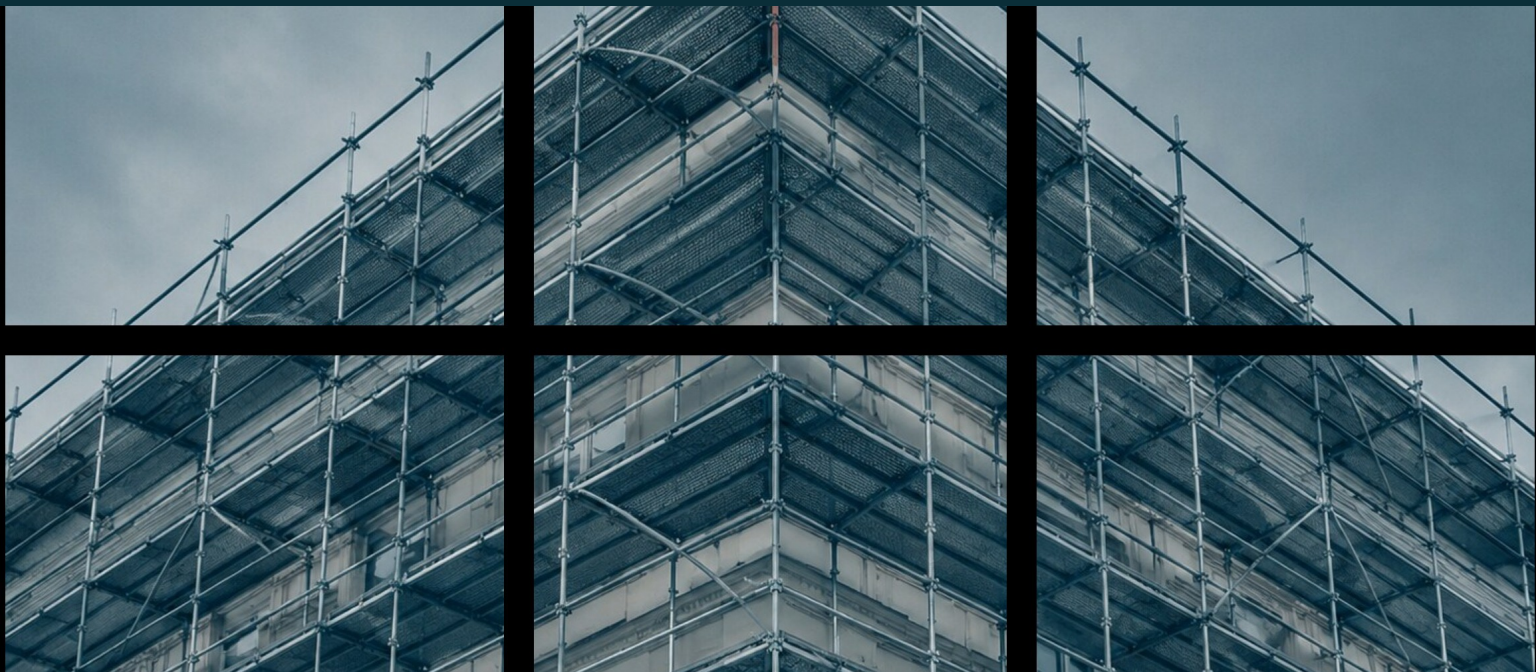


BEYOND THE MILESTONE

Not Progress, Not Status, Health

A Practitioner's Perspective on What We Should Actually Be Monitoring



Giovanni Leonardi

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1. The Wrong Vital Signs

We have become remarkably good at measuring the wrong things in transformation. We track milestones, burn rates, resource allocations, and deliverable counts with impressive precision. We produce dashboards that tell us exactly where the programme stands against its plan. And none of this tells us whether the transformation is actually working.

The distinction matters. Progress is about delivery: are we building the thing on time? Status is about reporting: what colour is the RAG? Health is about something altogether different: is the organisation actually changing? Is the new way of working taking root, or is it being bolted on to an unchanged substrate that will reject it the moment the programme closes?

In my experience, most transformation programmes monitor progress obsessively, report status dutifully, and measure health hardly at all. The consequence is that they discover far too late – usually after go-live, often after the programme team has disbanded – that the transformation was a delivery success and an organisational failure.

2. Why Health Is Different

Progress metrics answer the question: are we doing what we said we would do? Health metrics answer a fundamentally different question: is what we are doing actually producing the change we intended?

These are not the same question, and the gap between them is where most transformations fail. A new system can be delivered on time and on budget, but if the people who are supposed to use it are working around it, or using it in ways that replicate their old processes, or complying with the letter of the new process while subverting its spirit, then the transformation has not succeeded. The system is present; the change is not.

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3. The Signals That Matter

If we accept that health is distinct from progress, the question becomes: what would we actually measure? The honest answer is that health metrics are harder, messier, and more ambiguous than progress metrics. They do not lend themselves to clean dashboards. This is precisely why they are avoided — and precisely why they are valuable.

The signals I have found most revealing, across multiple transformation programmes and sectors, are these:

Decision velocity. How quickly are decisions being made at the points where the transformation intersects with business-as-usual? A healthy transformation is one where operational managers are making decisions in line with the new model without escalating to the programme. A struggling transformation is one where every decision is deferred, escalated, or made and then reversed. The speed and quality of decisions at the boundary between old and new is one of the most reliable indicators of whether the change is being absorbed.

Language adoption. This sounds soft, but it is remarkably diagnostic. When operational teams start using the vocabulary of the new model naturally — not because they have been told to, but because it has become the way they describe their work — the transformation is taking hold. When they still use the old terminology, or use the new terminology with visible self-consciousness, the change is surface-deep.

Workaround prevalence. Every transformation generates workarounds — informal processes that people create to bridge the gap between what the new model demands and what they actually need to do. A small number of workarounds is normal and healthy; it means people are pragmatically adapting the new model to local conditions. A large and growing number of workarounds means the new model does not work for the people who have to live with it. Tracking workarounds — not to eliminate them, but to understand what they reveal — is one of the most underused diagnostic tools available.

Voluntary adoption beyond mandate. The strongest signal of transformation health is when people start extending the new model into areas the programme did not specify. When a team that was not in scope for the transformation asks to adopt the new approach, something real has happened. When every adoption requires a mandate, a directive, and a compliance mechanism, the transformation is being imposed, not embraced.

4. Why We Do Not Measure These Things

The reason these signals are rarely tracked is not that they are unknown. Most experienced transformation leaders could recite a version of this list. The reason is that they are difficult to quantify, difficult to compare across time periods, and difficult to present to a steering committee that expects clean numbers.

Progress metrics have the enormous advantage of being precise. You either hit the milestone or you did not. The budget is either on track or it is not. These metrics fit neatly into a governance framework that runs on dashboards, exception reports, and RAG statuses. Health metrics do not fit this framework. They are qualitative, contextual, and interpretive. They require the governance body to engage with narrative rather than numbers, to exercise judgement rather than apply thresholds.

Most governance bodies are not set up for this. They are designed to process structured information efficiently, which means they are designed to handle progress data. Asking them to also process health data requires a change in how they operate – which is, ironically, its own transformation challenge.

5. The Practical Middle Ground

I am not arguing that progress metrics should be abandoned. They serve a legitimate purpose: ensuring that the programme is delivering what it committed to deliver, within the constraints it was given. What I am arguing is that progress metrics alone are not sufficient, and that the absence of health metrics creates a dangerous blind spot.

The practical approach is to introduce a small number of health indicators alongside the existing progress metrics, not as replacements but as complements. Three or four indicators, reviewed qualitatively at each governance cycle, with the explicit understanding that they will not produce clean numbers and that their value lies in the conversation they provoke rather than the data they generate.

This requires governance bodies to allocate time for a different kind of discussion – not are we on track? but is the change taking hold? It requires programme leaders to invest in gathering qualitative data from the operational front line, not just from their own delivery teams. And it requires sponsors to be genuinely interested in the answer, even when the answer is uncomfortable.

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6. The Cost of Not Looking

The organisations that do not measure transformation health pay for it eventually. They pay in failed benefits realisation, when the expected returns do not materialise because the operational changes that were supposed to produce them never truly landed. They pay in rework, when the next programme has to re-do the change that the previous programme only partially achieved. And they pay in cynicism, when the workforce concludes – not unreasonably – that transformation programmes are things that happen to them rather than with them, and that the safest strategy is to wait them out.

Measuring health will not prevent all of these outcomes. But it will make them visible earlier, when there is still time to intervene. And that, in the end, is all that any measurement can do: give us the information we need to act, while acting is still possible.