Leadership, service reform and public-sector networks: the case of cancer-genetics pilots in the English NHS

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Abstract (497 words)
In attempting public-service reform, governments worldwide have deployed policies aimed at both transforming structures of public service provision and facilitating the agency of public servants working within these, in line with the aims espoused by policies of New Public Management and Reinventing Government. In the United Kingdom, such trends are exemplified in policies aimed at the ‘modernization’ of public services that have been introduced by Labour governments since 1997. Various obstacles have been found, however, to impede the effectiveness of such endeavors. Here, we examine the role of inter-organizational networks and distributed leadership—two prominent policies aimed at structure and agency respectively—in the establishment and consolidation of service reform in the public sector. Both are prominent in public-service reforms of governments worldwide (Kakabadse et al., 2003). Networks are seen as providing the means by which reforms in service delivery and organization gain acceptance and uptake across public-service organizations. However, they also have the potential to hinder such spread, on account of their own boundaries and focus on certain professional, managerial and performance concerns. Similarly, leadership—especially leadership distributed among actors at various levels in organizational hierarchies—is regarded by policymakers as a crucial tool in the spread of good practice. Yet the policy ideal of leadership too, though, faces difficulties in practice, with pressures of top-down performance management and the marketization of public services militating against the distributed enactment of leadership across organizations.

Our research uses a comparative case-study approach to consider the contrasting trajectories of two attempts to introduce and gain acceptance for service reform across public-service networks (specifically, the rationalization of patient pathways through various sectors of the English National Health Service). The two cases derive from a wider study of service innovations in the NHS, selected for presentation here as they exemplify certain key tensions around leadership and networks. Fieldwork involving qualitative interviews with stakeholders, observation of key meetings, was conducted; notes and transcripts from these were analyzed along with documentary materials. We note important differences in the context, process and outcomes of these attempts, focusing especially on the way in which leadership was enacted in the two sites, and certain differences of character of the inter-organizational networks. The findings indicate the importance of centrally driven performance management, differences in organizational, professional and sector interests, and the characteristics of networks and leadership themselves in the success or failure of such efforts. Notably, they suggest that effective leadership—
delegated to various actors across the breadth of the organizations involved—can assist in the spread and acceptance of service reform, despite barriers presented by powerful organizational, professional and sector boundaries. However, this also rests on the proper functioning of networks that are able to transcend these boundaries and create an (inter-)organizational culture that is not preoccupied with narrow performance-management regimes and territorial disputes. Moreover, certain parts of the networks studied seem less amenable to accepting service reform than others, associated with their relative power and degree of commitment to the core aspirations of the network.

Key words: service modernization; public services; National Health Service; distributed leadership

Our paper is best suited to the second themed session inviting paper proposals, ‘Leadership in collaboration’, though it may also fit with the theme of the sixth session, ‘Innovation and change through alliances in the service, public and education sectors’.

Reference