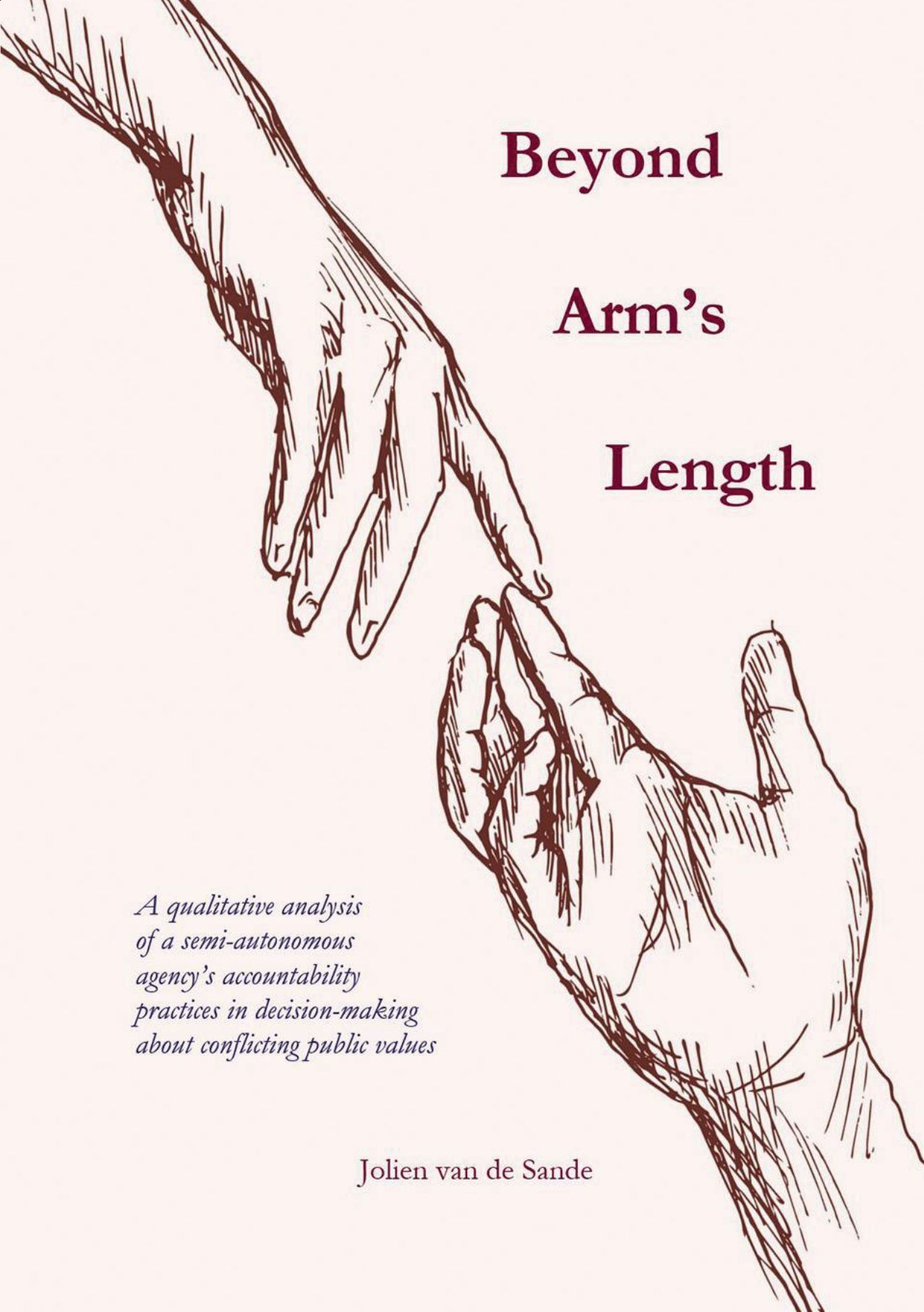
Beyond Arm's Length



A qualitative analysis of a semi-autonomous agency's accountability practices in decision-making about conflicting public values

Jolien van de Sande

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The research for this dissertation was conducted at Erasmus School of Health Policy & Management, Erasmus University Rotterdam. This research was financially supported by the National Health Care Institute (Zorginstituut Nederland, ZiN).

Layout and printing: Optima Grafische Communicatie, Rotterdam
Opmaak cover: met dank aan Embus, Jelle en Angelique.

ISBN 978-94-6361-929-5

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Voorbij armlengte afstand

Een kwalitatieve studie naar verantwoordingspraktijken van een zelfstandig bestuursorgaan in keuzes over conflicterende publieke waarden

Thesis

to obtain the degree of Doctor from the
Erasmus University Rotterdam
by command of the
rector magnificus

Prof. dr. A.L. Bredenoord

and in accordance with the decision of the Doctorate Board.
The public defense shall be held on

Friday 15 December 2023 at 10.30 hrs

by

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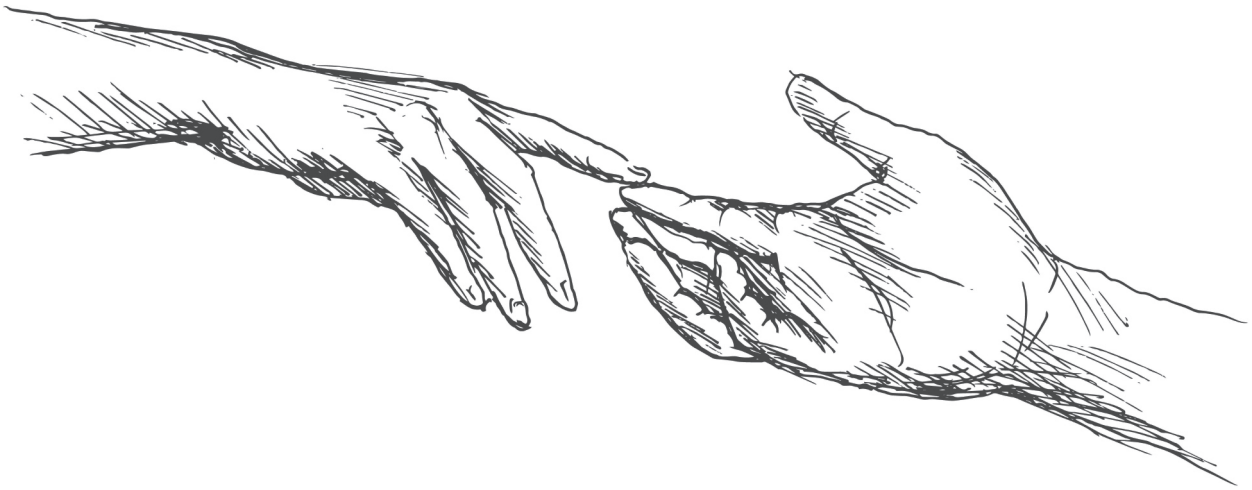

Chapter 1

Introduction: taking conflicting public values into account

A CHANGE PROGRAMME FOR THE DUTCH HEALTHCARE SYSTEM

At the end of February 2022, the board of directors of the National Health Care Institute (Zorginstituut Nederland, ZiN), a semi-autonomous agency in the Netherlands, held its monthly online meeting to inform its employees about what the organization is doing and wants to work on. This time, the board members planned to inform them about the current state of the new change programme for Dutch healthcare called 'appropriate care'. The Institute had introduced the idea of appropriate care together with another agency called the Dutch Healthcare Authority (Nederlandse Zorgautoriteit, NZa) in a joint report. The agencies made the report upon a request for advice of the Dutch Minister of Medical care and Sports who wanted to gain insight into the necessary prerequisites in the Dutch healthcare system to realize appropriate use of care. In their report, the agencies define 'appropriate care' as care that is value-based, is delivered in a process of shared decision making between the healthcare professional and patient, is the right care in the right place, and concerns health rather than illness. The broader purpose of the change programme is to maintain the quality, accessibility, and affordability of the Dutch healthcare system despite the scarcity of resources. During the meeting, the chairperson of the board explained how the Institute would continue with the programme:

'I am the spiritual father of appropriate care and [name of the Authority's director] is the spiritual mother but we also need to hand over the child because it is adopted by politics and will be adopted by the ministry. That is how it is supposed to be. Eventually, you need to dare to hand over the child. With that, it might be raised in a different way than we thought but the ball is not in our court to develop formal agreements. Nevertheless, we will provide input and we did tell the ministry to do take the lead now'. He continues by explaining that the Institute, like two other agencies, will contribute based on its own legal tasks and that it will be invited by the ministry to deliberations with institutional and societal actors on integral agreements for the healthcare domain.

During and after the talk of the chairperson, employees were encouraged to ask questions in the chat of the videoconferencing programme. An employee asked the following question which was answered by the chairperson:

Employee: 'You mentioned handing over the child to the ministry. Do you think that the child is old enough or would you have rather continued to raise it yourself?

Chairperson: I would have wanted to continue in raising it, but the ministry has a larger raising-arsenal. In order to implement it in practice and in the healthcare sector, the Ministry of Health, Welfare and Sport is a real crucial party

(Field notes, February 2022; ZiN & Nza, 2020, p. 1-8).

AGENCIFICATION AND ITS CONSEQUENCES FOR DEMOCRATIC LEGITIMACY

The scene that I describe on the first page of this book is based on four years of mainly ethnographic research within the National Health Care Institute (Zorginstituut Nederland, ZiN). I find this scene highly illustrative for the main issues that this agency, as well as other similar semi-autonomous agencies, are facing nowadays. The fragment shows the ambiguous relation between the agency and its parent ministry in the highly complex societal challenge of keeping the Dutch healthcare system sustainable in terms of quality, accessibility, and affordability. The agency has an important role in the functioning of the Dutch healthcare system. Its legal tasks are to provide clarity about the content of the basic benefit package of insured care, to distribute premiums among health insurers through risk equalization, to stimulate (digital) information exchange within healthcare and to promote quality of care (Zorginstituut Nederland, 2018). This dissertation will show that while political and societal expectations of its conduct are high, the agency operates in a challenging position. In this book, I will analyse developments leading up to the described scene within the Institute and within the broader institutional context in which it operates. Also, I will explicate and discuss the mechanisms underlying the things that are said in the meeting to clarify the illustrative value of the fragment for the everyday struggles of semi-autonomous agencies. The focus of this research lies with public accountability in decision-making about conflicting public values by the agency. This focus is inductively informed by struggles that Institute employees encountered in their daily work. I will start off with describing broader international developments to sketch the context in which this agency was created and currently functions.

From the 1980s onwards, many countries across the globe followed the trend of creating public agencies at arm's length distance from their parent ministries. Policy convergence stimulated by the OECD and the World Bank increased the popularity of so-called 'agencification'. Through increased specialization and professionalization, these agencies were expected to improve the efficiency and quality of public service delivery. The separation of strategic policymaking functions of ministries and operational executive functions of agencies was thought to enable these improvements. (Pollitt et al., 2001). The credible commitment thesis of political scientist Giandomenico Majone provides further explanation on this rationale behind delegation. It entails that democratically accountable policymakers have difficulty in making long-term credible commitments because they are influenced by short-term political preferences (Majone, 2001). On the contrary, the neutral expert staff of agencies is often thought to be able to design policies in detail, adapt to changing circumstances and execute policies more efficiently and effectively than politicians (Majone, 1999). In addition, political transaction costs of operating in the political process in which political agreements need to be reached and enforced can be high which might incentivize governments to delegate tasks and authority (Majone, 2001). Another often-suggested motivation for central governments to

delegate tasks towards agencies is that it can provide politicians with an opportunity to shift blame when things go wrong (Pollitt et al., 2001).

Despite the initial popularity of agencification, in the past four decades, many scholars have identified problems resulting from the phenomenon and studied how to remedy them. They encountered similar issues for national agencies as for supranational agencies such as European institutions. Research primarily focusses on problems with the democratic legitimacy and public accountability of agencies indicated by the terms 'democratic deficit' (Majone, 1994) and 'accountability deficit' (Busuioc, 2009). Both terms are commonly used to refer to the concern that, by delegation of tasks and authority to these agencies, unelected experts are entrusted with authority which weakens the link between the power exercised by the state and the electorate (Koop & Hanretty, 2018). This is due to the inability of citizens to hold agency employees democratically accountable like politicians. In addition, agencies can often determine their own preferences to a large extent since they are not directly politically accountable like government bureaucracies (Ennser-Jedenastik, 2015). These challenges are generally seen as problematic since a representative government is commonly idealized in European welfare states because of its link to ideas of liberty and justice (Pitkin, 1967). In this book, I use the term accountability deficit which is commonly specifically used to refer to the lack of agency accountability (Bovens & Schillemans, 2014).

AGENCIFICATION AND THE RISE OF THE REGULATORY STATE

Although research on accountability problems focusses primarily on semi-autonomous agencies, the trend of agencification is part of broader developments in public administration which raised similar concerns about threats to representative democracy. The 1970s and 1980s were characterized by the transfer of power and resources away from central governments. While capitalist states used to directly own production and service distribution, outsourcing, public-private partnerships and division of purchaser and provider organizations became common. States became increasingly organized by contractual agreements (Hood, 1991). This movement was a response to a general loss of confidence in traditional mechanisms of public service delivery in OECD countries (Scott, 2008). These changes in modern welfare states were expected to remedy inefficient central bureaucracies and economic stagnation (Schneider, 2003). In his work 'The New Governance', Rhodes (1994) famously summarized these developments of disaggregation of authority and privatization with the phrase of 'the hollowing out of the state'. To markets and hierarchies as government structures from which governments can choose, he added governance defined as 'self-organizing interorganizational networks' (p. 666). The shift from a Weberian type of public administration centred in government to governance in networks was influenced by ideas from the paradigm of New Public Management in science

and practice (Hood, 1991). New Public Management can be seen as a transitionary stage in-between traditional public administration towards the current era of New Public Governance. The latter is characterized by increased fragmentation and uncertainty. Nowadays, multiple interdependent actors contribute to public service delivery and multiple processes inform policymaking. Inter-organizational relationships and trust have become core governance mechanisms (Osborne, 2006).

Another development that can be seen as part of this broader shift from government to governance is the increase of regulation which is often referred to as 'the rise of the regulatory state' on both a European and national level. The replacement of public ownership by privatization of public service delivery increased the need for regulation. Since the 1980s, independent regulatory agencies (IRAs) were established, usually by statute, to develop and enforce rules on private actors. At the time, European countries followed a development that had already taken place in the United States (Majone, 1999). Not only do these agencies need to regulate private or semi-private organizations, like most semi-autonomous agencies, they are also significantly subjected to regulation themselves (Black, 2012). Rather than restriction of their legal independence, strong accountability structures were proposed and designed by scholars and have been installed by governments to tackle problems regarding democratic legitimacy (Pollitt et al., 2001). Following new public management principles, the discretion of public officials of agencies was restricted using managerial accountability, consisting of private sector tools to stimulate performance in the public sector (Rhodes, 1996).

AIM AND RESEARCH QUESTIONS

The issue from which I departed in this research was raised by employees of the National Health Care Institute. Institute employees struggled in their daily work with how they could deal with different, often conflicting, values. For example, in executing the legal task of regulating the development of healthcare quality standards by societal interest organizations, they faced difficulties in how to weigh dissimilar values underpinning different standpoints of these organizations. At the beginning of 2019, I started doing ethnographic research at the organization that continued for nearly four years. Approximately one day a week, I worked at the agency's office in Diemen, a city nearby the capital of the Netherlands. I attended internal meetings and other events within the organization and of one of the three advisory committees of the Institute called the Quality Council (in Dutch: Kwaliteitsraad). In the first months of my fieldwork, I heard about another pressing issue for the employees. There was a debate going on within the organization about whether the agency should involve public and patient perspectives more in its conduct and how it could do so. This empirical observation inspired the theoretical research focus of this dissertation on how public accountability plays a role in decision-making by the Institute about conflicting public values. On the one hand, I benefited

from the extensive and thorough work done on the accountability of agencies in the field of public administration and related disciplines. The accountability theory enabled me to explain the accountability dynamics that I observed within the Institute's daily practice. On the other hand, through conducting fieldwork within the agency, I realized that the everyday reality of the work of Institute employees is much more complex than it is often portrayed in the manifold typologies of public accountability practices, causes, circumstances, forums, and consequences in the accountability literature. I will introduce these typologies later on.

Therefore, the main contribution of this book to scientific literature is that it shows empirically how accountability plays a role in a single agency's practice. Most studies on agency accountability rely on a rather deductive and instrumental approach as is rather common practice in the field of public administration as opposed to fields such as anthropology and sociology (Rhodes, 2014). Real in-depth qualitative studies are rare and, to my knowledge, no ethnographic account of accountability dynamics within a single agency has been constructed. Studies often focus on a relatively large unit of analysis such as on the accountability dynamics of many agencies (Schillemans et al., 2021; Leidorf-Tidå, 2022; De Boer, 2022). Contrary to these studies, the ethnographic approach of this book is easily criticized because empirical generalizations cannot easily be drawn for other agencies and countries. The generalizability to other agencies is limited, even more so because of the large diversity in 'the organizational zoo' of agencies (Gill, 2002). However, the added value of my ethnographic approach is that it enables exploring how an agency's employees give meaning to public accountability and related phenomena such as legitimacy and conflicting values and act upon this. On a conceptual level, a novel aim of this study is to show the role of public values in accountability practices. Although the concepts values and the creation of public value are sometimes mentioned in relation to accountability (Scott, 2000; Schillemans, 2010), the role of conflicting public values in agency accountability dynamics remains understudied thoroughly. The above-mentioned aims are summarized in the overarching research question of this dissertation which reads as follows:

> *How does public accountability play a role in decision-making about conflicting public values by the National Health Care Institute (Zorginstituut Nederland, ZiN)?*

The question is divided into four sub-questions which are respectively answered in the four substantive chapters of this dissertation:

I) *What different forms of public accountability of semi-autonomous agencies can be identified in the scientific literature and how can they overcome the accountability deficit according to agencification scholars?*

This question is answered in chapter two which aims to unravel the large amount of accountability typologies in scientific literature on agency accountability. The review study takes a

novel approach by analysing the discourses underlying the three distinct accountability forms identified in the chapter. In doing so, I show how each accountability form rests on a different conceptualization of the public accountability deficit.

II) *How can multiple accountability help an agency to deal with multiple public values during a complex and salient decision-making process?*

Chapter three, which answers the second sub-question, provides a thorough ethnographic account of an important, complex, and salient regulatory process. The paper shows how public accountability, in practice, can enable an agency to deal with conflicting public values. However, it also shows how the highly complex dynamics within a dense accountability network can pose challenges for an agency.

III) *How can an independent regulatory agency deal with the tension between legal mandate and societal relevance and how can reputation-based accountability influence the navigation of this tension?*

The question posed above is answered in chapter four. This study focusses on how an agency navigates the tension between mandate and societal relevance. It shows how, in rendering account, reputational concerns drive the agency to reflect on its own role.

IV) *How do relevant policy actors view the role of the National Health Care Institute in the Dutch healthcare system?*

The final study, chapter five, identifies perceptions on the role of the Institute in the Dutch healthcare system of regulated competition. The chapter shows how relevant actors differently perceive the agency's accountability relations, how it deals with different public values, and its legitimacy.

METHODS

This research started from the empirical question of employees within the Institute who had trouble in dealing with conflicting values in their daily work. Ethnographic research within the agency enabled the articulation of the research question which focusses on public accountability in decision-making about conflicting public values. The fieldwork I conducted, made the issue of how the agency could engage in public accountability within its decision-making processes visible. I used public administration literature on public accountability of agencies and on conflicting values to further operationalize the research question. The research is based

on in-depth qualitative case-study research in which the Institute and its context of the Dutch healthcare system constitute the case (Yin, 2009). From 2019 until the end of 2022, I studied the practices of rendering account by the agency using different qualitative methods and q-methodology, a mixed methods approach. This resulted in a large collection of empirical data on the agency including field notes based on approximately 900 hours of ethnographic research, 54 intensive (q)interviews, and approximately 100 documents that I analysed. Rather than a-priori articulating hypotheses, operationalizing variables, establishing relations between them, and testing their validity, reliability, and generalizability, I generally focused more inductively on how actors give meaning to phenomena within the situated contexts of their work (Schwartz-Shea & Yanow, 2012, p. 1). Within the field of public administration, the latter interpretative social science method is rather uncommon compared to the formerly mentioned and more traditional method. Nevertheless, the value of qualitative research and ethnography is stressed by scholars within the field (Herzog & Zacka, 2017; Rhodes, 2014). This study therefor answers the call of Rhodes (2014, p. 318) who sees ethnography as 'an indispensable tool' that can enrich public administration. In this type of research, intensive interviews and observations provide texture, depth, and nuance (Rhodes, 2014). I thus use an articulative form of inquiry which is sensitive to the material, factual and temporal nature since it focuses on real time practices that are continuously reformed (Nicollini, 2009).

The unique opportunity of conducting in-depth qualitative research from within a single agency was provided by the academic collaboration in which this PhD research is embedded. This research project is part of the Research Network HTA (in Dutch: Academische Werkplaats Verzekerde Zorg). This is a collaboration between the National Health Care Institute, the Utrecht Institute for Pharmaceutical Sciences (UIPS), and Erasmus School of Health Policy & Management (ESHPM). This interdisciplinary network aims to realize impact of scientific research through interaction between science and policy. The structural partnership between these institutions enables the establishment of personal contacts and dialogue which facilitates continued interaction and mutual exchange of knowledge (Wehrens et al., 2012). On the one hand, the network provided unique opportunities by enabling extensive access to the Institute and its Quality Council. I could work one day a week at the agency's office, attend publicly accessible and closed meetings, closely follow two decision-making processes through participant observations, and easily speak to key figures. My involvement in the organization and reporting of meetings, conferences, and strategy days of the Quality Council and the Institute contributed to this. I closely cooperated with the secretary and deputy secretary of the Council. The subsequent positions at the agency of one of my supervisors as head of the R&D and International Affairs department and Chief Scientific Officer contributed to this access and helped to interpret research findings. On the other hand, this close and frequent interaction with the people I studied, and their meanings, ideas and discursive and social practices complicated methodological distance (Alvesson, 2009, p. 156). I managed to create this distance in several ways. First, I used a theoretical framework based on theories on public

accountability and conflicting values to be able to analyse the underlying assumptions, structures, and patterns beyond the detailed and situated data that I collected. Besides the empirical findings, the framework also informed my case-selection, observation focus lists, and topic-lists for interviews. Second, the frequent discussion of my findings with researchers outside of the Institute also helped me to create distance. Discussions within the research team, which also consists of two scholars who are external to the agency, strongly contributed to the design of my studies, to the analysis of my data, and to the construction of the arguments I formulated in this dissertation. Discussions within the research network, within my research group Health Care Governance at the Erasmus University Rotterdam, and at academic conferences also helped me to distance myself from the field. During this research, I used a rather abductive and iterative approach in the sense that I continuously switched between data collection, analysis, writing, and between induction and deduction. In other words, both theory and surprising empirical findings steered this research (Timmermans & Tavory, 2012).

PUBLIC ACCOUNTABILITY AS A RELATIONAL CONCEPT

In this dissertation, I use literature on the public accountability of agencies as a theoretical lens. The attention for accountability deficits, or, in other words, the lack of accountability has been enormous in both science and policymaking practice. This interest relates to the broader governance reforms described before and to agencification in particular. As a response to the challenges the development poses to hierarchical lines of command, more accountability has been frequently proposed as a solution. This caused a shift in focus from original accounting in terms of finances and bookkeeping towards accountability in a standardized and publicly accessible form (Bovens & Schillemans, 2014). This book also takes the public accountability deficit and its consequences as a starting point to study the everyday reality of employees of the Dutch National Health Care Institute. Following a large body of research, I rely on Bovens' (2007) conceptualization of public accountability. He defines the phenomenon as *'a relationship between an actor and a forum, in which the actor has an obligation to explain and to justify his or her conduct, the forum can pose questions and pass judgement, and the actor may face consequences (p.467).* I use the specification 'public' in public accountability because it refers both to accessibility of agency accountability to citizens and to the public sector in which the agency operates (Bovens, 2005). The concept has a positive connotation and is associated with notions such as transparency and trustworthiness and is therefore often used in policy documents. As a result, the concept has become rather elusive and has come to mean many different things to different people (Bovens, 2007). Critics of this loose application fear that the concept will lose its analytical value and have therefore tried to restrict its meaning. Although Bovens' definition has provided direction, debate on what counts and does not count as accountability is still ongoing. Part of the authors use the concept in a normative sense, arguing that there

should be more or less of it (Flinders, 2014; Nesti, 2018; Papadopoulos, 2007; Majone, 1999). On the contrary, this book derives from Bovens' sociological understanding which refers to relational accountability practices instead of an evaluative understanding.

Accountability in the traditional sense is called political, hierarchical, or vertical accountability. It refers to the agency being held accountable by government, government bureaucracies, or parliament. The relationship is commonly understood as vertical since the chain of accountability relations follows the opposite direction of the chain of delegation of authority from voters to political representatives, to ministers, to civil servants, to administrative bodies, or agencies. At the end of the chain, voters hold politicians accountable via elections (Bovens, 2007). This relationship is based on the principle of ownership of the state that ultimately belongs to citizens but has been transferred through delegation (Mulgan, 2003, p. 36). Vertical accountability is often understood in terms of principal-agent theory, a political science model that originates from economic theory of rational choice (Magetti & Papadopoulos, 2018). The agency is then seen as a self-interested actor and the government therefore needs to try to prevent agency loss in terms of the agent drifting away from its mandate. The government is assumed to do so by acquiring information about the agency's conduct and applying sanctions when necessary (Strøm, 2000). Most accountability scholars have departed from this principal agent framework since its core assumptions do not match the complexity of public accountability in practice. The relationship between agencies and their political principals is often not characterized by formal account holding. Forums sometimes choose to not hold agencies accountable because they find it costly and time-consuming. Lack of organizational capacity and expertise can then cause a passive attitude. Trust in the agency's conduct also explains limited control exerted by the government or parent department. Also, strong involvement in the agency's conduct may restrict the government's room for blame-shifting (Magetti & Papadopoulos, 2018). Furthermore, agencies themselves often do not act out of self-interest and opportunism to maximize profit, instead, they are commonly intrinsically motivated. The goals of agencies are often not that different from their forums. Agencies are not always forced to render account. For various reasons such as building trust and credibility, improving their reputation, or expanding their autonomy they often voluntarily render account to their vertical forums. Another criticized assumption of the framework is that the original delegator of power is the sole accountholder. Since other forums can also have accountability relations with agencies, the terms principal and agent are currently less frequently used. The terms actors and forums are considered more accurate (Schillemans & Busuioc, 2015). In addition, new more horizontal forms of accountability have come to complement traditional government accountability. Examples of these are accountability relations with boards of commissioners, peer agencies, partners, evaluating committees, consumers, interest groups and media (Schillemans, 2011). Bovens (2007) speaks of diagonal accountability to refer to ombudsmen, inspectorates, accountants, and other supervisory authorities. These forums have little power to enforce compliance but exercise informal authority because they report to the minister or parliament.

He uses the term social accountability to refer to civil interest groups, charities, associations of clients and the public at large. While vertical accountability practices are often based on laws and regulation, the other forms have a more informal nature (Bovens, 2007). Different horizontal and vertical accountability forums can also strategically influence one another by activating, strengthening, or restricting one another's accountability practices (Schillemans, 2008).

As the concept accountability is often used in a broad manner, it overlaps with concepts such as responsiveness, responsibility, participation, transparency, and effectiveness. These are also often evaluatively applied despite their essentially contested nature. Therefore, Bovens proposes a narrower use of accountability in which there needs to be an obligation to render account, although the definition acknowledges that the obligation of the agency to explain and justify its conduct does not have to be a formal obligation but can also be a felt or self-imposed obligation (Koop, 2014; Overman & Schillemans, 2022). According to this definition, there also needs to be a possibility of consequences anticipated by the actor which do not have to be legal and formal but can include more implicit and informal consequences such as negative publicity. Finally, there should be explanation and justification of the actor to a specific forum which should have the possibility to pass judgement and initiate debate. Transparency or non-committal provision of information in which there is no engagement of a specific forum is thus excluded from his definition (Bovens, 2007). In this book, I use a broader understanding of the concept in which the forum does not need to have a formal role as accountholder but can also be the general public (Koop, 2014) or an imaginary court of public opinion (Moore, 2014). The concept can include formal legal practices, deliberative and participatory processes, and endeavours to be transparent. This broad understanding enables the study of the dynamic and diverse manifestations of the concept in practice. I thus use public accountability as a relational concept in the sense that I study rather inductively how Institute employees and other actors engage in public accountability practices and give meaning to the phenomenon. This ethnographic approach is innovative in research on agency accountability.

THE COMPLEX PUBLIC ACCOUNTABILITY NETWORKS OF AGENCIES

The acknowledgement of the presence of multiple accountability forums, relations, and practices sparked a subsequent focus in this research on the complexity of the accountability regime of agencies within literature. Research increasingly acknowledges the often more informal, mutual forms of accountability which are often based on intrinsic motivation and reputational concerns such as voluntary accountability (Koop, 2014; Schillemans & Smulders, 2015; Busuioc & Lodge, 2016; 2017) and felt accountability (Schillemans et al., 2021). Instead of regimes, other terms that include these voluntary accountability practices and fit the complex

nature of the context in which agencies operate are dense accountability networks (Willems & van Dooren, 2012), accountability webs (Page, 2006), and extended accountability (Scott, 2000). The difficulties for agencies that result from this complexity are increasingly addressed which resulted in further conceptualisations. Multiple accountability refers to the multiplicity of accountability practices and forums (Willems & van Dooren, 2012). This can result in redundant accountability meaning that agencies must render account for the same aspects to several forums (Schillemans, 2010).

Multiple or redundant accountability has benefits such as increased oversight but can become problematic when it leads to accountability overload. In this case, multiple accountability unintentionally but systematically undermines efficiency, effectiveness, responsiveness, flexibility and innovative capacity of the organization or a particular process (Halachmi, 2014). Also, conflictual accountability which refers to conflicting demands of different forums or within a single forum based on divergent institutional logics poses difficulties (Schillemans et al., 2021). Too much accountability may also lead to politicized accountability, which is the exploitation of accountability practices for pursuing partial interests which negatively affects public trust (Flinders, 2011). Commonly used terms are 'multiple accountability disorder' which is the risk of 'pleasing no one while trying to please everyone' (Koppell 2005, p. 3) and 'the problem of many eyes', forums demanding different information, applying different criteria, and passing different judgements (Bovens 2007, p. 455). With the increased focus on multiplicity, networks, informal collaboration and the advantages and disadvantages of these phenomena, the public accountability literature fits broader trends in public administration practice and science which aim to deal with complexity of policy issues and institutional complexity. An example is the popular concept of collaborative governance which refers to cooperative endeavours of policymaking and implementation by public and private organizations with a formal, consensus-oriented, and deliberative nature (Ansell & Gash, 2008). Multi-level governance describes the pluralistic and dispersed policymaking practices which include multiple actors, both individuals and institutions, at different political levels ranging from the supranational level to the local level (Stephenson, 2013). Network-governance refers to the regulation of self-organizing networks in horizontally structured and fragmented systems of governance in which interdependent public and private actors make and implement policies (Sørensen, 2002; Kickert et al., 1997, p. 2). This book can be positioned in this research tradition because it acknowledges the current complex, dynamic and fragmented nature of policymaking and implementation. In a narrower sense this dissertation can be positioned in the strand of public accountability literature that departed from principal agent theory towards the study of complex networks of public accountability practices.

THE NATIONAL HEALTH CARE INSTITUTE AT ARM'S LENGTH OF GOVERNMENT

The National Health Care Institute (Zorginstituut Nederland, ZiN) is the subject of study in this book. Its crucial role in the functioning of the Dutch healthcare system, its complex and salient tasks and its semi-autonomous position make it an interesting agency to study accountability practices. The broader purpose of its mandate is to optimize the societal goals of promoting the quality, affordability, and accessibility of healthcare for all Dutch citizens. Its legal tasks concern providing clarity about the content of the basic benefit package of insured care, the premium distribution among health insurers through risk equalization, the stimulation of (digital) information exchange within healthcare and promoting quality of care (Zorginstituut Nederland, 2018). The first task, often called package management task, and the latter one, commonly referred to as quality task, are most publicly visible. The package task concerns the management of the basic benefit package of publicly funded healthcare. The package contains all types of care, such as treatments and diagnostics, for which all citizens are mandatory insured. The Institute provides the minister with solicited and unsolicited advice about taking out treatments, only reimbursing a treatment under certain conditions, or preliminary adding a treatment that has not been proven effective yet. In case of disputes or unclarities, health insurers, providers and patient organizations can also ask the Institute to take a standpoint about whether a certain type of care meets the legal criteria required for reimbursement. This means that the Institute determines whether care is effective according to 'the current state of knowledge in science and clinical practice'[1]. In the case of a standpoint, the Institute does not advice but can take a decision itself that leads to care no longer being eligible for reimbursement.

The quality task holds that the Institute promotes quality of care and makes care transparent through stimulating societal interest organizations to develop quality standards like clinical guidelines. These organizations are associations representing patients, healthcare providers (both professional disciplines and healthcare organizations), and insurance companies. The agency possesses several legal instruments to regulate this process. It can place a standard on its regulatory agenda when it deems its development important in the public interest. In this case, relevant interest organizations must develop a standard together before the deadline set by the agency. After developing a standard, the organizations submit the standard to the Institute for inclusion in its publicly available registry which makes it binding for the organizations. The Institute then procedurally assesses whether the standard meets the set criteria. An important criterion is that the so-called 'tripartite parties' representing the interests of patients, providers, and insurers have been included in the development and endorse the standard. When organizations are unable to compromise before a set deadline, the Institute has the power to use its legal

[1] In Dutch: 'de stand van de wetenschap en praktijk'

overriding authority. In this case the Institute's advisory committee called the Quality Council, instead of the stakeholders, oversees the development process (Algemene Rekenkamer, 2020). The Institute thus has significant legal authority. The agency was only recently created in 2014, although it has existed for more than seventy years in the form of different institutions, out of a reformation of its latest predecessor called the Health Care Insurance Board (College Voor Zorgverzekeringen, CVZ). The quality task was attributed to the newly created Institute because the responsibility for policy on healthcare quality was fragmented among institutions. Besides that, the minister thought that the development of guidelines, protocols and other quality standards by interest organizations was too non-committal. Therefore, the new agency received overriding authority. The ministry deliberately chose to attribute this power to a semi-autonomous agency so that it could build trust among interest organizations. Through this political distance, interest organizations would be ensured that political austerity measures would not influence the content of quality standards (Helderman et al., 2014; Tweede Kamer, 2012).

AGENCIFICATION IN THE DUTCH HEALTHCARE SYSTEM OF REGULATED COMPETITION

The broader context of my case is the Dutch healthcare system of regulated competition in which the agency operates. In the health policy domain in the Netherlands, the rise of the regulatory state or the development of privatization and reregulation was also prominent. Although the Netherlands hereby followed a trend in many countries, privatization was not a new phenomenon. The corporatist Dutch state had always depended on provision of public goods and services by private organizations. The Netherlands also differed from other countries in the sense that it went quite far in privatizing the healthcare domain. In the 1990s and 2000s, the state implemented a publicly funded Bismarckian health insurance system of regulated competition (Helderman et al., 2012). Following a period of gradual transition from supply-side government regulation towards regulated competition, the Dutch healthcare system was radically reformed in 2006 (Van de Ven & Schut, 2008). The enactment of the Health Insurance Act in this year, obliged every Dutch citizen to purchase a basic benefit package of healthcare from a private health insurer. In the Dutch healthcare system of regulated competition, consumers can freely choose among health insurers on an annual basis and health insurers can selectively contract healthcare providers to stimulate competition among them. The insured care is financed through general taxes, income-related taxes, and community rated premiums. Insurers are compensated for the risk-composition of their insured population through a risk-equalization scheme (Schut & van de Ven, 2011). The competition is strictly regulated by the government. The purpose of this strict regulation is to guarantee the public goal of universal accessibility to affordable care of good quality, the three core public values of

the Dutch healthcare system. The balancing of influence of market and state in the regulated competition system is complex. Privatization can lead to reduced costs, improvement of efficiency and innovation, but threaten social values such as equal access, solidarity, and quality of care services. Therefore, restrictive measures based on these values were also implemented (Den Exter, 2010). A first measure is that the content and extent of healthcare services provided through the basic benefit package such as hospital care and prescription drugs are standardized through legislation. Also, insurance companies must accept all applicants for their basic health insurance for the same community-rated premium. Insurers must ensure that their insured have access to the described services within reasonable travel and waiting time. When people use care, their expenses will be covered after the payment of an out-of-pocket deductible of minimally 385 euros per person per year (Van Kleef et al., 2018). Market and regulatory forces are not the only important elements of the Dutch system. The position of healthcare professionals is historically strong. Professionals have always had a large degree of autonomy and self-regulation has always played an important role. Professionals remain to a large extent in charge of quality of care through medical education, clinical guidelines, and peer review. Through the introduction of regulated competition, external pressures on providers to improve quality nevertheless increased. Insurers and regulatory agencies use instruments such as free choice and transparency of quality information to control professionals and in turn quality of care and financial resources (Van de Bovenkamp et al., 2014).

These developments illustrate that the international trend of agencification also reached the Netherlands. Particularly in the 1980s and 1990s, many agencies were created (Van Thiel, 2004). In an advice to the government published in 1995, the Netherlands Court of Audit (Algemene Rekenkamer 2020) counted 545 semi-autonomous agencies in the Netherlands (p. 10). Like in other countries, the increase of agencies and tasks delegated to them is also topic of discussion in the Netherlands. Since the legal forms and structures of the different agencies within the country are very different, the court speaks of 'an overgrowth' (p.4) and was also critical of how ministers shape their ministerial responsibility for the conduct of these agencies. The court concluded that ministers barely steered agencies and recommended ministers to provide clearer regulation about the tasks, funding, composition, and structure and to be stricter in holding agencies to account to restore the political primacy (p.4-5). The government responded with a letter called 'the restoration of the primacy of politics' (Tweede Kamer, 1995). Besides stricter formal accountability arrangements and stricter rules about funding of agencies, the letter resulted in stricter requirements for the creation of a semi-autonomous agency and the delegation of tasks to an existing agency. New legislation to standardize ministerial accountability for semi-autonomous agencies was proposed in 2000[2]. Albeit the stricter regulations, the termination of agencies since the publication of the letter was only marginal. On the contrary, 207 new agencies have been created between 1993 and 2001 (Van Thiel &

[2] Kaderwet Zelfstandige bestuursorganen 2007.

van Buuren, 2001, p. 18). Instead of being terminated, agencies are more often merged or re-organized (Van Thiel, 2004).

WEIGHING CONFLICTING VALUES IN HEALTH POLICY

Since this dissertation studies how the Institute renders account in deciding about conflicting public values, this paragraph introduces the role of conflicting values in health policy. In many countries, a core concern for practitioners and scientists focussing on the health policy domain is the scarcity of resources. Ageing populations, developments in technology and clinical interventions, infectious diseases, such as the COVID-19 pandemic, and higher expectations of the role of medicine for improving health and wellbeing all contribute to an increasing healthcare demand. Available material, financial, and human resources cannot keep up with this growth. In addition, the sustainability of healthcare systems is threatened because increasing shares of the wealth of countries are used for healthcare (Pinho & Araújo, 2022). Furthermore, the increase in costs also threatens the solidarity between people to indirectly pay for others with different health risks or incomes (Enzing et al., 2020). Therefore, health economists, health policy analysts, and European governments have always struggled with the constant tension between equity, efficiency, and costs of healthcare. Equity refers to ensuring access by need instead of by ability to pay. Efficiency to creating incentives to reduce costs and improve quality. Costs refers to the total costs and public affordability of healthcare (Bevan et al., 2010; Helderman et al., 2005).

Several different policy instruments have been designed to optimize these different values. Health technology assessment (HTA) is an example of this and refers to an established scientific discipline which aims to systematically assess and appraise aspects of health technologies or medicinal treatments to inform funding or reimbursement decisions by policymakers (Enzing et al., 2020). Governments in several countries have created expert HTA-agencies to execute this task by operating at the frontier of research and policymaking. These agencies are expected to make these decisions more informed, transparent, and legitimate. The Institute analysed in this dissertation is an example of such an agency (Gauvin et al., 2010). Through HTA, these agencies compare the effectiveness and, in some cases, also the cost-effectiveness of the standard treatment with a new intervention. Other elements such as effectiveness, and legal, ethical, and social aspects can also be considered but are less prominent in practice (Enzing et al., 2020). Nevertheless, scholars increasingly plea for the broadening of HTA by including societal values. Public accountability also plays a role here since scholars plea for deliberative processes to incorporate these values (Daniels et al., 2016; Enzing et al., 2020; Janssen et al., 2017). Although health priority setting approaches such as HTA are often treated as rather technocratic objective processes, they are essentially value-laden. Both in the assessment phase,

in which evidence is generated, and in the appraisal phase, in which the evidence is weighed, interpretation always plays a role (Janssen et al., 2017; Abrishami et al., 2017).

To safeguard public values such as quality of care delivered by healthcare providing organizations, regulatory agencies play an important role. The traditional model of regulation is based on enforced compliance of regulatees and derives from predefined criteria that legally define clinical guidelines and other quality standards. New concepts in research on regulation such as responsive (Ayres & Braithwaite, 1992; Perez, 2011) and reflexive regulation (Rutz, 2017) illustrate that, in practice, values play an important role in regulating healthcare providers. Rather than the seemingly neutral execution of legislative procedures through command and control, regulatory agencies increasingly need to reflexively apply regulatory frameworks to be able to tackle complex issues in healthcare. This complexity stems from a large degree of cognitive and normative uncertainty and the sector-, organization-, and jurisdiction-transcending nature of the issues. Therefore, regulators try to gather a large diversity of experiences, perspectives and knowledge and try to be open to multiple problem definitions (Rutz, 2017). Since regulators often have more issues to address than available time and resources, they also make normative assessments in prioritizing in what they focus on (Black & Baldwin, 2010).

THE ROLES OF AGENCIES IN SAFEGUARDING PUBLIC VALUES

Since agencies operate in multi-level and multi-actor contexts in which responsibilities are dispersed, accountability relationships come with many tensions. The sections above show that these relationships are complex and challenging for both agencies and their accountability forums. What adds to the complexity of these relationships is that values are often contested, and roles of agencies and their forums are commonly fluid (Black, 2012). Therefore, dealing with public values is an important and challenging component of the conduct of agencies in health policy and other domains. Regulatory agencies are expected to protect the general interests of citizens by safeguarding values in public service delivery by private or semi-private organizations (Thatcher, 2002; Majone, 1999). In addition, delegation to agencies was accompanied with high expectations of improved values. Politicians make normative claims of increased efficiency, innovation, and enhanced public service delivery. Depolitization of tasks through the separation of politics from public service delivery was expected to improve quality and impartiality of implementation of policies and thereby improve political credibility and citizen trust. Furthermore, the task discretion through delegation should facilitate better representation of and interaction with citizens and thereby increase responsiveness and democratization. Despite these high expectations and the large role that agencies play in public service delivery, the image of agencification as a panacea for problems in the public sector is disputed. Empirical evidence shows mixed results on the expected benefits, particularly when it comes to enhanced

legitimacy and accountability towards society. On the contrary, concerns about insufficient accountability mechanisms and unintended consequences are frequently raised (Overman et al., 2015; Dan, 2014).

The trend of creating agencies was in many countries based on the idea of making agencies responsible for operational or executive functions so that politicians would only be responsible for policy (Pollitt et al., 2001). In this sense, agencies were seen as administrative bodies outside the political sphere. They could relieve ministries of tasks that did not require thorough political scrutiny (Bach & Jann, 2010). As opposed to bureaucratic government, this idea of entrepreneurial government in which policy decisions (steering) are separated from public service delivery (rowing) was expected to create flexibility in responding to complex and changing circumstances (Osborne & Gaebler, 1995). The following quote nicely illustrates the difference between steering and rowing: *'steering is the direct or indirect attempt to influence the behaviour of social actors' (Bovens, 1999, p. 93). 'Steering requires people who see the entire universe of issues and possibilities and can balance competing demands for resources. Rowing requires people who focus intently on one mission and perform it well. Steering organizations need to find the best methods to achieve their goals. Rowing organizations tend to defend 'their' method at all costs'* (Osborne & Gaebler, 1995, p. 35). When agency tasks are purely executive, delegation is commonly considered as unproblematic. In this case ministerial accountability and legality ensure that the chain of democratic legitimacy is unbroken, even if agency tasks concern highly politicized domains such as immigration, financial market regulation or food safety (Bach & Jann, 2010).

This book follows the argument that, like principal agent theory, Osborne and Gaebler's model provides a too simplified picture of the complex reality of agencification. Although entrepreneurial ideas influenced policy convergence regarding agencification across countries, path dependencies and historically based institutionalism have created very diverse agencies across and within countries (Pollitt et al., 2001). As such, besides policy implementation, or public service delivery, regulatory and political or policy tasks are also commonly executed by semi-autonomous agencies. The latter may include the provision of policy advice, the evaluation of policies or policy proposals and the formulation of new legislation (Van Thiel & Yesilkagit, 2014). Agencies with regulatory and policy tasks are thus also involved in steering and directly or indirectly decide about public values. In essence their tasks can be regarded as political according to Lasswell's (1936) definition of politics, since these tasks influence 'who, gets what, when, and how'. Although agencies are entrusted with public authority because of their technical expertise, their work thus still contains a clear political dimension. Regulation is based on concepts that are what Gallie (1956) called 'essentially contested' such as social justice or security. Operationalizing these concepts requires interpretation and taking a political standpoint, particularly in regulatory areas touching upon salient political debates. Although agency decisions contain political components, their effects are mitigated because decisions are often of advisory nature, open to ongoing contestation, and intertwined with technical considerations. Therefore, the work of agencies is often mistakenly portrayed as purely techni-

cal (Eriksen, 2021). Despite the presence of public values in agency decision-making, the role of values is not often studied in-depth in public accountability literature. The limited empirical research on this topic does show that multiple accountability enables the incorporation of multiple public values by agencies. Since forums often have different concerns, and powers, competing agendas, and their actions are influenced based on different cultures, they check on different values to be incorporated by the agency (Scott, 2000; Schillemans, 2010).

In research about public values, a distinction is often made between the singular 'public value' and the plural 'public values'. As opposed to private value that private managers try to produce for their shareholders, the creation of public value for citizens using assets of democratic government is seen as the task of public managers. Using public money and authority, governments should contribute to what is valued by the public (Moore, 2014). In this book, I use the plural definition of Thatcher & Rein (2004) who define values as *'the ultimate ends of public policy—the goals and obligations that policy aims to promote as desirable in their own right, not just as means to some other objective'* (p. 460). This definition acknowledges that values can be conflicting and are often not treated as commensurable by policy actors. The idea of achieving the most efficient means to a clear and overriding given end, which Max Weber calls instrumental rationality, does not align with the complexity in practice. In practice, actors use different strategies to deal with conflicting values. Examples are institutional approaches of dealing with conflicting values such as sequentially emphasizing different values (cycling), establishing different institutions committed to different values (firewalls) or making case-by-case judgement instead of general rules about how conflicting values should be weighed (casuistry) (Thatcher & Rein, 2004). In this book, I show how the Institute uses these latter two approaches in practice. In addition, I use more incremental and pragmatic approaches to study more closely what happens within these two approaches. For example, Lindblom's (1959; 1979) concept of 'muddling through' questions the possibility of drastic policy change or carefully planned large steps but assumes that taking small incremental steps based on trial and error is a more common method in policymaking. Since there are too many alternative decisions, consequences and interacting values playing a role in complex problems, rationality is bounded and analyses of what would be a good policy will always remain incomplete (Lindblom, 1979). When organizations need to operate based on a variety of inconsistent and ill-defined preferences, the garbage can model introduced by Cohen et al. (1972) also provides useful insight. The decision depends on many coincidentally related elements that form a mix of garbage such as the problems, the involved participants, the proposed solutions, and regular decision-making procedures (Cohen et al., 1972). Besides this incremental perspective, the justification of arguments and standpoints based on underlying values will be studied to explain the more strategic component of how actors deal with conflicting values within the existing structures (Boltanski & Thévenot, 2006, p. 32; Oldenhof et al., 2014). This dissertation aims to empirically show how the Institute engages in public accountability practices in its decision-making about conflicting public values.

LEGITIMACY IN DEALING WITH PUBLIC VALUES

The high expectations of agencies, their substantive work, and their complex accountability networks consisting of conflicting expectations and values place semi-autonomous agencies in a challenging position. In agencification literature, public accountability is often discussed in conjunction with the concept legitimacy. Problems are often diagnosed with their democratic legitimacy since agencies fulfil public functions and exercise powers delegated to them by democratic governments, while legitimacy cannot be delegated. Since agencies cannot establish their own autonomous legitimacy by proxy, they must do so in other ways such as in procedural or substantive manners. Particularly since they are responsible for protecting public values (Majone, 1999). In this book, I see legitimacy as a social process based on Weber's idea that the behaviour of individuals is aligned with rules or believes that are, in their view, accepted by most other people. In this sense legitimacy is a collective construction of the indication of compliance of actors with a social order (Johnson et al., 2006). Authors studying legitimacy often distinguish among input, throughput, and output legitimacy. The input-oriented legitimacy of agencies is often seen as limited because of the lack of democratic legitimacy. External scrutiny through accountability practices is frequently regarded as a way to enhance the throughput or procedural legitimacy of agencies' conduct by scholars and agency employees and thereby counteract the lack of input legitimacy. The assumption underlying this link between accountability and procedural legitimacy is that actors should accept a decision, despite its consequences, if it was taken fair through a transparent, equally accessible, inclusive, and deliberative process. Whether increased accountability really improves perceived legitimacy is contested because it may also impede the efficiency and credibility of agencies' actions as illustrated before in the paragraph on complex networks. Even more so because achieving better results in this sense is commonly seen as the core reason of their existence. Accountability can thus decrease their output-oriented legitimacy i.e., substantive legitimacy. Evidence for the increased results and performance of agencies is however limited and mixed because agency impact is difficult to assess, regulatory goals are subjective, and causal relationships between actions of an agency and societal outcomes are hard to draw (Magetti, 2010).

Due to all this, agencies reflect on how their legitimacy is perceived by others. Research with a reputation-based perspective on accountability provides further insight in how they do so. This strand of theory assumes that accountability behaviour is driven by reputational concerns. Reputation relates to the agency's organizational identity, to what it wants to be known for. The wish of an agency to improve its reputation as perceived by others can influence how it responds to expectations of these external actors. Both for the agency and its accountability forums, reputational concerns influence the proactivity in accountability practices. For agencies, reputational concerns influence which accountability forums they prioritize in their account-giving and which of their competencies they emphasize. Similar concerns on behalf of the forum influence to which account-giver it will devote its limited time and resources

(Busuioc & Lodge, 2017). Four forms of reputation can be distinguished. These are technical, procedural, performative, and moral reputation. These respectively entail relevant substantive expertise and technical skills, appropriately following accepted procedures to justify decisions, performance in terms of outcomes, and the relevance of the agency's conduct in protecting public values. These components of reputation are not stable. They can also restrict one another, and it is unlikely that agencies do well on all these four components (Carpenter & Krause, 2012; Busuioc & Lodge, 2017). Which form of reputation agencies will stress in rendering account depends on to which forum it wants to positively present itself. Also, types of tasks play a role. Agencies that regulate markets might be more prone to stress their moral status and performative success. Health rationing agencies might stress their technical expertise and procedural appropriateness in justifying why some patients will not receive publicly funded treatments. Since the agency studied in this book executes both tasks, all these types of reputation are particularly relevant when analysing how it renders account for dealing with conflicting public values. In practice reputational strategies are rather complex since the relationship between the agency and a single forum is embedded in a web of accountability relations. In addition, reputation is also produced through the response or responses of a forum or network of forums response to the agency's reputational claims which the agency in turn might try to anticipate (Busuioc & Lodge, 2017).

THE INSTITUTE'S PUBLIC ACCOUNTABILITY RELATIONS

Despite its authorities and independence, the Institute thus operates in a complex network of accountability relations, which makes the agency an interesting subject of study. In this final paragraph, I introduce its traditionally complex accountability relations and show how current issues for the agency in defining its role are rooted in these relations. The minister is ultimately politically responsible for the agency's conduct. Vertical accountability functions through the appointment of its board members by the ministry and its obligation to submit its annual plan and budget to the ministry for approval. Also, the ministry can always ask questions about its conduct. However, the ministerial accountability is formally limited to its general functioning i.e., to what the agency should do rather than on decision-making in individual cases i.e., to how the agency should do its work (Helderman et al., 2014). Horizontal accountability relations are also influential for the Institute. Due to the corporatist history of the Dutch healthcare system, the national interest organizations have strong institutionalized positions in policymaking. This consensus-seeking horizontal tradition is often referred to as the Dutch 'poldermodel'. This was particularly the case for the Institute's first predecessor, the Health Insurance Council (Zfr, Ziekenfondsraad), which was created in 1949 and functioned until 1999. Interest organizations, at the time sickness funds (former health insurance companies), medical professions,

employers and employees were all represented in the Council, which consisted of 35 seats. This also included 7 civil servants of the ministry (Van Bottenburg et al., 1999, p. 202-214). At the time of the Council, interest organizations thus directly represented the interests of societal groups in the agency. In the mid-1980s, corporatist relations between the government, health insurers and healthcare providers were under pressure. The government wanted to restore the primacy of politics which resulted in the reformation to an agency with independent experts (Van Bottenburg et al., 1999, p. 68). Despite the abolition of this participatory model and the regulatory powers of the current Institute, the position of the national interest organizations is still strong. In addition, the new agency became legally obliged to incorporate external expertise through the formal role of three permanent advisory committees. Besides the Quality Council's (Kwaliteitsraad) formal role in the quality tasks, the Package Advisory Committee (ACP) and the Scientific Advisory Committee (WAR) have a role in the agency's package management task. Through the separate committees and through institutional procedures these two tasks are institutionally separated (Helderman et al., 2014). As a result, the often-conflicting public values quality and affordability are, in the words of Thatcher and Rein (2004) firewalled, or institutionally separated, within the agency. The media is another important horizontal forum of the Institute since its influence on public opinion and on the political agenda and thereby on decision-making in health policy has become significant. Finally, the Institute must also relate to other regulatory agencies such as the Dutch Healthcare Authority (NZa) and the Health and Youth Care Inspectorate (IGJ). Accountability to individual citizens commonly takes place in a rather indirect way, through being transparent and involving organizations representing groups of patients and other citizens (Helderman et al., 2014). However, patients are allowed to share their perspective in meetings of the Package Advisory Committee in which the in- or exclusion of reimbursement for innovative expensive new treatments is discussed (Kleinhout-Vliek et al., 2021). Furthermore, in the fall of 2017, scientists in cooperation with the Institute, held a citizen forum about tough choices in healthcare reimbursement (Bijlmakers et al., 2020). However, the involvement of patient representatives in the Institute's package advice has proven to be complex in practice (Lips et al., 2022).

Despite these endeavours towards patient and public involvement and the Institute's influential role, individual health policymakers, healthcare professionals and citizens are often unaware of its positioning and role in the Dutch system of publicly funded health insurance. This is particularly because of the technical complexity of the Institute's tasks. A respondent in this research tells how he always compares the Institute with a car engine: *like a car engine, the Institute plays a crucial role for the healthcare system to function properly, but people are not really interested in and aware of how it functions, they never look underneath the bonnet until something goes wrong in the system' (field notes, 21 April 2022)*. How the Institute involves citizens and patients in its conduct and how it could do so in an epistemically just manner is addressed in other dissertations on the agency (Moes, 2019; Kleinhout-Vliek, 2020). In the past two years, the agency has invested in redefining its identity and demarcating its role in the Dutch health-

care system. The Institute's chair expresses this role as follows *'we are the party that composes the package of good insured healthcare. By this we mean care that is affordable, of high quality, and accessible. It is our duty to determine what care complies with these three values'*. He explains the relevance of this weighing of these values by a semi-autonomous agency as follows: '*because these three values mutually contain a natural tension, they cannot be safeguarded by individual healthcare providers or by field parties [interest organizations]' (Zorginstituut Nederland, 2020, p. 6).* The Institute experiences difficulty because of the strong separation of the quality and package management tasks within the organization. The three public values are experienced as highly interrelated, and affordability and accessibility can be seen as components of quality. Therefore, the agency tries to gradually integrate these tasks (Kwinkgroep, 2020, p. 12). The appropriate care movement described at the beginning of this introduction currently largely determines the Institute's strategy. Political and societal expectations of the Institute's contribution to this ambitious change program towards a sustainable healthcare system are high. This is reflected by the frequent mentioning of the term appropriate care are in the coalition agreement which shows the ambitions of the Dutch government for the period of 2021 until 2025 (Coalitie, 2021). The Netherlands Scientific Council for Government Policy (WRR, 2021), an independent advisory body, also sees a crucial role for the Institute in keeping the system sustainable in terms of availability of finances, healthcare personnel, and solidarity between citizens. The council particularly sees a crucial role for the Institute as package manager that should exclude ineffective treatments from reimbursement through the basic benefit package of publicly funded health insurance (WRR, 2021). In a critical evaluation report, the Netherlands Court of Audit has however shown that results on this are rather limited up until now (Algemene Rekenkamer, 2020).

OUTLINE OF THE BOOK

This book encompasses five more chapters. The next chapters two, three, four, and five are separate papers on the four studies that constitute this research. The final chapter six contains the discussion of the dissertation. Besides the fieldwork, I simultaneously started this PhD-research with a review of relevant theories. The result of this study is a review of the literature on agency accountability presented in chapter one. The study analyses distinct forms of public accountability and explicates their underlying discourses. I started ethnographic research at both the Institute and its Quality Council, and initially focused primarily on the Institute's quality tasks. The close cooperation with the Quality Council enabled me to closely follow the last year of the development process of the national quality standard for emergency care. I chose to select this overriding authority process as a case because the salience of the issue and the rather substantive role of the Quality Council in the process enabled the thorough empirical study of the Institute's accountability practices in decisions about conflicting values. Chapter four shows

another ethnographic study on the Institute's quality task. The paper analyses the development process of the Institute's 2021 version of its regulatory agenda for the development of quality standards. This case was selected because the agenda provides a powerful legal instrument in which development the agency's accountability forums have significant interests. Also, the purpose of the agenda was topic of discussion and touched upon underlying legitimacy questions about the Institute's public accountability. In both empirical studies, I touched upon the complex relation between the Institute's quality and package management tasks, which is essentially a relation between the public values quality and affordability. The fieldwork made clear that the internal complexity of the agency's tasks and the high external expectations of its accountability forums put the agency in a difficult position. The agency continuously tried to redefine its identity, role, and relation with others in the past four years. Therefore, the final study in chapter five provides insight in the controversy about the Institute's role in the Dutch healthcare system using q-methodology.

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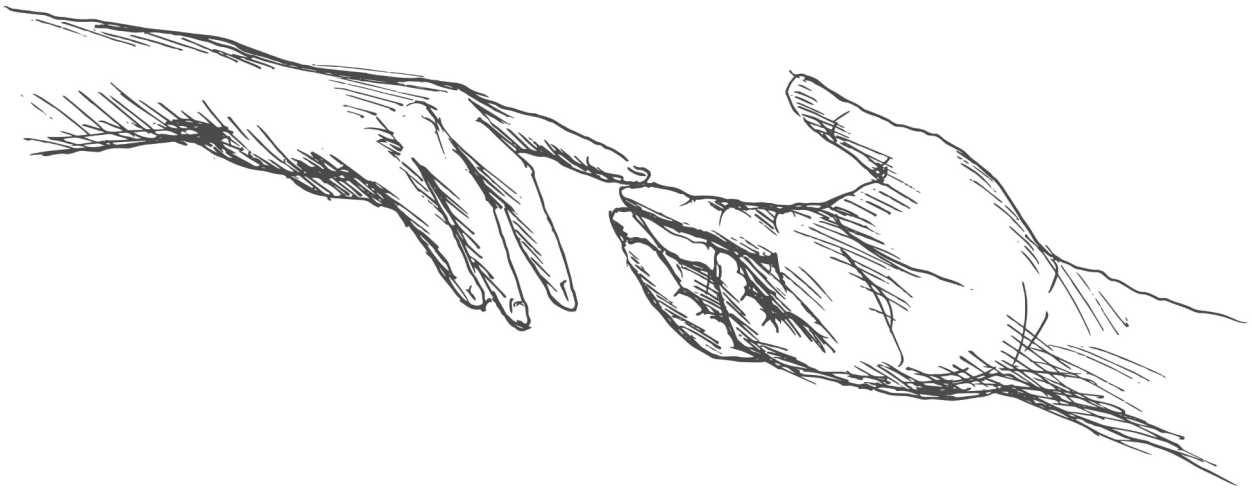

Chapter 3

Incorporating public values through multiple accountability: a case study on quality regulation of emergency care in the Netherlands by an independent regulatory agency

Published as: Van de Sande, J., De Graaff, B., Delnoij, D. & de Bont, A. (2021). Incorporating Public Values Through Multiple Accountability: A Case Study on Quality Regulation of Emergency Care in the Netherlands by an Independent Regulatory Agency. *Administration & Society*, 1-29. DOI: 10.1177/00953997211057056.

INTRODUCTION

Since the 1980s, the privatization and reregulation of public services in the context of new public management reforms has led to a shift from government to systems of dispersed governance in many European countries (Bovens & Schillemans, 2014; Majone, 1994). These developments have restricted hierarchical influence and have sparked a tendency to introduce new accountability practices to overcome accountability deficits in policymaking (Schillemans, 2011). A large body of accountability research focuses on the public accountability of independent regulatory agencies (IRAs), to which governments have increasingly delegated tasks (Helderman et al., 2012; Majone, 1994). As ministerial control on these agencies is limited, they are not affected by traditional democratic accountability through elections (Durose et al., 2015).

This accountability deficit is particularly perceived as pressing since agencies often execute substantive tasks. Therefore, they give a certain meaning to political values when making decisions and these analyses cannot be laid down in legal procedures (Bach & Jann, 2010; Eriksen, 2021; Majone, 1996). Although much research has been done on value conflict, finding better ways to deal with different values remains a pressing issue for policymakers (Kernaghan, 2003). Besides coping with different (often conflicting) values, agencies must deal with numerous accountability practices because of their accountability deficits. This phenomenon is called multiple accountability (MA). Scholars have largely focused on the drawbacks of MA, such as high costs, pressure on public officials, politicization, and confusion (Flinders, 2011; Koppell, 2005; Willems & Van Dooren, 2012).

However, the benefits of MA, such as increased reliability of oversight and reduction of information asymmetry, have also been investigated (Schillemans, 2010). In our ethnographic study, we will focus on the benefit addressed by both Scott (2000) and Schillemans (2010), who state that MA balances different values because different forums have competing agendas, concerns, powers, procedures, and capacities. Previous empirical research that addresses how organizations and individuals deal with competing values and accountability shows the often complex, messy, and political nature of these processes. Oldenhof et al. (2014) conducted observations and interviews to show how public managers use justifications to deal with value conflicts in their daily work. Brunson (1989, pp. 4–9) finds that, to survive, organizations strategically try to gain legitimacy through the creation of structures, processes, and ideologies which reflect the inconsistent norms in their environment. The well-known garbage can process that Cohen et al. (1972) describe is more coincidental. It stresses that outcomes are determined by complex interactions between streams of choices, problems, solutions, and participants which come together in a metaphorical garbage can.

A large body of publications from PA scholars from different countries acknowledges the relevance of the public accountability deficit and the role of agencies in safeguarding public values (Overman et al., 2015). Despite this, specific research on how agencies deal with both

public accountability and public values is limited. Schillemans (2011) is a notable exception who studied accountability forums of nine Dutch agencies. He shows that MA benefited these agencies in several ways, including the incorporation of different legitimate values into their decision-making process (Schillemans, 2010). Our case study builds on his work by closely examining the day-to-day decisions in a single policymaking process of a single agency. Although ethnography in PA research dates to the work of Heclo & Wildavsky (1974) and its value is stressed (Herzog & Zacka, 2019; Rhodes, 2014), in depth qualitative analyses using ethnography on agency accountability are uncommon. Our ethnographic approach allows us to show the complex accountability and value dynamics in detail to further explore the possible benefit(s) of MA for semi-independent agencies.

Our aim is to explore how MA can help an agency to deal with multiple public values during a complex and salient policymaking process. Our case study was the development of the Dutch national quality standard for emergency care. We studied the role of the National Health Care Institute (Zorginstituut Nederland, ZIN; hereafter referred to as "the Institute"), an influential IRA in the Netherlands. From May 2019 until September 2019, we closely followed the process through participant observations, interviews, and document analysis. A related societal and political discussion about the trade-off between the public values quality, affordability, and accessibility of nationwide emergency care in the Netherlands made this a salient process. As in many other countries, policymakers in the Netherlands have focused on nationwide concentration of emergency care to reduce costs and improve quality in the past two decades. However, whether this nationwide concentration has reduced costs and improved quality has been disputed. In addition, the decline in number of emergency departments (EDs) from 105 in 2010 to 87 in 2016 due to mergers has raised questions about regional accessibility of emergency care (Gaakeer et al., 2018). In this paper, we take the three public values of care—quality, affordability, and accessibility—as a starting point because these are the three formal pillars of the Dutch healthcare system which the Institute is expected to promote (Helderman et al., 2014, p. 91). In our analysis, we show how these values were continuously given meaning and weight by the actors involved.

First, we conceptualize multiple public accountability and public values. Second, we explain how we selected our case and collected and analysed our data. Third, we discuss our empirical findings on the development of the national quality standard for emergency care in the Netherlands. Fourth, we draw our conclusions and discuss how MA allowed the Institute to consider and appraise multiple conflicting public values.

MULTIPLE PUBLIC ACCOUNTABILITY AND MULTIPLE PUBLIC VALUES

Dealing with multiple public accountability (Schillemans, 2010) and conflicting public values (Kernaghan, 2003) are common issues for policymakers today. On the one hand, agencies increasingly deal with different public values, which raises accountability problems (Eriksen, 2021). On the other hand, multiple public values are produced through MA practices (Schillemans, 2010; Scott, 2000). In this paper, we want to understand accountability practices and the role of public values in these practices.

Multiple public accountability

The concept accountability can be broadly divided into two categories First, since accountability is seen as a central element of democracy, it has often been defined as a virtue of good governance (Bovens, 2010). Second, accountability is commonly understood as a communicative interaction. Bovens (2007) defined it as *"a relationship between an actor and a forum, in which the actor has an obligation to explain and justify his or her conduct, the forum can pose questions and pass judgement, and the actor may face consequences"* (Bovens, 2007, p. 450). In this paper, we use the definition by Bovens (2007) since our aim is to analyse how MA is constituted in practice. His definition allows for taking a broader lens on the concept beyond hierarchical principal-agent ideas of account holding and formal sanctions (Brummel, 2021; Willems & Van Dooren, 2012). Our case also shows the manifold types, forums, and functions of accountability such as voluntary (Koop, 2014), felt (Overman et al., 2020), learning-oriented, and reputation-based accountability (Busuioc & Lodge, 2015; Maggetti & Papadopoulos, 2018). We place particular focus on public accountability. Here, "public" refers to the openness or accessibility of the agency's accountability to citizens and to the public sector in which the agency operates (Bovens, 2005, 2007). We treat accountability as an empirical rather than as a normative concept in the sense that we do not aim to argue that there should be more or fewer accountability practices.

Vertical accountability or the central control of hierarchically superior actors such as parent departments and parliaments is usually seen as the traditional form (Schillemans, 2010). Examples of vertical accountability practices are performance indicators (Pollitt, 2006), HRM control (van Thiel & Yesilkagit, 2014), audits, annual reports (Thatcher, 2002), and ministerial questions about the agency's conduct (van Thiel & Yesilkagit, 2011). While vertical accountability mechanisms remained influential or expanded over time (Bovens, 2010; Schillemans & van Twist, 2016), forms of horizontal accountability toward parallel forums have been increasingly introduced (Schillemans, 2010). These are non-hierarchical accountability forums such as independent evaluators, the media, professional peers (Thatcher, 2002), boards of stakeholders or commissioners, clients, and interest groups (Jacobs & Schillemans, 2016). Because of this sedimentation process, agencies need to operate in seemingly redundant accountability

networks of overlapping accountability practices that focus on the same topics, produce similar information, or steer agency behaviour in similar directions (Scott, 2000).

The legally established vertical and horizontal accountability practices can be complemented with strategically initiated ones. First, the interest of horizontal forums in the agency's conduct can motivate strategic actions such as trying to influence policy decisions through the media or the ministry. Since horizontal forums often cannot use formal sanctions, activating an agency's vertical forum is a powerful tool for steering policy decisions (Schillemans, 2008). Second, besides being held accountable, agencies themselves render account for strategic reasons such as building trust, credibility, or reputation, and gaining autonomy or resource benefits (Brummel, 2021; Schillemans & Busuioc, 2015).

Benefits and drawbacks of multiple accountability

The introduction of new accountability forums and practices is commonly seen as a desirable development (Flinders, 2011). Multiple and redundant accountability can be beneficial in common dispersed governance settings where complexity and uncertainty are influential, which also applies to our case (Braithwaite, 1999; Schillemans, 2010; Scott, 2000; Willems & Van Dooren, 2012). According to Scott (2000), the benefit of redundancy is that if one accountability practice fails, the other one can still prevent the risk of unwanted behaviour. Also, competing interests of accountability forums decrease the information asymmetry between agencies and their forums. The MA mechanisms all produce information which can be used as input for accountability processes of other forums (Scott, 2000).

However, scholars have also pointed out the downsides of MA, such as being costly and time-consuming and causing confusion (Schillemans, 2010). This relates to 'the accountability dilemma', which acknowledges that accountability practices might hamper factors necessary for effective service delivery such as freedom to manage, long-term planning, innovation, flexibility and risk-taking (Cohen et al., 1972; Flinders, 2011, p. 600). The capacity to credibly commit to dealing with complex policy issues justifies the delegation of tasks to IRAs (Majone, 2001), which raises the question of whether MA is desirable from a public perspective. Another possible drawback is the politicization of accountability which means that accountability practices and information are used to fit partial interests. Because of this, accountability practices often focus on portraying politicians and policymakers as untrustworthy rather than on other purposes which negatively affects public trust (Flinders, 2011). The increased complexity of MA has also been addressed as worrying. Koppell (2005, p. 3) argues that organizations that try to meet conflicting expectations of accountability forums can become dysfunctional. They risk "pleasing no one while trying to please everyone," which he referred to as a multiple accountabilities disorder (MAD).

Multiple public values

The advantage of MA that we focus on here is that it might allow an agency to consider different and legitimate values when making decisions. According to (Scott, 2000), within the redundancy model, different mechanisms check different values. Because forums have different concerns, powers, procedures, and capacities and because they often have competing agendas, these values are balanced (Scott, 2000). Schillemans (2010) argued that different forums can safeguard different values particularly well when relevant stakeholders have diverging interests and opinions. In our study, we explore this possible benefit of MA in detail.

Public values can be defined in different ways. According to De Bruin and Dicke (2006), a value is public not private if a collective or an aggregation level can benefit from the protection of that value. However, Eriksen (2021, p. 3) referred to these values as "political values." He argues that agencies might unreflectively apply a value such as social justice to a partisan or sectarian paradigm such as liberal economic ideology. He argues that instead, agencies need to acknowledge that such values are what Gallie (1956) coined as "essentially contested concepts." Although these values are collective, they can be interpreted differently and are not viewed as positive by all members of society (Bozeman, 2007, p. 7). Although agencies always interpret values when executing political tasks, they frequently try to remain neutral by not taking a political or partisan stance and their decisions are often mistakenly not seen as political (Eriksen, 2021).

In this study, we do not focus on a singular public value (cf Moore, 2014), but rather on plural public values (de Graaf et al., 2016; Jørgensen & Bozeman, 2007). We use the definition of Thatcher and Rein (2004, p. 460) who define values as *"the ultimate ends of public policy—the goals and obligations that policy aims to promote as desirable in their own right, not just as means to some other objective."* We follow their idea that public values are often incommensurable, that actors cannot translate different goals in a common, overarching metric of often financial value and that there are other rational approaches to dealing with value conflict than trade-off strategies. We take a sociological perspective and analyse the decision-making of the Institute as a continuous process to show how different values were continuously made visible. This approach differs from long-term institutional approaches like cycling (sequentially emphasizing values) and firewalls (distributing values among different institutions; Thatcher & Rein, 2004). Finally, we see accountability as a public value in itself. Like de Graaf et al. (2016) and de Graaf and van der Wal (2010), we will show how this value can conflict with effectiveness and efficiency.

METHODS

Case description and selection

The Institute is an interesting IRA for studying the relation between public values and MA since it is legally expected to make decisions about conflicting public values when national stakeholders are unable to compromise. It operates in the context of the Dutch healthcare system. This system is Bismarckian, which means that it is a system of health insurance rather than a Beveridge national health system funded through general taxation such as the NHS in the United Kingdom (Guy, 2016, p. 6). In 2006, the Dutch system was reformed to a system of regulated competition through the introduction of market arrangements. Since the reform, there is competition between health insurance companies and between healthcare providers. The system is based on equal access and solidarity and the market is largely regulated (Den Exter, 2010; Maarse et al., 2016). The Dutch healthcare system provides an interesting case to study dynamics between vertical and horizontal accountability forums. Unlike countries with hierarchical and relatively centralized governments such as in the United Kingdom, The Netherlands has a tradition of consensus-based democracy known as "the poldermodel." Therefore, societal actors historically have an influential authorized position as horizontal accountability forums of state actors, like the Institute (Bekker et al., 2018; Helderman et al., 2014).

The National Health Care Institute is an influential IRA in the Dutch healthcare system with a broad mandate. It supervises and stimulates the quality, accessibility, and affordability of healthcare in the Netherlands (the three pillars of the Dutch healthcare system). Its main legal tasks are to advise the minister on whether care should be included in the basic benefit package of publicly funded health insurance; to distribute public funds among health insurers based on risk equalization; to improve exchange of digital information between healthcare providers; to promote transparency of quality information for citizens; and to stimulate continuous quality improvement of Dutch healthcare (Field document 1).

Our study is concerned with what is called the Institute's quality task although affordability and accessibility also play a role. The Institute improves quality by promoting the development of minimum quality standards. These are publicly accessible documents that describe what is understood as good care from the client or patient's perspective. Examples are performance indicators, clinical guidelines, and other professional standards. Its horizontal forums are representative organizations of patients, healthcare providers (both healthcare organizations and healthcare professionals), and insurers, commonly referred to as the field parties. They are together responsible for developing these standards based on scientific evidence and professional experiences (Field document 2). The Institute maintains a publicly available registry in which these standards are included after procedural assessment. The most important criterium is that all relevant parties are involved in developing and endorsing the quality standard (Field document 3).

When a standard is included in the registry, healthcare providers and other field parties need to comply, although deviations in individual patients are allowed if there is a good reason. The Health and Youth Care Inspectorate (IGJ), another IRA, in turn regulates compliance to the standards (Field document 2). The relevant field parties in a certain healthcare field can submit a standard to the Institute for inclusion in the registry. The Institute can also use its legal instrument—the multi-year-agenda—to set a deadline for certain quality standards to be met by the field parties if it deems quality improvement necessary for public interest in a certain care segment (Field document 3). Another powerful legal instrument—the overriding authority—was created in 2013 to breach the process and guarantee results when negotiations between the field parties about developing quality standards do not lead to consensus (Helderman et al., 2014). Once the development period has expired, the Institute can ask the Quality Council, a board of experts, to develop (part of) the quality standard and submit it to the public registry (Field document 3). Therefore, although regularly the Institute has an executive role and monitors procedures, it occasionally also makes substantive decisions about the content of quality standards.

When the Institute was established, the Dutch government deliberately chose to give this legal overriding authority to a semi-independent agency to guarantee political distance and allow the Institute to develop expertise and gain trust and authority among national healthcare stakeholders. This resulted in a mutual accountability relation since the field parties remain largely in charge of developing quality standards (Field document 4; Helderman et al., 2014). To connect the Institute to the healthcare field, the government decided in 2013 that a board of independent experts (the Quality Council) would advise the Institute in its quality task (Field document 4; Helderman et al., 2014). For example, the Council advises the Institute whether to include a standard in the multi-year-agenda or whether to include a standard in the registry after submission by the parties and procedural assessment by the Institute. However, the Quality Council's role is most publicly visible when the Institute must ask it to execute the overriding authority and develop (part of) a standard in the public interest when field parties are unable to compromise. At the time of data collection, the Quality Council consisted of 10 members, appointed for 4 years by the Institute because of their relevant expertise in healthcare (Field document 5). During the fieldwork, the board consisted mostly of professors with diverse backgrounds, including medical specialists, hospital directors, economists, and sociologists. Their expertise covered a wide range of relevant healthcare themes, including patient participation, guideline development, public participation, psychiatric care, nursing, primary care, medical specialist care, long-term care, and financing of care (Field notes). In this study, we focused on the development of the national quality standard for emergency care from 2015 until 2020, in which the Institute used its overriding authority. We focus mostly on the time after May 2019 when the Institute and its Council took charge.

Data collection and analysis

We used a qualitative research design to study how the Institute dealt with MA and multiple public values in the process. The first author conducted ethnographic fieldwork at the Institute between February 2019 and September 2020. From May 2019 until February 2020, the overriding authority process for emergency care was followed intensively. From February 2019 onward, the first author collected field notes based on 50 hours of observation, including 7 meetings of the Quality Council (during which the overriding authority process was observed) and a hearing organized by the Quality Council to consult all the involved national stakeholders (commonly called field parties) was followed. During these observations, the first author supported the members of the Quality Council and Institute employees and helped to organize a conference in June 2019. From February 2019, regular meetings of the Quality Council and Institute were observed. This study was conducted as part a longstanding academic collaboration between the Institute and our research group and was therefore partly funded by the Institute. We shared our findings with policymakers to help them improve their policymaking processes. The close cooperation with the Council and Institute and attendance at closed meetings gave us an in-depth understanding of the overriding authority process. Informal conversations with Institute employees and Council members helped to clarify the meaning of events. Guarantees for scientific independence and critical scrutiny in publishing are written down in a partnership agreement between the Institute and our research faculty. However, doing ethnography always involves striking a balance between being close to the object of research to enable in-depth exploration, while not being too close to risk "going native." In our research, after an initial period of gaining entry into the field and relation-building, we enabled critical distance to the field primarily through continuous and collective reflection on our data and interpretations (Moeran, 2009, p. 154). This distance resulted from the use of our theoretical lens and the involvement of the three other authors in the analysis, who, unlike the first author, were not directly involved in the fieldwork.

Supplemental Appendix I provides an overview of the data. In addition to the data collected during meetings and informal conversations, 18 policy documents were used to reconstruct the development process of the standard from 2015 until 2020. These documents included correspondence within the Institute and the Quality Council; correspondence between the Quality Council, the Board of the Institute and the minister; and different versions of the quality standard. We also used four media articles to substantiate politically salient information on field parties' interests. Furthermore, three semi-structured interviews with two members of the Council and two employees of the Institute were conducted by the first author. The interviews were recorded and transcribed verbatim. Our respondents member checked the quotes we used. The data (policy documents, media articles, interview transcripts, and field notes) were thematically analysed by the first author while sensitizing on public values, arguments and perspectives of actors, and accountability dynamics. The analyses were further developed in discussions between the four authors. Our representation of events was member checked by

two Institute employees. These conversations revealed details we had not observed such as the development of the standard before the overriding authority process. In the results section, we analyse the development process of the standard.

RESULTS

In this result section, we will give an overview of the 5-year development process of the quality standard. We will zoom in on several phases and events to show how strategic actions of the Institute and its forums resulted in MA practices, how these practices made new public values visible and how this contributed toward consensus between the stakeholders and decision-making by the Institute. In each of the first three sections, we show a different strategic use of accountability practices by the Institute and its forums. In each section, we also show how, because of these practices: (a) particular public value(s) became visible. In the fourth section, we zoom in on the final phase of decision-making by the Institute.

The start of the standard's development: building support for quality improvement

The Institute used its overriding authority for the first time in 2014 when organizations of insurers, medical specialists, patients, and hospitals could not agree on six quality indicators (optimum volume norms and performance indicators) for emergency care (Moes et al., 2019). During this process, the field parties stressed the need for broader agreements on emergency care (including general practitioners and ambulance services). They agreed that *"quality of care in the acute phase is also determined by the extent to which the care chain is functioning"* (Field document 7, p. 9). Therefore, the Institute placed the development of the quality standard for emergency care on its multi-year-agenda. At the beginning of 2015, the 11 field parties, namely the representative organizations of ambulance care (AN), medical specialists (FMS), primary care (INEEN), nationwide acute care (LNAZ), Dutch hospitals (NVZ), academic hospitals (NFU), general practitioners (NHG), emergency care practitioners (NVSHA), patients (PF), nurse practitioners (V&VN), and health insurers (ZN) started discussing the current state of quality of emergency care in the Netherlands. National parties were dissatisfied with arrangements within regions, so the Institute organized gatherings with regional stakeholders to map the quality of emergency care chains. They did so using various medical-indication-based patient pathways. According to an Institute employee, the role of the Institute was *"facilitating, ensuring that parties come together (..) We first started from the people working at the coalface. (..) That does take more time but if you want to have support you need to take time for that"* (employee B Institute).

In this phase, we find that the initial role of the Institute was facilitating and steering the process since the issue was included on its multi-year-agenda. For the first 4 years, the field

parties oversaw the development of the standard. Although the agenda provided regulatory pressure, the Institute largely depended on the willingness of the parties and thus had an interest in building relations with them. Horizontal and informal accountability practices directed at learning and gaining trust were dominant for the Institute at this point. Through these practices, the public value quality was made visible and interpreted as the smooth coordination and information exchange in the emergency care chain from a patient perspective who follows a certain care pathway.

Holding the Institute accountable to safeguard public accessibility and liveability

In 2018, after 4 years of negotiations, the resulting quality standard consisted of over 100 norms. In addition to agreements on cooperation, coordination, and information exchange, the parties also decided which medical professionals should be available 24/7 at every ED in the Netherlands. The strictness of the norms, specifying the required expertise of the medical specialist in charge of the ED, and of the availability of a professional with geriatric expertise was contested (described in detail later). These norms should enhance the quality of emergency care in the interest of patients. This was deemed particularly relevant for EDs in relatively small hospitals, which are often staffed by young medical specialists with little work experience in emergency care, especially during evening-, night-, and weekend shifts. Parties also discussed the 24/7 availability of geriatric expertise for the ED, which was relevant because the number of elderly people entering the ED is increasing as the population in the Netherlands is aging. Because of multimorbidity his is a vulnerable patient group that requires geriatric expertise (Ellis et al., 2014).

In May 2018, a year before the Institute used its overriding authority on the two contested norms, the involved field parties were considering whether 2 years of relevant clinical experience should be required for the chief medical specialist at the ED. This norm would particularly affect small, general hospitals serving a regional population since, unlike top-clinical and academic hospitals, these hospitals expected difficulty in meeting the stricter personnel requirements due to financial expenses and shortage of qualified workforce. The SAZ, an organization which represents the 28 relatively small general hospitals in the Netherlands, therefore strategically chose to lobby across media (a horizontal forum) which activated the Ministry of Health, Welfare, and Sport (the Institutes' main vertical forum). As an important source of income for hospitals, the SAZ stated that *"both the intensive and acute care are a lifeline for hospitals"* (Visser, 2018). A spokesperson of the SAZ stated *"we need flexible requirements and a little room for arrangement in the hospitals" and warned that stricter norms would "possibly cause hospitals to fall over"* (Kiers, 2018). The following quote from an interview in one of the large Dutch newspapers shows that the organization intended to put pressure on the main vertical accountability forum of the Institute, the ministry:

"There is a solution to circumvent expensive investments: closing the intensive care unit and the emergency department [interviewer].
SAZ: That is possible, but in that case let the ministers of care explain why Dutch citizens in many regions need to travel longer when they need to go to the hospital" (Trouw, 26 May 2018).

This call for the responsible minister to explain regional availability of emergency care was a politically salient issue. Two hospitals had closed in the summer of 2018 because of bankruptcy, which invoked much media attention and societal unrest (Field document 8). Therefore, it was not surprising that the concerns of the SAZ reported in the media evoked political interest (Field document 9; Field document 10). On 19 June 2018, two members of the Second Chamber submitted a motion which was accepted by the majority of the Second Chamber. In the motion the parliamentarians asked the government *"to make sure that in the development and assessment of the quality standard for emergency care, a liveability analysis will be conducted"* and *"to take into account the interests of citizens at the point of maintenance of liveability of the region [regions with general hospitals]"* (Field document 9). This liveability could be affected by hospital closures because the resulting unemployment and unavailability of public services may make the region a less attractive place to live. In turn, the minister held the Institute accountable on this issue via a formal letter to its head of the Board of Directors. In this letter, he stated: *"I want to ask you to ensure that, in developing the quality standard for emergency care, parties pay sufficient attention to the effects of this quality standard on the quality and accessibility (including the proximity) of the care in regions, including the trade-off between quality and accessibility of care"* (Field document 10).

In addition, the ministry had asked the Institute already in 2017 to *"ask parties to estimate the financial consequences of a quality standard"* and *"based on this estimation of parties, ask the Dutch Healthcare Authority (NZa) to conduct a budget impact analysis"* (Field document 12). This meant that the Institute had to ask the Dutch Healthcare Authority (NZa, hereafter "the Authority"), another regulatory agency, to conduct a budget impact analysis (BIA) on four norms (including the two contested ones) for which the field parties expected *"substantial extra costs."* This BIA was published in December 2018. The BIA influenced parties' standpoints on the norm prescribing the required experience of the chief medical specialist at the ED. The BIA showed that the extra costs for realizing this norm in all hospitals were relatively low (1.1 million euro), but it also showed that 52 hospitals (60% of all hospitals in the Netherlands) did not yet meet the norm regarding 24-hour presence (Field document 6, p. 4). This was experienced as problematic since several hospitals expected difficulties in finding the necessary medical staff (Field document 18, p. 36). Despite the preference of most parties for a norm of 2 years and the former consensus, they agreed to compromise in April 2019. By lowering of the norm of 2 years of clinical experience to 1 year, parties agreed that *"quality of care will be improved while maintaining affordability and accessibility of care in the whole of the Netherlands"*

(Field document 13; Field document 14). However, both this norm and the norm regarding geriatric expertise remained contested as we will show in the next sections.

This section shows how horizontal and vertical accountability forums of the Institute strategically interacted which resulted in the Institute being held accountable by the ministry. As a result, the Institute was forced to make sure that parties focused on accessibility of care and liveability of the region in the development of the quality standard. These values were thus made visible and were given weight. The strategic accountability dynamics between the Institute's horizontal and vertical forums also appears from how the ministry asked the Institute to let the Authority analyse the budget impact of four norms which influenced the standpoints of the field parties. This accountability practice reinforced the focus on the public value accessibility.

Rendering account to horizontal forums resulting in a focus on quality as flexibility

In November 2018, after receiving the letter from the minister, the head of the Board of Directors of the Institute asked the Quality Council (horizontal forum) to advise on the broader issue of *"how to deal with the assessment of cohesion of care in a region when quality standards are submitted"* (Field document 11). In cooperation with the Institute, the Council organized a "dialog conference" on 14 June 2019 called *"Good or available care: national quality standards and the consequences for accessibility of care in the region"* to deliberate with a diversity of experts and societal stakeholders such as medical professionals, patients, journalists, scientists and executives of healthcare organizations about the tension between nationally applied quality standards (in general) and cohesion and accessibility of regional care. Government officials and representatives of the field parties involved in the development of the quality standard for emergency care were also invited.

The following quote from the head of the Institute shows that it deliberately chose to substantiate its advice to the minister by involving horizontal forums. *"In the past we might have immediately sent a letter to the minister in reply. Now we first want to know how society feels about the issue. The Institute finds it important to give the minister a broad-based advice. We need to involve parties in the field and cannot solely advise from our office in Diemen. Therefore, the Board of Directors has told the Quality Council to broadly orient itself"* (Field notes, 14 June 2019). The participants, the board, and the Quality Council thought the meeting was a great success. The Council collected input for its advice to the Institute and for the overriding authority process which had started in May 2019. We will discuss this process in the next paragraph. When asked about the action of the general hospitals (SAZ) to seek media attention to alert the minister which led to additional effort for the Council and the Institute, a member of the Council answered: *"I see that as a necessary thing. So eventually it also has a function. And naturally you [the Council] are in a process [the overriding authority process] and think you are doing well and suddenly something bypasses that you need to take seriously. You can find that very unpleasant, but*

you also have the right [to decide]. So, then it is best to listen carefully to what these people want and why they have this concern and take it into account" (Interview member B Council). The main conclusion of the conference was that experimentation, innovation, and interorganizational cooperation are necessary for healthcare providers to deal with challenges such as shortage of medical personnel. Participants at the conference stated that national quality standards should offer flexibility or *"allow room for tailored work"* to appreciate differences between regions and not *"tie down everything"* (Field notes, 14 June 2020).

The conference thus made visible and gave weight to flexibility as a prerequisite for public accessibility. The Institute thus responded to the request of the minister by rendering account to its horizontal forums (the field parties and other societal actors) and involving its Quality Council. Although this required additional effort, it was also seen as a way to collect additional perspectives which led to a focus on flexibility of regulation to safeguard public accessibility and regional availability of care.

Collecting perspectives on competency of emergency care personnel as a prerequisite for quality

Because the field parties were unable to compromise on two norms on personnel requirements for the ED, the Institute decided to use its overriding authority in May 2019. In a formal letter, the head of the Institute asked the Quality Council *"to study the norm regarding the physician at the ED" and "the norm regarding geriatric expertise"* and *"to establish both norms and submit them to the Institute to enable the inclusion of the standard in the registry"* (Field document 15). At this time, the dispute regarding the expertise of the chief medical specialist at the ED had shifted to another issue: how competence should be defined. In March 2019, to the aggravation of the other 10 parties, the medical specialists withdrew their agreement on this norm shortly before the parties submitted the standard to the Institute. Based on progressive insight, the medical specialists preferred a qualitative measure of competence (i.e., entrustable professional activities [EPAs]) over a quantitative measure in years. EPAs are activities that a resident physician needs to be able to conduct before he or she can independently work at the ED (Shorey et al., 2019). The federation of medical specialists (FMS) argued that the duration of work experience does not necessarily mean that a resident physician has acquired the necessary skills to lead an ED.

In August 2019, the Quality Council organized a hearing where it gave 15 parties, including the 11 field parties, the opportunity to express their standpoints. Four smaller parties—the internists (NIV), the geriatricians (NVKG), the general hospitals (SAZ), and the top-clinical hospitals (STZ)—were also invited because they were primarily affected by one of the two norms. At the hearing, the medical specialists expressed their standpoint on the EPA as follows:

"The most important argument is that every doctor who works and trains in a hospital knows that there are junior physicians with two years of experience that cannot stand alone at the ED and that there are junior physicians with half a year or nine months of experience who could do it excellent. It is about competences" (FMS hearing, 16 August 2019). However, the other parties

were not convinced that EPAs were a reliable measure of competence. They argued that EPAs were too premature and that they had not had enough time to consider them because the medical specialists had only introduced the idea at the very last moment. The organization of emergency care specialists (NVSHA) did not regard EPAs as a good measure of competence and an NVSHA board member voiced his doubts during the hearing*: "The proposed EPA and requirements are too minimal, too generic, and too non-specific. (..) work experience is a clear criterion. Therefore, we still stand by one year of relevant work experience*' (Field notes, NVSHA hearing, 26 August 2019).

At the hearing, the parties acknowledged that EPAs might be a good measure of clinical expertise but argued that the EPAs should first be further developed. Moreover, they stressed the importance of *"making a start with the consensus already reached"* to improve quality of care for patients. While the medical specialists thought differently about the best way to define clinical expertise, they based their argument on the same public value as the other parties: promoting quality of emergency care for patients. While the parties expressed arguments related to enhancing or safeguarding public values, the partial interests of these organizations also played a large role. However, these partial interests were usually not mentioned during the process, although Council members were aware of them. In the quote below, a member of the Council states that the aim of the hearing was to hear the interests separately from the public values.

"It is especially important that we get to hear new perspectives and insights. Who it's from is substantively unimportant. (..) We need to stimulate them and show that we want to get things on the table and that they should not wrap their interests in quality interests. (..) Like 'if we arrange it like this, my influence will decrease.' We do not want to reach consensus; different perspectives can come to the fore" (member Quality Council, Field notes, 1 July 2019). An example of a possible underlying interest is competition between different medical disciplines on their position in the hospital. When asked about this in a media interview on the quality standard, a spokesperson for medical specialists answered: *"that could surely play a role, we are after all professional interest groups." However, in the rest of his answer he called upon a public value: "but eventually it is about the patient: the patient deserves the best quality of care"* (Maassen, 2019).

For the geriatric expertise norm, parties agreed that in an ideal situation geriatric expertise at the level of a medical specialist should be available at the ED, by telephone consultation within half an hour or in person within 2 hours. However, because of extra costs and the shortage of geriatricians and internists with geriatric expertise, parties saw this as unfeasible. Therefore, they agreed to include a geriatrician as a recommendation in the standard and reached consensus at a norm on the timely availability of geriatric expertise on the level of either a specialized nurse practitioner or a medical specialist. In this case, the nurse practitioner could still consult a medical specialist but not necessarily a specialist with geriatric expertise. The spokesperson of the general hospitals (NVZ) explained this at the hearing, as follows: *"The deployment of a nurse practitioner with a geriatrician as backup is the ideal situation that we would all prefer [all parties]. (..) The current formulation as stated in the standard ensures that geriatric*

expertise is available for elderly patients at the ED. (..) We consider this formulation financially and organizationally feasible and it provides hospitals—small, big, average— with more flexibility to provide the necessary expertise. This is important because a hospital has to implement this, and the inspectorate will monitor it" (NVZ Field notes, 26 August 2019).

However, the organization of medical specialists (FMS) and two of its daughter organizations, the organization of geriatricians (NVKG) and the organization of internists (NIV), opted to include a geriatrician as the norm. They argued that elderly patients entering the ED are very vulnerable and specific expertise is needed to ensure they receive quality treatment. They also argued that providing a geriatrician would be feasible; new geriatricians are being trained, so would be available and the increased efficiency would save money, covering the extra costs: *"These are really the most complex patients there are for whom you want to call upon the best expertise there is. There were arguments stating, 'is that feasible?' [expressed by other parties]. The expectation is that with the number of geriatricians being educated it should be feasible within a few years regarding availability of personnel. (..) The costs to deploy a geriatrician early on yields that less people need to be hospitalized and that it eventually leads to efficient care where the costs really will be recouped"* (NVKG Field notes, 26 August 2019). These three parties might have had specific interests in this norm, which were not made explicit in the process. For example, this norm could affect the position of geriatricians in the hospital relative to other medical professionals.

This analysis showed how, through the strategic action of the medical specialists (FMS) to not endorse the two norms, the debate again shifted to another issue related to the value "quality," that is, how to define clinical competence. Partial interests seem to have played a role in the decision of the medical specialists to undertake this action. However, these partial interests largely remained implicit; parties called upon public values of accessibility and quality of care instead of expressing these interests. The action led to the overriding authority process in which the Quality Council (a horizontal forum of the Institute) initiated more horizontal accountability practices. It tried to collect perspectives in the hearing and rendered account to additional forums, involving additional parties (the internists and the geriatricians).

The final decision: finding a balance between quality and accessibility

After the hearing, in August 2019, the Quality Council gave the parties the opportunity to submit their final standpoint on paper. Independent (emergency care) experts, who were also present at the hearing, were also asked to submit their advice to the Council. Before the hearing, the Council did not want to *"think in solutions"* yet but preferred to first thoroughly explore *"the possible underlying issues at stake"* (Field notes, 6 June 2019). The Council collected input from experts and field parties, then started to think of possible solutions and specific formulations for the two norms and scrutinized the whole standard. At the request of the Council, the Institute hired an external expert to assist the Council with this. The Council found this important because, as a former emergency care physician, this expert is *"independent*

of the field parties but speaks the language of the field" (Field notes, 16 June 2019). To advise the Institute in the overriding authority process, the Council also formulated its own six starting points based on *"the public perspective"* such as *"right care in the right place"* and *"taking the accessibility into account"* (Field document 18). This societal perspective of the Council is experienced as valuable by the Institute. In addition, the value of the Council's prominent role in the overriding authority process lies in its ability to incorporate valuable perspectives. Because its members work in healthcare practice but are independent of the field parties, they possess relevant expertise as an Institute employee explains: *"I think that this connection with the field is very important for the Institute. The Council has that function that there is more connection with the field than we have ourselves. And in that way the voices of the field also reach us in a different way than via the representative organizations which are our usual counterparts"* (employee A Institute).

In its final decision on the norm prescribing the required expertise of the medical specialist supervising the ED 24/7, the Council chose for a norm of 1 year of relevant clinical experience. This decision agreed with the standpoint of most field parties, except that of the medical specialists. However, the Council also stated in the final standard that *"years of experience is only a limited measure for the assessment of competence. Entrustable Professional Activities (EPA's) are developed for educational purposes and seem to be promising instruments to better assess competence, also in emergency care"* (Field document 16). Therefore, the Council gave the medical specialists (FMS) and the organization of general hospitals (NVZ) the task to experiment with EPAs in emergency care for the next 2 years, in close cooperation with the other parties, with the view of adapting the norm later on based on these experiments. The Council also wrote 15 other recommendations for redevelopment and implementation in the standard (Field document 16, p. 55).

Concerning geriatric care in the ED, the Council went against the norm formulated by the field parties and chose to prescribe that a geriatrician or internist-geriatric specialist should be available 24/7 for telephone consultation and to see the patient for diagnosis or treatment whenever necessary. The Council found 30 minutes to wait for a telephone consultation and 2 hours to wait for an in-person consultation to be too long so decided to abandon these limits:

> *X: "For a small hospital it remains difficult to have emergency care facilities in the house. They are then placed in an inferior corner."*
> *Y: "It is also about the room that you provide for the situational."*
> *X: "In addition, 2 hours until geriatric expertise is available is very long and do you need to formulate it so specifically?"*
>
> *(Field notes, 29 August 2019).*

On the one hand, the norm became stricter. On the other hand, the Council wrote that *"the availability can also be regionally organized"* (Field document 16), giving healthcare providers the flexibility to find innovative solutions, such as sharing personnel. On 6 December 2019, the Council sent the draft version of the quality standard to the parties. The Council is legally obliged to consult the parties and did so in a consultation round. The parties were asked to respond to the quality standard and the Council dealt with the feedback in an *"accountability document."* The Council stated in reply to some of the comments that it would add some specifications to the standard. However, it did not alter the two norms, even though the organization of academic hospitals (NFU) had stated that it preferred a stricter norm for experience of the ED specialist. The Council replied: *"The Quality Council believes that with the current formulation a good balance between quality and accessibility of care is found"* (Field document 17). In the consultation round, several parties expressed their appreciation for how the Quality Council carefully handled the process. The organization of primary care stated to be pleased because the Council had taken *"a weighted decision so that the standard can be included in the registry of the National Health Care Institute."* When the whole standard was finalized and the whole Council agreed, the Council submitted the standard for inclusion in the Institute's registry. In February 2020, the Institute endorsed the quality standard and included it in its registry, making the standard legally binding for all healthcare providers, professionals, and insurers.

The overriding authority process shows the complexity of the horizontal accountability relations of the Institute. The Institute is legally obliged to ask the Quality Council to oversee the overriding authority process. In turn, the Council must consult the field parties in the process. Besides this, the Council also made additional efforts such as involving experts and carefully scrutinizing the whole standard. Because of this multiplicity of accountability practices the overriding authority process took one year which was relatively long. However, it also enabled the Institute to incorporate multiple public values in the development process of the standard which increased societal support for its decisions.

DISCUSSION

Our empirical study shows that independent agencies often operate in dense and complex accountability networks. We show that, despite its position as a regulatory agency, the Institute depends on building a good relationship with its regulatees and other horizontal forums. Our study touches thus upon the ongoing discussion about the width of the concept public accountability that has been broadened particularly to refer to forms of horizontal or social accountability (Brummel, 2021; Willems & Van Dooren, 2012). Like previous studies, we argue that accountability practices are manifold and can be mandatory, voluntary, mutual,

learning-oriented, politicized, and strategic (e.g., Busuioc & Lodge, 2015; Maggetti & Papadopoulos, 2018; Scott, 2000).

We contribute to theory about the benefits and drawbacks of the multiplicity of these practices. Literature on MA has stressed several drawbacks such as inefficiency and complexity of decision-making and a high workload for policymakers (Cohen et al., 1972; Flinders, 2011; Schillemans, 2010, 2011). We also observed these drawbacks in our study. The development of the quality standard was a complex process that involved many actors and took 5 years. Accountability practices caused delay and administrative burden. These drawbacks were reinforced because the Institute started from a regional bottom-up approach and the Council carefully analysed the whole quality standard. On the one hand, MA was necessary since it allowed the Institute to render account through creating coherence out of seemingly conflicting demands and values in a continues process. New accountability practices such as the dialog conference and the hearing made other values visible. However, accountability practices not always added something new. At several times, a process was created while consensus was already reached. This happened for example when the Quality Council focused on parts of the quality standard that parties had already agreed upon, delaying the Institute's decision on the two disputed norms with the risk of causing irritation among the parties involved.

In contrast to existing literature on the benefits and drawbacks of MA, we argue that the inefficiency and complexity of MA do not have to be drawbacks. Accountability and efficiency do not always have to be conflicting values as de Graaf et al. (2016) show. In our case, on the one hand, MA served as a way to deal with conflicting values and on the other hand, to render account by creating coherence out of conflicting values. This enabled the field parties to reach consensus and the Institute to make decisions. MA became redundant in a negative sense when accountability resulted in a time-consuming process in which uncontested issues were questioned. Because of this, efficient decision-making and implementation in the public interest were impeded. This is particularly troubling since promoting efficiency is a common motivation for governments to delegate tasks to semi-independent agencies. This was also why the overriding authority was created and attributed to the Institute. We recommend to policymakers of agencies to be aware of this possible risk of redundant MA, but that they do not shy away from MA as it can fruitfully deal with conflicting values to enhance efficiency of decision-making and societal support for these decisions.

Our detailed case study on MA and public values contributes to theories about the widely studied policy challenges of dealing with conflicting values and public accountability. Conceptualizations of values are often used interchangeably with the concept of interests. For example, Schillemans (2010) speaks of values as budgetary discipline, improving operations, and stability of the organization. In the widely used definition of Thatcher and Rein (2004), values are defined as the "ultimate ends of public policy." This latter definition acknowledges that public values are distinct from partial interests because they concern collective public ends. In our case, it was not necessary to discuss partial interests or to sort out how values were related to

interests. The focus on public values was a way to set partial interests aside and to focus the discussion on the general public. We saw that actors formulated their interests in terms of different interpretations of the three public values: quality, accessibility, and affordability of emergency care. Following Gallie (1956) and Eriksen (2021), our case shows that values are essentially contested concepts. Our analysis thus contributes to conceptualizations of values by showing that, although driven by interests, value discussions move beyond them.

Our case fits the sociological idea of decision-making as a continuous process rather than of separate phases such as assessment and appraisal (Kleinhout-Vliek et al., 2020). Like Lindblom (1959), our case shows that goals were not uncontested and clearly predefined but created during the process. The fluidity of preferences, processes, and participants (Cohen et al., 1972) enabled a process in which values were constantly made visible and given weight. This continuous process is different from less dynamic institutional strategies for dealing with value conflict such as cycling and firewalls (Thatcher & Rein, 2004). Also, we showed that not only the Institute and its Quality Council, but also other actors took part in the weighting of public values. When policymakers are aware of these differences, they can remain open to values that become visible at different moments and are made visible by different participants. We recognize that this fluidity, multiplicity, and overlap of accountability forums and practices also blurs who is accountable for what and to whom as our case also shows. On the one hand, clear agreements about roles and responsibilities of actors in decision-making processes can prevent dysfunctionalities (Koppell, 2005). On the other hand, too solid agreements and fixed roles restrict the flexibility that allows incorporating multiple values. Further empirical research on accountability dynamics could provide insight in how to deal with this tension.

Our study has several limitations. Developing the quality standard took 5 years and the standard consists of more than 100 norms. Therefore, we recognize that we have not given a complete overview of the entire process in our paper. However, the two contested norms were most relevant for our study since the observed accountability practices and value conflicts mainly concerned these norms. We concentrated in depth on several relevant events such as the overriding authority process on the two contested norms and the lobby of the general hospitals which invoked political interest. Since we did not conduct interviews with representatives of the field parties, we could not consider discussions within field parties. However, since we concentrated on specific events and focused on the role of the Institute as an independent agency, this did not complicate our analysis. Further research could study how the accountability forums of agencies (such as the ministry and the field parties) perceive MA and the role of conflicting values. Finally, although our case study of decision-making by a single agency and the use of ethnography enabled us to give a detailed overview of the accountability dynamics involved in the process, we recognize the limits to the generalizability of our findings. Particularities of our case, such as the influential position of the Quality Council as the Institute's advisory committee and the strong consociational tradition of (health) policymaking in the Netherlands influence our findings. Therefore, further research on the role of MA and conflicting values in

other types of independent agencies with different tasks and in different countries, will provide further insights into the generalizability of our findings.

CONCLUSION

In this paper, we explored in detail the incorporation of values as a possible benefit of MA. We show how the Institute strategically dealt with both the challenges of MA and conflicting values by using multiple accountability practices to create coherence out of conflicting values. We showed how MA brought different interpretations of public values into the process which enabled the involved actors to reach consensus and the Institute to take decisions. First, we showed that MA was constituted by the involved actors using additional accountability practices and forums such as the media. These practices supplemented the regular and legally established practices which resulted in a multiplicity of accountability practices. Second, we showed how, as a result, a process was set in motion in which values were continuously made visible and given weight by the involved actors. In addition, we found that, in our case, the discussion about public values was a fruitful way to move beyond a discussion about partial interests because it focused the discussion on public interests. While the field parties deployed accountability practices out of partial interest, they did not explicitly voice these interests. Instead, the field parties used a public value, such as regional availability of emergency care, to substantiate their standpoints. This does not mean that partial interests were not at stake, but they largely remained implicit. Finally, in our case, MA also impeded efficiency since it increased the complexity of the process and caused delay. To conclude, we argue that finding a balance between MA and efficiency is an important challenge from a public perspective. Determining when accountability practices are necessary and constructive and when they become redundant in a negative sense is a complex challenge. Further empirical research on the role of accountability and public values in decision-making processes of agencies can provide further insights into how to deal with this challenge.

APPENDIX I: OVERVIEW OF COLLECTED AND ANALYSED DATA

Table 1. Field documents referred to in the paper

#	Titles	Year
1	Position paper National Health Care Institute (Zorginstituut Nederland, ZIN) (Internal document; no weblink available)	2020
2	Leidraad voor kwaliteitsstandaarden AQUA (guide for quality standards) *https://www.zorginzicht.nl/ontwikkeltools/ontwikkelen/aqua-leidraad*	2021
3	Rapport Toepassing register & toetsingskader interne evaluatie (Internal document; no weblink available)	2018
4	Memorie van toelichting Wijziging van de Wet cliëntenrechten zorg (Legal explanation regarding the creation of the overriding authority) *https://www.tweedekamer.nl/kamerstukken/wetsvoorstellen/detail?id=2012Z08844&dossier=33243*	2012
5	Reglement Kwaliteitsraad (Regulation Quality Council) *https://www.zorginstituutnederland.nl/publicaties/besluit/2016/10/12/reglement-kwaliteitsraad-van-zorginstituut-nederland*	2016
6	Budget impact analysis (BIA) Dutch Healthcare Authority (Nederlandse zorgautoriteit, Nza) *https://puc.overheid.nl/nza/doc/PUC_262966_22/1/*	2018
7	Spoed moet goed. Indicatoren en normen voor 6 spoedzorgindicaties (report overriding authority process 2014) *https://www.zorginstituutnederland.nl/publicaties/rapport/2015/12/16/spoed-moet-goed---indicatoren-en-normen-voor-6-spoedindicaties*	2015
8	Faillissement MC Slotervaart en MC Ijsselmeer-ziekenhuizen (OVV) (report bankruptcy of two hospitals) *https://www.onderzoeksraad.nl/nl/page/12455/faillissement-mc-slotervaart-en-mc-ijsselmeer-ziekenhuizen-risico%E2%80%99s*	2018
9	Gewijzigde motie van de leden van den Berg en Kerstens (Motion) *https://zoek.officielebekendmakingen.nl/kst-27295-167.html*	2018
10	Formal letter Minister to Institute regarding the effects of the quality standard on accessibility of care in regions (internal document; no weblink available).	2018
11	Formal letter head Board of directors Institute to head Quality Council regarding request for advice about influence of quality standards on regional care. (Internal document; no weblink available).	2018
12	Formal letter ministry to Institute 'Aanpassing in toetsing kwaliteitstandaarden' https://www.zorginstituutnederland.nl/	2017
13	Aanbiedingsbrief LNAZ (submission letter quality standard LNAZ) https://www.acutezorgnetwerk.nl/inhoud/uploads/Aanbiedingsbrief-KK-spoedzorgketen-aan-ZIN.pdf	2019
14	Concept Kwaliteitskader Spoedzorgketen (draft version quality standard) https://www.sirm.nl/publicaties/kwaliteitskader-spoedzorgketen	2019
15	Formal letter head Board of Directors to head Quality Council regarding overriding authority. (Internal document; no weblink available)	2019
16	Definitieve versie Kwaliteitskader (Final version quality standard) https://www.zorginzicht.nl/kwaliteitsinstrumenten/spoedzorgketen-kwaliteitskader	2020
17	Verantwoordingsdocument Kwaliteitsraad (Accountability document Quality Council) https://www.zorginzicht.nl/kwaliteitsinstrumenten/spoedzorgketen-kwaliteitskader	2020
18	Update overriding authority process for general meeting Quality Council (Internal document; no weblink available)	2019

Table 2. Interviews

#	Respondents	Date	Duration
1	Employee Institute (A) and member quality Council (A)	30/06/20	1h
2	Employee Institute (A) and member quality Council (B)	02/07/2020	1h
3	Employee Institute (B)	04/02/2021	2h

Table 3. Observations

#	Meetings	Date	Duration
1	Meeting organisation dialogue conference Institute	26/02/2019	1h
2	Meeting organisation dialogue conference Institute	20/03/2019	1h
3	Strategy day Quality Council with employees Institute	18/04/2019	8h
4	Meeting organisation dialogue conference Institute	04/06/2019	1h
5	Conference call Quality Council overriding authority process	06/06/2019	1h
6	Dialogue conference 'Good or available care'	14/06/2019	8h
7	Conference call Quality Council overriding authority process	19/06/2019	1h
8	Conference call Quality Council overriding authority process	24/06/2019	1h
9	Physical meeting Quality Council overriding authority process	01/07/2019	1h
10	Conference call Quality Council overriding authority process	19/08/2019	1h
11	Physical hearing field parties organized by the Quality Council	26/08/2019	3h
12	General monthly meeting Quality Council	29/08/2019	3h
13	Conference call Quality Council overriding authority process	30/08/2019	1h
14	Conference call Quality Council overriding authority process	11/09/2019	1h
15	Strategy day Quality Council with external participants	31/10/2019	8h
16	General monthly meeting Quality Council	22/11/2019	3h
17	General monthly meeting Quality Council	16/12/2019	3h
18	General monthly meeting Quality Council	23/01/2020	3h
19	General monthly meeting Quality Council	09/03/2020	3h

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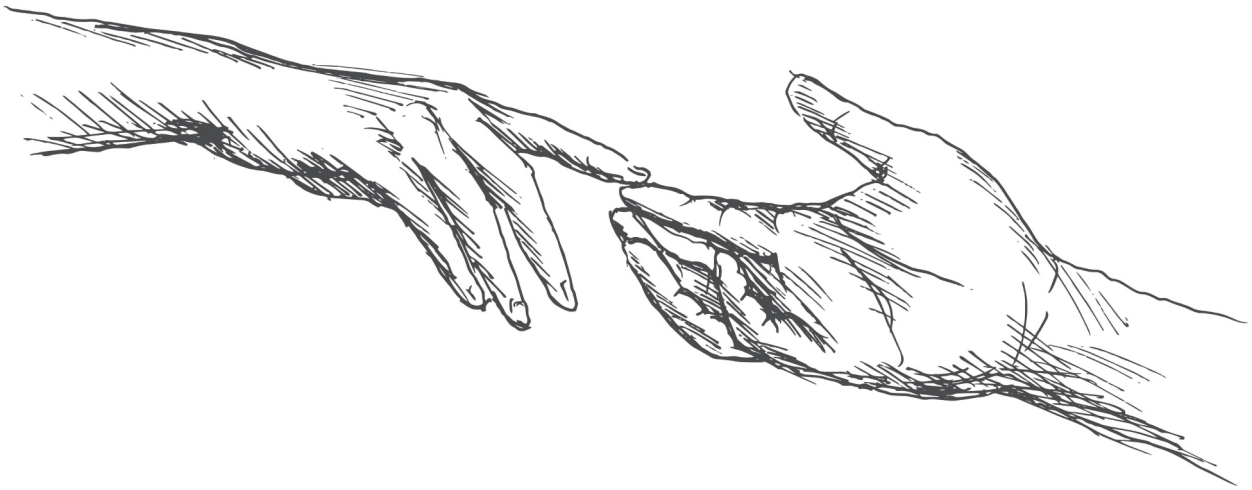

Chapter 6

Discussion: taking conflicting public values into account

INTRODUCTION

> *Expert agencies are entrusted with public authority in virtue of their technical competence. Areas such as environmental protection, food safety, or market stability are regulated with the backing of professional judgments regarding complex technical matters. But there is a clear political dimension to the work; regulation involves particular ways of framing problems and solutions. The very practice of regulation is bound up with evaluative concepts that are "essentially contested" (Gallie 1956) or "interpretive" (Dworkin 2011, chap. 8)* (Eriksen, 2021, p. 82).

> *Moving regulatory decision-making to autonomous agencies is not only about non-political technical and technocratic efficiency but also involves sensitive political trade-offs and value-based choices (Lodge, 2004). Such trade-offs are often unstable and ambiguous and have clear political components that cannot easily be resolved using purely technical criteria* (Christensen et al., 2008, p. 28).

This book provides an in-depth empirical analysis of the National Health Care Institute (Zorginstituut Nederland, ZiN), an influential semi-autonomous agency in the Netherlands with a broad mandate. This analysis is based on four years of in-depth primarily qualitative research from within the agency. The research focus of this dissertation is based on an issue raised by Institute employees themselves. In their daily work, the employees struggle in dealing with different, often conflicting, values in their regulatory and advisory processes. Relatedly, they have trouble in incorporating different public perspectives in their decisions. Over the course of this project, I saw that the agency's position at arm's length of politics reinforces the complexity of these issues for Institute employees. I found that the concept of public accountability, which I will clarify below, provides a fruitful lens to interpret and contextualise the challenges of this agency. As a result, this dissertation aimed to shed light on how the Dutch National Health Care Institute engages in practices of public accountability in decision-making about conflicting public values at its position of political distance. This research primarily concerns two core tasks of the Institute in which conflicting values play an important role. The first one is to improve healthcare quality by stimulating national societal interest organizations to together develop quality standards, called the quality task. The second task of providing clarity about the content of the basic benefit package of insured care and advising the minister about reimbursement of new expensive treatments is called the package management task. The broader societal purpose of the agency is to safeguard the public values of quality, accessibility, and affordability of healthcare for all Dutch citizens (Helderman et al., 2014).

Semi-autonomous agencies, like the Institute, have been frequently studied in scientific literature in the fields of public administration and related disciplines such as political science and institutional law. Since the 1980s, in the context of new public management reforms, these

agencies became widespread in public governance in both developed and developing countries. This international policy trend is often called 'agencification'. This often-used term refers to the creation of agencies at political distance and the delegation of tasks and authority to these agencies by central government bureaucracies. The agencies came in many different forms such as subsidiary agencies owned by parent departments and arm's length bodies which are legally separated from politics but indirectly controlled by ministers (Gill, 2002). The agency which I analysed in this dissertation is an example of the latter. The great scholarly interest in these agencies in the field of public administration and related disciplines focusses on their public accountability which provides a fruitful lens to operationalize the empirical question of Institute employees of how to deal with different values. In this dissertation, I used it as a relational concept in which an actor [the agency] renders account about its actions to one or more forums (Bovens, 2005; 2007). The broad research interest in public accountability among both policymakers and scholars results from agencies' operational distance from government officials and politicians which leads to perceived public 'accountability deficits'. This term is commonly used to refer to an assumed lack of public accountability due to the inability of citizens to directly hold agencies accountable via elections and the limited extent to which agencies are controlled by central government bureaucracies.

What adds to these perceived deficits is that the work of these agencies is not as purely executive as it is often portrayed. The quotes at the beginning of this discussion nicely show that the still persistent image in theory and practice of agencies as neutral de-politicized bodies which completely rely on technical expertise and are more efficient than central bureaucracies in policy execution and public service delivery is inherently flawed. This dissertation shows that the substantive component of agency conduct leads to the public accountability deficit being perceived as more pressing and its consequences more significant to consider. In practice, this means that to correct market failures and safeguard 'the general public interest', agencies make decisions about conflicting public values such as quality, accessibility, and affordability of healthcare for which they need to render account. In this discussion, I will draw several empirical conclusions on how the Institute operates in the complex context of the Dutch healthcare system of regulated competition and thereby contribute to the large and ongoing scientific debate about the public accountability of agencies. The contributions of this dissertation are both empirical and conceptual. First, this dissertation shows how public accountability theory provides insight into how the agency deals with different, often conflicting, public values. Second, this dissertation argues that, although still relevant, the idea of a public accountability deficit in its traditional understanding needs conceptual refinement.

Research questions

The central question which was addressed in this dissertation is:

> *How does public accountability play a role in decision-making about conflicting public values by the National Health Care Institute (Zorginstituut Nederland, ZiN)?*

The question is divided into the following four sub-questions:

I) *What different forms of public accountability of semi-autonomous agencies can be identified in the scientific literature and how can they overcome the accountability deficit according to agencification scholars?*

II) *How can multiple accountability help an agency to deal with multiple public values during a complex and salient decision-making process?*

III) *How can an independent regulatory agency deal with the tension between legal mandate and societal relevance and how can reputation-based accountability influence the navigation of this tension?*

IV) *How do relevant policy actors view the role of the National Health Care Institute in the Dutch healthcare system?*

To provide an answer to these research questions, I used a largely qualitative research design combined with q-methodology. From February 2019 until September 2022, I was provided with extended access to the Institute and one of its advisory committees called the Quality Council. Therefore, for a period of nearly four years, I could study the organization from within which enabled me to trace long-term institutional developments and closely follow two decision-making processes. This resulted in a large collection of empirical data on the agency that I analysed including field notes based on approximately 900 hours of ethnographic research, 54 (q)interviews, and approximately 100 documents.

The first study of this dissertation is a discourse analysis of literature on the public accountability of semi-autonomous agencies. This review provides an overview of different forms of public accountability which are based on different understandings of the public accountability deficit and provide different solutions to this problem. The second paper is an ethnographic study of a complex politically salient decision-making process. It analyses how the Institute regulates the quality of emergency care in the Netherlands in the public interest and how it uses its legal overriding authority to establish two contested norms on which national interest organizations could not compromise. This study shows the complexity the Institute needs to deal with when operating in a dense network of accountability forums in deciding about

conflicting public values in a specific politically salient decision-making process. The third study is an ethnographic account of the Institute's agenda setting process for the development of quality standards. The paper shows how reputational concerns play an important role for the Institute in deciding about the in- or exclusion of issues on the agenda. The Institute had to deal with a tension between its wish to address societally relevant issues and the boundaries of its legal mandate. This made the Institute reflect on its own role in the Dutch healthcare system. The fourth and final paper is a q-methodology study which analyses perspectives on the role of the Institute in the Dutch healthcare system. The paper shows that respondents within and outside the Institute ascribe a large role to the agency in addressing scarcity in healthcare. Despite this consensus, viewpoints differ on how the Institute should address this and what role it should take on in executing its legal tasks.

DIFFERENT CONCEPTUALIZATIONS OF THE PUBLIC ACCOUNTABILITY DEFICIT OF AGENCIES

To operationalize the question from employees of the Institute of how to deal with different, often conflicting values, in their decision-making processes, I reviewed literature on the public accountability of agencies (chapter one). This review provides an answer to the first sub-question of what different forms of public accountability of semi-autonomous agencies can be identified in scientific literature and how these forms can overcome the public accountability deficit according to agencification scholars. I hereby unravel the concept of public accountability deficits which is often used but rarely defined. I argue that it is important to distinguish among vertical, horizontal, and citizen accountability because, although interrelated, these forms of accountability encompass inherently distinct underlying discourses. They are based on different understandings of the public accountability deficit, propose different solutions to it, and assume different representations of 'the public' to which account is rendered. I argue that because of these assumptions, these accountability forms can have different and possibly unintended consequences for public accountability and therefore these underlying discourses are important to make explicit. Deficits in public accountability are generally considered as problematic since public or democratic accountability is related to the ideal of representative government which is embraced by many countries (Majone, 1997; Gallagher et al., 2011; Ennser-Jedenastik, 2015). Also, accountability is commonly associated with an image of good governance and seen as a golden concept that no-one can oppose (Bovens, 2007). The term public accountability deficit is commonly used to refer to an assumed lack of public accountability. According to many scholars, agencification leads to a discrepancy in the pure majoritarian model of democracy which assumes that majorities can control everything that politics can touch. In other words, elected politicians can entrust agencies with authority but are unable to transfer democratic legitimacy (Majone, 2001). I propose a more diversified understanding of the public account-

ability deficit of agencies. Based on my review of literature on agency accountability, I describe three accountability forms and their underlying discourses: vertical accountability, horizontal accountability, and citizen accountability. Vertical accountability derives from the traditional discourse based on principal-agent theory which assumes account-holding by a single accountability forum, that of the delegator of authority i.e., the political principal, as solution to the deficit. This solution of hierarchical accountability mechanisms through which governments or parent ministries hold agencies accountable is based on an understanding of the deficit in terms of a lack of vertical accountability. This implies that formal accountability mechanisms and the possibility of sanctions can overcome information asymmetry and agency losses. As ministries are expected to represent the interests of their electorate when holding agencies accountable, the assumed public to which account is rendered takes the guise of voters.

The second form I distinguish is horizontal accountability which is characterized by its equal, mutual, informal, and voluntary nature which is often based on dialogue and deliberation with many other forums besides the ministry. Examples of these forums are independent evaluators, interest groups, groups of clients, professional peers, stakeholder or overseeing boards, journalists and other third parties. Following many scholars in this discourse who use Bovens' relational understanding of accountability, including the possibility of multiple forums beyond the delegator, I regard principal agent theory as too simplistic. This dissertation thus builds upon a large body of research that expands the definition of public accountability. It argues that, in practice, the deficit commonly manifests itself in the inability and lack of willingness to hold agencies accountable among political principals. Since ministries have an interest in agency autonomy, the relation between the agency and its parent ministry itself often takes a rather horizontal form. Since agency accountability does often not involve formal sanctions, it commonly originates from an intrinsic motivation to learn or from reputational concerns about relations with the ministry or others. Also, the interests of agencies and ministries are assumed to be frequently aligned and not that inherently different as portrayed in principal agent theory. The proposed solution to the deficit is thus to engage in horizontal accountability practices in which multiple forums are involved. The public is assumed to take the guise of organized interests. The third accountability form I distinguish is citizen accountability. While the involvement of individual citizens is commonly included as a horizontal or social accountability mechanism, I argue in chapter one that it should be treated separately, as a distinct form of accountability. This is because these horizontal accountability forums represent different publics. Although groups representing consumers, clients or patients are often treated as horizontal or social accountability forums, these forums have selected interests. The interests of individual citizens exceed the sum of their partial perspectives since they are never able to represent their numerous interests. This discourse thus assumes this inability to represent individual perspectives as origin of the accountability deficit. Rendering account towards individual citizens is proposed as a solution in this discourse. Examples of accountability practices are the organization of citizen forums or panels. The public is thus assumed to take the guise of

individual citizens. Despite this, the chapter argues that issues of representation are important to consider for agencies when they initiate public participation practices.

Awareness of the underlying assumptions of different accountability practices and of different understandings of the public accountability deficit can help to understand and explain why and how agencies operate in highly complex and salient contexts. The provided conceptualization is also relevant because accountability deficits are often mentioned in scientific literature as a core issue resulting from developments such as privatization, Europeanization, agencification, and the rise of the regulatory state. These perceived deficits and their possible remedies are most frequently studied in semi-autonomous agencies. The discourse analysis of agencification literature provides a theoretical framework for future empirical research on agencies and also served this purpose in this dissertation. In the remainder of this discussion, I will explain how the issues that Institute employees are facing in practice can be traced to perceived accountability deficits. In the following paragraphs, I will show why I follow the relational understanding of accountability as proposed in the second discourse but also argue for an even broader and more inductively informed use of the concept.

THE AGENCY'S COMPLEX MULTIPLE ACCOUNTABILITY NETWORK

Although the incorporation of different public values is often mentioned as a benefit of multiple accountability for agencies, little in-depth research has been done on how multiple accountability turns out in practice. Therefore, the study in chapter three addresses the second sub-question of how multiple accountability can help an agency to deal with multiple public values during a complex and salient decision-making process. The short answer to this question is that although multiple accountability enables the incorporation and weighing of different values, it can also threaten efficient and timely decision-making in the public interest and increase politicization of accountability. This chapter is a qualitative case study of the Institute's accountability practices in the development of the national quality standard for Dutch emergency care. This study, which is largely based on ethnography, offers detailed insight in the practices within a single agency's accountability network in the context of a complex and politically salient decision-making process in which conflicting public values are at stake. The paper derives from the notion of multiple accountability which entails a multiplicity of accountability practices, both vertical and horizontal. The chapter shows how a combination of existing formal accountability arrangements and more situational practices constituted a complex multiplicity of accountability practices. Since the national interest organizations could not compromise on two norms in the new quality standard, the Institute's advisory committee, called the Quality Council, had an important formal role in the process. Also, the interest organizations were regularly consulted. Besides these legally prescribed accountability

practices, the Institute also voluntarily initiated horizontal accountability practices. Because of the political salience of the issue, the media and the ministry also held the agency accountable in the process. The chapter furthermore shows how strategic interactions between the agency's vertical and horizontal accountability forums led to politicization of accountability dynamics and thereby further increased the complexity of the process.

On the one hand, the involvement of all these accountability forums helped the agency to incorporate different perspectives of interest organizations and underlying conflicting values to make a weighted and robust decision which was largely supported. The weighing of values was a continues process in which different values were continuously made visible and given weight, both by the Institute and its accountability forums. On the other hand, the paper also shows that because of this multiplicity of accountability, the agency needed to deal with an enormous complexity which resulted in much work for its officials and impeded timely and efficient decision-making. The complexity resulted in inefficiency and the so-called *'risk of pleasing no one while trying to please everyone'* (Koppel, 2005, p. 3). By taking a decision that incorporated all different perspectives of interest organizations, the agency provided healthcare organizations, professionals, and other actors with much situational flexibility to meet the broadly formulated quality norms. This flexibility might negatively affect the impact of the agency's decisions in practice because it might make implementation and regulation of compliance more difficult. This might result in more deliberation rather than efficiency.

Agency literature also addresses the benefits and drawbacks of multiple accountability. Although accountability is often assumed to be something desirable due to perceived deficits, scholars increasingly acknowledge that too much accountability can be as problematic as too little (Flinders, 2011). The drawbacks of multiple accountability are indicated with terms as accountability overloads, the accountability dilemma, the politicization of accountability, conflicting accountabilities, the problem of many eyes, and multiple accountability disorder (Schillemans, 2008; 2010; Flinders, 2011; Bovens, 2007; Koppel, 2005). The benefits of reducing information asymmetry, preventing unwanted behaviour of agencies, and incorporating different perspectives and values in decision-making to reach better outcomes have also been addressed (Scott, 2000; Schillemans, 2010). However, in-depth empirical research on the benefits and drawbacks of multiple accountability is uncommon.

This study contributes to literature on agency accountability by providing a detailed empirical overview of accountability dynamics within a single agency's decision-making process. In summary, this case of decision-making by a single agency shows empirically that the combination of vertical and horizontal accountability is not only helpful but can also result in an enormous complexity, particularly when conflicting values are at stake. Sedimentation of formal and informal practices and the strategic interaction of vertical and horizontal forums, which Schillemans (2008) calls 'the shadow of hierarchy' ask much procedural capacity and investment of time and resources of an agency in rendering account. Therefore, I recommend in the chapter that agencies and scholars focus on finding a balance between multiple account-

ability and efficiency. The case shows that the agency rather renders account too much than too little. In the public interest, it is important that an agency reflects on when accountability practices are necessary and constructive and when they become redundant in a negative sense. For example, agencies can do so by being hesitant in initiating additional research by external commercial advisors or organizing citizen councils or panels.

THE AGENCY'S STRUGGLE IN BEING SOCIETALLY RELEVANT

Another important challenge for the Institute is to be perceived as both societally relevant and legitimate in its conduct by its accountability forums. The qualitative case study in chapter four aims to show how the agency struggled in navigating the dilemma between its wish to address societally relevant issues and staying within the boundaries of its legal mandate. The chapter also shows how reputation-based accountability influences the navigation of this tension. For this study, I closely followed how the Institute engaged in agenda-setting for the 2021 agenda for its task of healthcare quality regulation. The agenda prescribes which quality standards interest organizations need to develop with priority. Since agenda-setting requires prioritization because of limited time and resources the case provides clear insight in what the agency deems important. Since the agenda is also a regulatory instrument, interest organizations have significant interest in the in- or exclusion of issues. Therefore, accountability practices played an important role in the process. The answer to the research question is that in rendering account to its vertical and horizontal accountability forums with conflicting expectations, the agency became concerned with being societally relevant and being perceived as legitimate in its conduct. These reputational concerns made the agency reflect on the purpose of its policy instruments and its own role in Dutch health policy. In doing so, the agency moved back and forth between societal relevance and its legal mandate. In its agenda-setting, the agency was hesitant to address societally relevant issues due to reputational concerns towards its vertical and horizontal accountability forums. This is problematic from a public perspective since these issues fall in-between institutional boundaries and are therefore also unlikely to be addressed by other public actors.

The study shows that, in the agenda-setting process, the agency had to make substantive decisions about conflicting public values and therefore needed to render account. Its horizontal accountability forums such as the Quality Council and representative organizations of patients made the agency aware of quality problems that they themselves and the agency as well deemed important to address in the interest of patients and citizens. However, since these issues cross the boundaries of policy domains, they arguably exceeded the legal mandate of the agency. The paper shows that discussions on the problems behind the uncertain and controversial issues and their possible solutions touched upon questions about the purpose of the agency's regulatory

agenda and its role in the Dutch healthcare system. Reputational concerns were particularly significant because formal criteria meant to guide the process, while seemingly objective in nature, were open to multiple interpretations. In the process, the agency was stimulated to reflect on its own role in rendering account to its Quality Council, the ministry, and interest organizations. The Quality Council stimulated experimentation beyond the agency's formal narrowly defined role and deciding based on substantive arguments regarding societal relevance. Despite this, the agency chose to not include two issues against the Council's advice based on arguments regarding the scope of the agenda and its legal mandate. Reputational concerns towards the ministry and institutional peers of not being perceived as legitimate when going off the limits of its mandate played an important role in this according to respondents. Due to the tension between vertical and horizontal accountability, the process was rather messy and unclear. Both representatives of interest organizations and employees of the agency thought that the criteria for decision-making, the scope and purpose of the agenda, and the division of responsibilities within the agency and between the agency and its Quality Council were unclear. On the long term, discussions on the two disputed issues did however stimulate the agency to engage in discussions with its parent ministry about the possible extension of the legal scope of its regulatory agenda and thereby its mandate for its quality task.

To conclude, the chapter thus illustrates how the Institute, like many agencies, experiences a tension between mandate and societal relevance (Eriksen, 2021; Black, 2008; Black & Baldwin, 2010). By providing an in-depth qualitative account of a single agency's agenda-setting process, the chapter contributes to research on agency accountability and studies on reputation-based accountability (Carpenter & Krause, 2012; Busuioc, 2015; Busuioc & Lodge, 2016; 2017). The chapter shows empirically how reputational concerns can influence accountability dynamics and how this can lead to uncertainty regarding an agency's role and relevance. Our case study shows that the agency's reliance on procedural appropriateness in substantiating its decisions was not accepted by its horizontal forums. Although agency decisions are often mistakenly portrayed as neutral, the chapter argues that the substantive component of decisions is important to acknowledge. Following several authors (Rutz, 2017; Perez, 2011; 2014; Wiig et al., 2021; Eriksen, 2021), the case shows that reflection on regulatory instruments and their assumptions is more fruitful than unreflectively relying on seemingly objective formal standards and rules. When doing so, agencies might become more prone to address societally relevant issues in the public interest and can redevelop their tasks and instruments for this purpose. This is important since these issues often cross the boundaries of laws, policy domains and public institutions, and are therefore also unlikely to be addressed by other public actors (Busuioc, 2015; Bjurstrøm, 2021 Lægreid & Rykkja 2022).

THE AGENCY'S STRUGGLE IN DEFINING ITS ROLE

> *In the final analysis, however, the democratic legitimacy of nonmajoritarian institutions depends on their capacity to engender and maintain the belief that they are the most appropriate ones for the functions assigned to them" (Majone, 2001, p. 77).*

The previous paragraphs show that the complexity of the dense accountability network in which the agency operates when deciding about conflicting public values leads to a large amount of work and the need to carefully navigate conflicting expectations. However, when doing fieldwork within the agency, I encountered another related but more pressing issue, also implied by the agenda-setting study. I found the agency to be continuously struggling in defining its own role in the Dutch healthcare system. The agency's mandate, identity, and relation with others seemed to be uncertain and contested and were continuously redefined. To find out how prevalent this issue is within the agency and its accountability network and what the origins of the controversy are, I conducted a q-methodology study (chapter five). This final empirical chapter answers the question of how relevant policy actors view the role of the National Health Care Institute in the Dutch healthcare system. For this q-study, I interviewed 41 respondents both within and outside the agency and asked them to sort statements about what the agency should focus on. The answer to the question is that although all respondents ascribe an important role to the agency in addressing the complex societal issue of keeping the healthcare system sustainable in the future considering scarcity of finances, personnel, and solidarity among people, the viewpoints differ in how the agency should address this grand challenge.

Respondents assigned to viewpoint 1 argue that the agency should focus its conduct on the societal relevance for the lives of citizens. They find it important that the agency focusses on shared-decision-making between the individual patient and professional. Respondents in viewpoint 2 argue that the agency should focus on excluding ineffective treatments from reimbursement through systematic research. Respondents in viewpoint 3 also find this latter focus important but also plea for a focus on an efficient organization of care. This latter perspective also resembles most with the Institute's recent vision of appropriate care described at the beginning of the dissertation's introduction. The distinction between the first and second viewpoint resembles the institutional division between the Institute's quality and package management tasks. In addition, it also more broadly resembles different perspectives on the value of evidence from clinical trials for health policy in the Netherlands and internationally. The viewpoints also differ in the proposed relation with interest organizations. Respondents in viewpoint 1 propose a more facilitative and situational approach in which professionals and patients themselves are largely in charge of cost-effectiveness of care. Viewpoint 2 argues for stricter top-down regulation in which the agency dares to enforce changes towards cost-effective care on interest organizations based on its own scientific expertise. The third viewpoint can be seen as a midway

between these two opposites. The 'right approach' is thus still to be defined and agreed upon within and outside the agency. The chapter provides insight in how respondents feel about the appropriate care movement which largely determines the Institute's current endeavours and strategy. The study shows that the principles of the movement are interpreted in different ways and that their relative importance for the Institute's conduct is disputed. In this sense, three of the four principles are seen as too far outside the Institute's jurisdiction according to viewpoint 2. These are that appropriate care is decided upon together with the patient, that it entails the right care in the right place, and that it concerns health rather than illness which implies a focus on prevention. These are regarded as the responsibility of other private and public organizations and of the ministry as responsible manager of the whole healthcare system. The first and third viewpoint found in the q-study however do find these important criteria for the Institute to focus on. Statements related to the first principle regarding the cost-effectiveness of treatments are deemed highly important by respondents in viewpoint 2 and 3 and less important by viewpoint 1. Despite the differences, the viewpoints agree on the statement that the agency should not focus on what its parent ministry deems important. Respondents argue that the agency should carefully consider whether new tasks that the ministry wants to delegate fit its role and purpose before accepting them. Respondents are also critical when the agency takes on a new task on its own initiative. The agency's recent focus on creating public awareness about scarcity in healthcare is criticized in all viewpoints. The agency did so to create public understanding for its task of taking tough and possibly unpopular reimbursement decisions. The q-study, however, makes clear that most respondents argue that this is not a task of the agency but rather of the ministry itself as the holder and manager of the Dutch healthcare system.

Literature on agencies largely focusses on the difficulties caused by the complexity and conflicting expectations of the external accountability network of agencies (Schillemans et al., 2021; Aleksova & Schillemans, 2021; Scott, 2000). The role and tasks of single agencies are often perceived as relatively clear and stable. This is for example illustrated by the large amount of literature that compares the structural design or conduct of multiple agencies or forums (Overman et al., 2020; Leidorf-Tidå, 2022; De Boer, 2022). On the contrary, this study shows that an agency can be highly complex in itself. Although complex societal problems in which conflicting public values play a role demand action of agencies, internal and external complexity can spark controversy and impede fierce and concrete action. This is problematic from a public perspective and therefore the controversy within single agencies and their accountability networks is highly relevant to examine empirically.

CONTRIBUTIONS TO THE LITERATURE ON AGENCY ACCOUNTABILITY

Semi-autonomous agencies, like the Institute, are faced with the challenge of dealing with different, often conflicting, public values in decision-making. Nevertheless, scientific literature on these agencies primarily focusses on their public accountability rather than on how they deal with different public values. This dissertation adds to scattered findings on the role of conflicting public values in the agency literature on the public accountability of agencies by providing a thorough empirical account of the ambiguous relation between these phenomena. This is particularly relevant since researchers and practitioners of public administration strongly understand readily identifiable problems called 'the high ground' (Head, 2010, p. 577) while unclear, messy, and not readily identifiable problems are poorly understood. It is these often-coined 'wicked problems' which are deemed most important in practice from a societal perspective. These issues are highly complex since they are characterized by normative disagreement and factual uncertainty (Bannink & Trommel, 2019). Therefore, the study of public values in public accountability of agencies is an understudied but highly relevant component. Following the argument of several scholars who state that agency tasks are not primarily executive and operational, I argue that interpretative decision-making about values always plays a role. Although agency decisions are often mistakenly portrayed as neutral, depoliticized, and based on objective procedures and purely technical criteria, it is important for policymakers and students of agencies to acknowledge this interpretative component (Eriksen, 2021; Christensen et al., 2008). Research on the complexity of agencies' accountability networks which discusses phenomena such as multiple accountability, redundancy, and conflicting accountabilities also discusses the role of values. Following classical institutional theories which illustrate how institutions can integrate and adapt to competing values in their environment (Lindblom, 1959; Olsen, 2013), the incorporation of multiple relevant values through multiple accountability has been empirically studied as an advantage of multiple accountability (Scott, 2000; Schillemans, 2010; Schillemans et al., 2021). However, this same benefit can also turn out as a disadvantage. Even when accountability expectations of forums are similar, agencies need to continuously shift roles in rendering account to different forums to show understanding and acceptance of their different perspectives and values (Aleksova & Schillemans, 2021). The use of sociological literature on reflexivity, particularly in the health policy domain, can provide useful insight in how agencies deal with conflicting values, uncertainty, legal rules, and experimentation in rendering account (Hendriks & Grinn, 2007; Hendriks et al., 2004; Rutz, 2017; Bal, 2017; Abrishami et al., 2014; Wigg et al., 2021)

This dissertation contributes to the agency accountability literature by arguing that the challenges posed by multiple accountability are more severe for agencies and their accountability forums than is often assumed. The dissertation thereby argues for another understanding of the public accountability deficit by stating that the enormous complexity is likely to result

in uncertainty regarding an agency's role in the policy domain. The complex environment of agencies has been often diagnosed as a cause of many challenges. This complexity is caused by the upwards, sidewards, and downwards delegation of central government tasks which led to the creation of many arms' length agencies. The manifold accountability mechanisms which have come to restrict agency autonomy also contributed to this complexity (Schillemans et al., 2021). Drawbacks because of multiple accountability such as the problem of many eyes which apply different criteria, redundancy, inefficiency, politicization, and overload are frequently addressed. Despite the focus on drawbacks of the introduction of horizontal accountability practices which sedimented traditional vertical arrangements, horizontal cooperative accountability relations are often regarded as a solution to accountability deficits. Often-mentioned advantages are increased reliability of oversight, reduction of information asymmetry, and the incorporation of multiple values to reach better outcomes. Also, multiple accountability can enable organizational learning (Schillemans & Smulders, 2015). The promising aspects of horizontal relations between organizations are also addressed in other strands of literature in the field of public administration and other social sciences. Collaborative governance has become a popular answer to failures of top-down implementation, accountability problems, and high costs and politicization of regulation. Also, the increased specialization and distribution of knowledge increased interdependence and thereby the need for collaboration (Ansell & Gash, 2007). Within multi-level-governance better problem-solving and policy learning within transnational networks in which cooperation and interaction stimulate the exchange of ideas, technical expertise and information, increased experimentation and the promotion of norms and values (Stephenson, 2013). Network-governance enables coordination through mutual adaption of behaviour through negotiation and consultation between actors (Kickert et al., 1997, p. 44). In all these literatures, problems of accountability and complexity are also addressed. The focus on this complexity and the chances and challenges that it poses are important to study. However, this literature largely neglects the challenges posed by the internal complexity and conflicting values within agencies. Moreover, I argue that literature on complexity misses an important, pressing issue that results from the combination of in- and external complexity. This dissertation shows that it can leave an agency in a position in which it does not know what role it should take on and what its purpose should be. In this case for what account is rendered, to whom and why becomes unclear and accountability risks being harmful rather than valuable from a public perspective. Further qualitative in-depth empirical research within agencies using concepts of reputation-based accountability, values and legitimacy can provide further insight in this problem.

THE VALUE OF ETHNOGRAPHIC RESEARCH ON AGENCY ACCOUNTABILITY

> *What is to be done in the face of hollow theories based on ambiguous concepts? Intellectual nihilism is not an option when it comes to a concept such as accountability that plays such a dominant role in our contemporary "governmentality." It is difficult—no, impossible is better way to put it—to ignore accountability when it is cited as both the cause and cure for every ailment and imperfection in government and among those who govern (whether in public, private, or "third sector" contexts) (Dubnick, 2011, p. 707).*

> *Magic concepts play a central role in the articulation of government reforms. This rhetoric affects both academia and the world of practice. (..) At the same time magic concepts have their limitations, and it is when academics or practitioners overlook these that problems arise. Academics need to acknowledge that magic concepts are not precise or even stable (Pollitt & Hupe, 2011, p. 654).*

Using in-depth qualitative methods, this research on the National Health Care Institute provides unique insights on developments within the agency in the past four years. Based on this research, I argue that what public accountability entails and how the phenomenon plays a role for agencies should be studied empirically rather than based on predefined criteria. Up until now, ethnographic research on agencies' conduct is very uncommon. The large body of literature on public accountability practices, which often centres on agencies, commonly derives from a rather deductive approach. At the same time, the problem of a lack of analytical credibility of the concept has been often diagnosed. This is due to its ever expanding and changing meaning and its resulting lack of a stable foundation (Dubnick, 2011). The concept of accountability often has a positive connotation because of its image of transparency and trustworthiness. Bovens (2007, p. 448) calls it *'one of those golden concepts that no one can be against'* and states that the concept therefore has become very elusive. Flinders (2011, p. 596) speaks of *'an essentially uncontested concept'* and argues that accountability can be bad for democracy because politicization of accountability practices might negatively affect levels of public confidence in politics. Pollitt & Hupe (2011) call accountability one of the magic concepts, besides *governance* and *networks* which are currently among the most-often used concepts in the discourse of government. These magic concepts are characterized by their broad application in the sense that they have multiple, overlapping and sometimes conflicting definitions, cover large domains and can be linked to many other concepts. Another aspect is their normative attractiveness as being a progressive concept with a predominantly positive connotation. The concept accountability has already been a core concept within the field of public administration for the last three decades, in which its meaning has continuously expanded (Pollitt & Hupe, 2011).

Rather than expanding the manifold typologies of accountability structures, mechanisms and processes, this dissertation provides a thorough empirical account of relational dynamics off a single agency. Using ethnography, this research shows, at a micro level, how the agency and its accountability forums engage in accountability practices and how their employees give meaning to accountability. Rather than classifying, categorizing, and operationalizing to describe, measure and manage the social reality of agencies, I used accountability theories as products of relationships, interactions, and contexts that construct them as Dubnick (2011) proposes. Accountability relations are thus seen as more than contexts or settings since they are enacted in practice (Dubnick, 2011). Several scholars have tried to restrict what counts and does not count as accountability (Eriksen, 2020; De Boer, 2021). For example, de Boer (2021) recently introduced 'the accountability threshold' which excludes provision of information to 'the general public' as a form of accountability when there is no active forum engagement. Rather than following this solution to the conceptual problem of accountability, I recommend future researchers to conduct in-depth qualitative case studies on single agencies. Unlike the often-conducted research on many different agencies, qualitative research on small units of analysis enables the analysis of rich data of accountability dynamics in practice. As Rhodes (2014) states, the broader field of public administration would benefit from a focus on ethnographic research which enables inductive analyses based on thick descriptions rather than the more common deductive and instrumental approaches in the field. As complexity is a common denominator in research on governance, I argue that it is important to empirically study decision-making practices within agencies.

METHODOLOGICAL REFLECTIONS

> *Rarely will policymakers be able to cite the findings of a specific study that influenced their decisions, but they have a sense that social science research has given them a backdrop of ideas and orientations that has had important consequences. (Weiss, 1979, p. 429-430)*

This research is based on an interpretative research design. This design differs from the traditional scientific method focused on articulating hypotheses, defining concepts, operationalizing them in variables, establishing relationships between variables, and testing hypotheses. Instead, I focused on specific situated meanings and practices of meaning-making by actors within the context of the National Health Care Institute (Schwartz-Shea &Yanow, 2013, p,1). I articulated the research questions using ethnography, a qualitative research approach that includes directly observing people and providing an account of their actions as they naturally occur (Dixon-woods & Bosk, 2010). The issues of dealing with different values was raised by agency employees themselves. When observing the agency's practices and speaking to its employees, the additional and related issue of rendering account to different publics emerged.

Also, the selection of the cases on emergency care and agenda-setting and the topic of the q-study of the agency's role were largely inductively informed using ethnography. Although research designs are commonly influenced by pre-existing expectations based on theoretical concepts, this inductive approach increases the relevance of the findings for the conduct of agency employees. However, this dissertation also consists of conceptual research on public accountability used to further operationalize the research questions and inform the case selection. I thus used an abductive approach which is characterized by going back and forth between data and theory, by continuously trying to find a situational fit between the observed practice and theoretical rules and by remaining open to surprising observations in doing so (Timmermans & Tavory, 2012). During four years of field work, I simultaneously puzzled over empirical materials and theoretical literature instead of going back and forth between theory and the field in separate steps (Schwartz-Shea & Yanow, 2013, p, 27). Iteratively collecting data, writing memos and coding enabled me to construct theories (Timmermans & Tavory, 2012).

The embedding of my research within the Research Network HTA (Academische Werkplaats Verzekerde Zorg), a structural research-policy partnership between the agency and two universities, provided me with the unique opportunity to be frequently present in the research setting for a relatively long period of time. This component of duration enabled me to build relationships with actors within the agency and its Quality Council (Wehrens et al., 2012). Therefore, I could make the common sense, unwritten tacitly known rules and hidden dimensions of meaning-making of the actors explicit. Besides interviewing and observing actions and interactions within specific material settings, I also used material artefacts such as annual reports, internal memos, and correspondence. The detailed fieldnotes enabled me to construct thick and layered descriptions of actors, interactions, events, and objects at the scenes I studied. This interpretative approach and the long period of field work also enabled the analysis of the relation between structure and agency. In other words, I could contextualize subjective experiences and actions of relevant actors within broader social settings and long-term institutional developments of the agency and the Dutch healthcare system (Yanow et al., 2012). On the one hand, the close cooperation with employees of the agency and members of the Quality Council enabled me to be close to their ideas, meanings, and discursive and social practices. On the other hand, this closeness also posed challenges of becoming biased and overlooking taken for granted assumptions and surprising findings that seem self-evident. I used several approaches to take a distant perspective on the agency and question my own assumptions. First, I used theoretical lenses derived from the broad international literature on agency accountability in dealing with conflicting values (Alvesson, 2003). Second, I frequently discussed my findings within our research team consisting of two researchers who are external to the agency and one who works at the agency but was not involved in the studied cases. Third, I presented and discussed draft papers of the studies and the introduction and conclusion of this dissertation with colleagues at my research department and at international conferences. This enabled me to look at the findings from different theoretical and empirical angles and to become aware

of relevant results. Fourth, writing memos when collecting and analysing data enabled me to reflect on my own assumptions and associations when constructing theory. Finally, although the agency partly funded this research, guarantees for scientific independence and critical scrutiny in publishing are established in a partnership agreement between the Institute and our research faculty.

The use of other methods besides ethnography enabled me to study the agency and its context on different levels. In addition to interviewing, observing, and document analysis, I used q-methodology to study the issues identified in the case studies more broadly. These issues arose from observations, documents, and literature. Q-methodology enabled the identification of different viewpoints, spanning the institutional boundaries of the agency and consisting of configurations of things that participants find important for the agency to focus on (Watts & Stenner, 2005). The literature review provides a conceptualization of the ill-defined accountability deficit. For this study I identified three distinct discourses consisting of different assumptions, language, and ideologies within the agencification literature (Van Dijk, 2006). The study provides a theoretical framework for the empirical studies of this dissertation since the discourses enable the contextualisation of pressing issues for the agency, their consequences, and how actors deal with them. Besides contributing to the literature on agency accountability, another aim of this research was to provide agency employees and other actors with relevant insights to improve their decision-making processes. Therefore, I shared and discussed the findings of each study and of the whole dissertation with agency employees and members of the Quality Council during informal conversations, assemblies, workshops, and discussion forums. The meetings of the academic collaboration were also used to exchange ideas with policymakers of the agency. The impact of social science research, particularly of a qualitative nature, is often diverse, indirect, and subtle. Therefore, the impact of my dissemination endeavours within this research project are difficult to pinpoint (Weiss, 1979). One complicating factor in doing so was that it took much time to conduct observations in the field and analyse findings while policymakers are oriented to relatively short-term processes (Rhodes, 2014). Another complicating factor is the misfit between the abstract, generalized, and theoretical knowledge relevant for academic publics that I constructed, and the more pragmatic and concrete knowledge focused on usefulness where policymakers were primarily interested in (McIntyre, 2005). However, through engaging with actors in the field, I could indirectly influence the perspectives of policymakers and provide them with words, such as the different accountability forms, that help them reflect on the issues they are dealing with. As policy change takes time and is influenced by many interacting factors such as journalism, history, law, criticism of policy actors, and philosophy, the impact of this research might manifests itself more significantly after a long period of time (Weiss, 1979).

IMPLICATIONS FOR THE NATIONAL HEALTH CARE INSTITUTE AND DUTCH HEALTHCARE

This dissertation argues that the enormous complexity has led to uncertainty regarding the agency's own role which prevents it from taking bold decisions and acting vigorously. This is problematic as this type of action is needed to address the wicked problem of scarcity in healthcare. By using theory on agency accountability, this dissertation provides relevant insights for how the agency renders account in dealing with multiple conflicting values. It provides the agency's policymakers with a structure to make them aware of the three different accountability relations in which different publics are represented. This is important since these publics have different interests and therefore make different public values visible and give them weight. In line with previous institutional accounts on the predecessors of the Institute by Van Bottenburg et al. (1999) and Helderman et al. (2014), this research shows that particularly vertical and horizontal accountability largely determine the conduct of the agency. In addition, it shows that the extent of vertical control influences how the agency relates to its horizontal forums. In their study on the Health Insurance Council (Zfr, Ziekenfondsraad), which was created in 1949 and functioned until 1999, Van Bottenburg et al. (1999) stress that the agency operated in a complex position in-between the state and the market which interests are in essence conflicting. The government's aim with the gradual privatization of Dutch healthcare since the 1980s was to reduce costs while private organizations are likely to pursue their own financial interests. Therefore, regulation by the Council was needed. The government's aim to regain control of rising public healthcare expenditures resulted in the abolishment of the direct participation of representatives of the interest organizations in the Council. The new creed of the government became 'the primacy of politics'. The representatives were replaced by expert members appointed by the minister. The study of Helderman et al. (2014) shows that the Health Care Insurance Board (College Voor Zorgverzekeringen, CVZ), the Institute's next predecessor created in 1999, often experienced a tension between coerced vertical commitment and horizontal guidance. With the creation of the Institute in 2014, the ministry provided the agency with more room to establish its own position and build a good relationship with the field of interest organizations. The new quality task which was then attributed to the agency increased the need to invest in dialogues and other horizontal and societal forms of accountability according to the authors. They argue that expertise and output-legitimacy had become insufficient, and that the agency needed to rely more on throughput legitimacy.

The empirical studies of this dissertation make clear that horizontal accountability indeed has again become highly influential in determining the agency's conduct. The agency invests much procedural capacity in incorporating the interests of its horizontal forums and is also expected to do so. As Van Bottenburg et al. (1999) predicted in their study, interest organizations have found new ways to pursue their interests outside the agency. They strategically interact with the agency's parent ministry to influence its conduct. The empirical studies show that the

agency is then quickly inclined to follow the ministry's will by not addressing broader societal problems outside its mandate, taking on new tasks or initiating more horizontal accountability practices. As a result, although investing in horizontal accountability enables incorporating different public values, the many and interacting accountability practices create an enormous complexity. That the agency is also internally complex due to the tension between its quality and package management tasks increases the complexity. As a result, the agency is no longer certain about its own role in the Dutch healthcare system. Although possibly to a lesser extent, other agencies in the Netherlands face similar uncertainties. The Dutch Healthcare Authority (NZa) needs to adapt its financing schemes to incentivize the realization of appropriate care in practice and the Health and Youth Care Inspectorate (IGJ) needs to continue its regulation considering scarcity of personnel (WRR, 2020). The concerns addressed in reports by evaluators of the agency also illustrate the Institute's uncertainty. The Netherlands Court of Audit (Algemene Rekenkamer, 2020) is critical of the agency's endeavours from 2014 until 2019 to realize appropriate use of care that is reimbursed through the basic benefit package. The programme only resulted in limited savings in public expenditure on healthcare. According to the Council, the agency's improvement measures were too non-committal regarding the implementation by interest organizations. The agency was too hesitant to use its available legal powers to impose changes in healthcare practice in the public interest. Also, the ministry's expectation of the agency in terms of expected results was insufficiently clear and pressing (Algemene Rekenkamer, 2020). The Scientific Council for Government Policy (WRR, 2021) which advises the Dutch government and parliament, suggests that the agency is entrusted with more authority. It states that larger independence of the agency from both government and interest organizations might lead to stricter reimbursement decisions. Since both actors are reluctant to take blame for unpopular austerity decisions, it suggests that the agency takes binding decisions about the inclusion of new expensive treatments based on a maximum cost per QALY chosen by the government (WRR, 2021). On the contrary, the obligatory five-yearly evaluation of the agency's performance by an independent evaluator emphasizes that the agency lacks the substantive expertise of interest organizations. Therefore, it should focus on its role of designing and facilitating procedures for deliberation by interest organizations rather than on the content (Kwink, 2020). Although all reports see the agency as an important institutional actor, the differences in these reports illustrate the persistence of controversy surrounding the agency's role shown in this dissertation.

This dissertation shows that despite the important role that relevant actors in health policy ascribe to the Institute in addressing the societal issue of scarcity in healthcare, the nature of this role is disputed. The scene at the beginning of the book illustrates how the agency, in the past years, has embraced its appropriate care programme to define its role. However, as the fragment in the beginning also shows, the agency realizes that it lacks the authority to impose changes on interest organizations by relying on expertise and procedural appropriateness in horizontal accountability. Also, the appropriate care principles exceed the boundaries of its

mandate concerning insured care. Therefore, the Institute and the Dutch Health Care Authority decided to redelegate its responsibility for the programme to the ministry. The ministry presided negotiations with interest organizations and institutional actors to formulate integral agreements for the organization, funding, and delivery of healthcare in the Netherlands. Current developments, thus again show a shift from a focus on horizontal accountability towards the primacy of politics. The ministry asks agencies to cooperate with the backing of its vertical authority to contribute based on their core tasks. The responsibility for involving the powerful interest organizations in deliberation and imposing changes in the appropriate care movement has shifted from the Institute to the ministry. For the movement, to lead to significant results, government and agencies will need to cooperate across laws, domains, and institutional roles to take bold and clear decisions and enforce implementation in practice. Recently, the agency tried to further give substance to the movement in a quality standard that describes appropriate care (Zorginstituut Nederland, 2022), in its reports that signal issues in oncology, mental health care, elderly care, and cardiology, and in meetings organized with the interest organizations and other societal actors (Zorginstituut Nederland, 2023). Although these initiatives of horizontal accountability are valuable to incorporate public values, too much deliberation might lead to renewed complexity and delay of change in the public interest. Therefore, I recommend that government and agencies cooperate across laws, domains, and their institutional roles to cut cords by taking bold and clear decisions and enforce implementation in practice. If necessary, they can rely on vertical political authority and the integral healthcare agreement that was established in the shadow of hierarchy (Ministerie van VWS et al., 2022). Furthermore, clear expectations from the ministry on how the Institute and other agencies should contribute will help them to define their role. Regulation often leaves much room for interpretation of the roles of mandatory boards of experts (Schillemans, 2012). This is also the case for the Quality Council. I recommend that the Council uses this room to keep using its relevant and extensive expertise to provide solicited and unsolicited advice from a societal perspective, enable the agency to incorporate relevant perspectives in its decisions and stimulate the agency to be reflexive on its own role. However, I also recommend that the Council prevents the increase of complexity by being careful in initiating additional accountability practices. For interest organizations, I recommend that they maintain and, if necessary, increase their willingness to align their partial interests in the broader public interest and implement changes in practice. Finally, I argue that the agency's legitimacy in the networked state is primarily based on vertical and horizontal accountability. This contradicts with the recommendation of the Scientific Council for Government Policy (WRR, 2021) which states that, to pursue societal legitimacy of decisions, the agency should involve individual citizens in its decision-making about the allocation of scarce resources in healthcare. Instead, I argue that accountability to individual citizens might lead to unintended consequences and can further increase complexity. Therefore, it is important that the Institute carefully considers the purpose and design of public involvement initiatives like citizen forums before investing in them.

FINAL REMARKS: FROM AGENCIFICATION TOWARDS A NETWORKED STATE

Since the 1980s, the separation of steering and rowing as a solution to government failures and economic problems has been influential in many European countries. This separation is based on the idea that governments should solely focus on policymaking and strategic decision-making, while private sector organizations and agencies focus on the entrepreneurial aspect of efficient policy delivery and implementation (Osborne & Gaebler, 1995). On the contrary, this dissertation shows that in the everyday reality of agencies, steering and rowing are always intertwined. Although agencies like the Institute were often created to relieve overloaded ministers of executive tasks and to improve efficiency of public service delivery, they often have significant managerial freedom and flexibility (Gains, 2003). In their daily work agencies make decisions about conflicting public values that are essentially political. Therefore, I argue that depoliticization of public tasks, which is a common aim for governments to delegate tasks to agencies, is only realized to a limited extent in practice. In addition, the Institute's case illustrates how the political work that agencies perform on behalf of parent ministries also leads to delegation of obligations to render account. The distance from representative democracy and the relative proximity of agencies to societal stakeholders relative to governments increases the pressures to actively involve stakeholders (Dan, 2014).

This dissertation has shown how, as a result, agencies deal with complex accountability networks and internal complexities which can impede the safeguarding and improvement of public values. Also, in improving public values, agencies are faced with the multidimensional nature of relevant societal issues. These issues exceed the boundaries of different agencies, legislations, and domains and therefore further complicate the conduct of single agencies (Black, 2008). Agencies do not want to become obsolete but also want to stay societally relevant and want their actions to be perceived as legitimate (Busuioc & Lodge, 2017). The Institute, in its current form is a relatively young organization. Also, being continuously in change by incremental muddling through and adapting to changing expectations in their external environment is common practice for most organizations (Lindblom, 1959; 1979; Olsen, 2013). Nevertheless, semi-autonomous agencies operate in a particularly complex position compared to other organizations. In the absence of clear vertical expectations and frameworks, agencies are likely to become caught in-between sticking to a strict interpretation of their core tasks and initiating societally relevant endeavors that are arguably outside their legal scope. As these issues are partly outside the scope of other institutional actors as well, they are unlikely to be urgently and fiercely addressed in the public interest (Laegreid & Rykkja, 2022; Busuioc, 2016). Bovens' (1999) explanation of how complexity develops is illustrative for health policy in many countries. He states that governments investment in steering of complex organizations increased complexity. Following privatization, governments wanted to prevent corporate risks and protect natural persons from externalities. Facing a complex societal problem, such as

healthcare scarcity, a minister needs to deal with numerous complex organizations and will create a special agency that can acquire expertise and tools to check healthcare delivery which will inevitably have a complex structure in itself. Since the minister lacks the time and expertise to check the work of the agency, the minister will leave this to the government department which is also a complex organization. A healthcare provider or interest organization will need to comply with the agency's regulation but faces similar problems since it is divided into different departments and sections with complex structures as well (Bovens, 1999).

After a period of delegation, fragmentation, and dispersion of authority, I thus argue for a development towards revaluing vertical authority and a decrease of complexity. Appropriate care shows how institutional actors together try to work their way out of the created complexity. In this case, close cooperation of agencies backed by vertical authority of the ministry seems promising for the realization of results in the public interest within the intertwined processes of policy design and implementation. In case of strong horizontal interests, like in Dutch healthcare, it is important to invest in strong networks of institutions that dare to take bold and clear decisions. In this way, they can implement changes in practice targeted at addressing wicked problems such as scarcity in healthcare delivery. Thereby, I support the plea of Laegreid & Rykkja (2022) for the development of strong collaborative agreements within the state between ministries and agencies. In these arrangements, who is accountable to whom and for what can however become elusive and unstable. This will likely result in an increase of both the supply and demand of accountability practices and of their politicization. Besides impeding efficiency, this can negatively affect public trust in policymaking (Flinders, 2011; 2014). Therefore, meaningful, reflexive, dynamic and interactive accountability relations that fit specific circumstances and issues and counteract tendencies to avoid blame, lack of trust, and skepticism between institutional silos are necessary (Laegreid & Rykkja, 2022; Flinders, 2014; Bovens and Schillemans, 2014). In doing so, it is important for government actors to not further increase complexity. Therefore, I support the argument of Flinders (2014) that solutions to accountability deficits are more likely to be found in reducing the demand rather than in increasing the supply of accountability (Flinders, 2014). Besides agencies that can initiate less accountability practices, media can focus less on scandals (Flinders, 2011) and interest organizations can focus less on strategically pursuing their partial interests. This prevents activation and politicization of additional accountability practices.

Given the enormous complexity, I thus plea for a focus on the decrease rather than on the increase of complexity. Although, the trend of agencification has been stimulated by the OECD and has been fully embraced by many countries (Gill, 2002; Van Thiel, 2004), I recommend central governments to abstain from the creation of new agencies and the delegation of new tasks. For agencies themselves, I recommend that they are reluctant in accepting additional tasks, particularly when they do not fit their core tasks and purpose, and in initiating additional horizontal accountability practices such as citizen councils and involving external commercial policy advisors. Instead, I plea for further clarification of the roles of agencies to increase their

authority. This requires clear ministerial frameworks and further cooperation and coordination in the networked state. If necessary, this can also be done through redelegation of tasks to the ministry, termination or fusion of agencies or reallocation of agency tasks.

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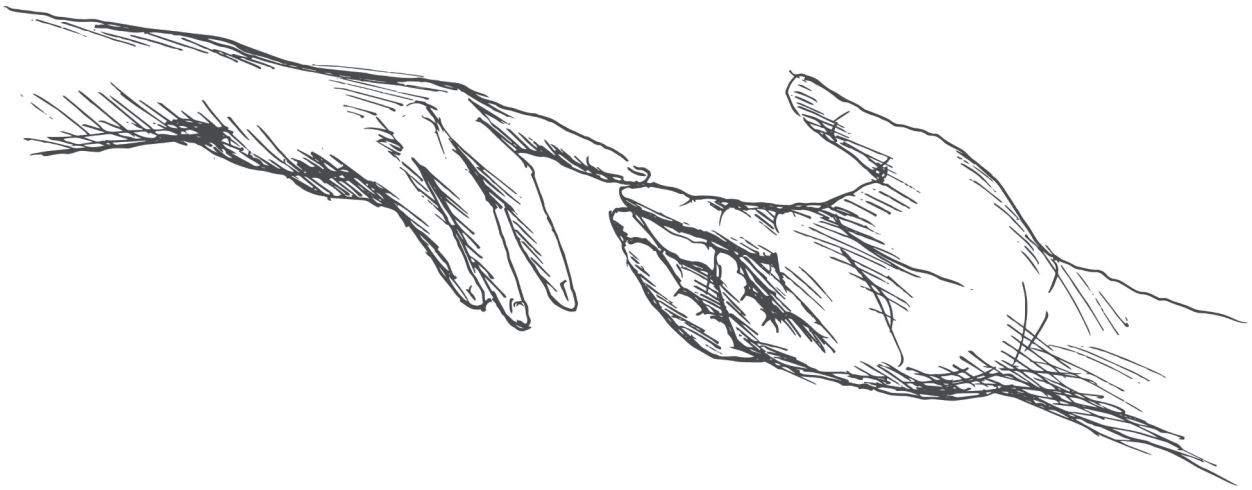

Summary

SUMMARY

In their daily work, employees of the National Health Care Institute (Zorginstituut Nederland, ZiN) (hereafter 'the Institute'), a semi-autonomous agency in the Netherlands, need to deal with different and often conflicting values. The agency has an important role in the highly complex societal challenge of keeping the Dutch healthcare system sustainable in terms of quality, accessibility, and affordability. This dissertation shows that the agency operates in a challenging position between the state, organized interests, and individual citizens while, at the same time, political and societal expectations of its conduct are high. The challenges that this agency faces are widely recognized in the international scientific literature. From the 1980s onwards, many countries across the globe followed the trend of creating government agencies at arm's length distance from their parent ministries and delegating public tasks to them. In the context of privatization, these agencies were expected to develop specific expertise to improve the efficiency and quality of public service delivery. Their political distance was aimed at enabling them to do so. Despite these promises of so-called 'agencification', empirical evidence on the resulting improvement of public values is limited and shows mixed results. In addition, the operational distance of these agencies, like the Institute, from central governments leads to an often-perceived 'accountability deficit' i.e., a lack of accountability, according to many scholars. This is because citizens cannot directly hold agencies accountable via elections. Since agencies make substantive decisions about salient issues in which conflicting values are at stake, this deficit comes across as even more pressing. To compensate for the lack of accountability, agencies are expected and in fact do render account in many ways to many different actors. In its daily work, the Institute also struggles with rendering account to different publics. Therefore, this book answers the following question: how does public accountability play a role in decision-making about conflicting public values by the Institute?

In doing so, this dissertation provides an in-depth empirical account of a single agency's accountability dynamics using mainly qualitative research. From the beginning of 2019 until the end of 2022, I studied the practices of rendering account by the agency using different qualitative methods, including ethnography, and q-methodology, a mixed methods approach. The Institute provides an interesting case to study accountability dynamics because of its crucial role in the functioning of the Dutch healthcare system and its complex and salient tasks. Its legal tasks are to provide clarity about the content of the basic benefit package of insured care, to distribute premiums among health insurers through risk equalization, to stimulate (digital) information exchange within healthcare and to promote quality of care. Using public administration theory on public accountability of agencies, this research aims to shed light on the issues that Institute employees are facing in their daily work. The long period of fieldwork for this PhD-research and the unique and extensive access to the daily work of the organization enabled me to collect a large collection of empirical data on the agency. This interpretative form of research is still rather uncommon in the field of public administration, and particularly

in the agency accountability literature. In doing so this dissertation aims to both empirically and conceptually contribute to this body of literature.

Chapter one, the introductory chapter of the book, starts off with discussing the agency's current endeavours in addressing the complex societal issue of keeping the Dutch healthcare system sustainable in terms of quality, accessibility, and affordability. The chapter also contextualizes the challenges of Institute employees by introducing the broader international developments of agencification and the rise of regulation. It discusses theory on the consequences of the resulting dispersion of authority for democratic legitimacy and public accountability. Much research has been done on the concept of public accountability. In my dissertation, I rely on a broad understanding of Bovens' relational definition of the concept which holds that an actor (the agency) explains his or her conduct to a forum after which a forum can pose questions and pass judgement, and consequences may follow. In the introduction, I also explain how, according to many authors, agencies have come to operate in complex multiple accountability networks which has both advantages and disadvantages. In these networks, agencies render account to many 'forums' such as their parent ministry, interest organizations, auditors, media, and individual citizens. I show that values play an important role in the work of agencies because their work is not as purely technical and executive as is often presumed. I also discuss why this raises legitimacy questions for agencies. Finally, I also introduce, the case of the National Health Care Institute and the context of the Dutch healthcare system of regulated competition in which it operates. Policymaking in the Netherlands in healthcare and other domains has also been influenced by international trends of privatization, the rise of regulation, and the creation of agencies. Similar to other countries, this overgrowth of agencies and its consequences have been questioned in the Netherlands. The agency of study is also strongly influenced by the corporatist tradition in Dutch (health) policy. As a result, the agency needs to render account to its parent ministry and to interest organizations representing patients, healthcare providers and insurers in its decision-making processes. I show how, the weighing of public values plays an important role in the Institute's tasks of health technology assessment and healthcare regulation.

Chapter two, the first study of this dissertation, is a discourse analysis of literature on the public accountability of semi-autonomous agencies. The study unravels the ill-defined public accountability deficit. This review provides an overview of what different forms of public accountability of semi-autonomous agencies can be identified in scientific literature and how these forms can overcome the public accountability deficit according to agencification scholars. I argue that it is important to distinguish among vertical, horizontal, and citizen accountability because, although interrelated, these forms of accountability encompass inherently distinct underlying discourses. They are based on different understandings of the public accountability deficit, propose different solutions to it, and assume different representations of 'the public' to which account is rendered. I argue that because of these assumptions, these accountability forms can have different and possibly unintended consequences for public accountability and

therefore these underlying discourses are important to make explicit. Vertical accountability is based on the traditional discourse which assumes account-holding of a self-interested agency by a single accountability forum, that of the delegator of authority i.e., the government or parent ministry, as solution to the accountability deficit. Formal hierarchical accountability mechanisms through which these political principals hold agencies accountable is based on an understanding of the deficit in terms of a lack of vertical accountability. As ministries are expected to represent the interests of their electorate when holding agencies accountable, the assumed public to which account is rendered takes the guise of voters. Horizontal accountability which is characterized by its equal, mutual, informal, and voluntary nature is often based on deliberation with many other forums besides the ministry. Examples of these forums are independent evaluators, interest groups, groups of clients, professional peers, stakeholder or overseeing boards, journalists and other third parties. In this discourse, the deficit is understood in terms of a lack of accountability on behalf of the ministry and the proposed solution is thus to engage in horizontal accountability practices in which multiple forums are involved. Citizen accountability refers to the involvement of individual citizens e.g., through panels or forums. The deficit is understood in terms of a lack of representation by organized interests through horizontal accountability. Although accountability to individual citizens becomes increasingly popular, I recommend agencies to carefully consider issues of representation and impact before investing in them. This discourse analysis of agencification literature provides a theoretical framework for future empirical research on agencies and also served this purpose in this dissertation.

Chapter three is a qualitative case study based on ethnography which examines the accountability practices in the development process of the national quality standard of emergency care. The chapter explores how multiple accountability can help an agency to deal with multiple public values during a complex and salient decision-making process. I argue in the chapter that although multiple accountability enables the incorporation and weighing of different values, it can also result in enormous complexity, particularly when conflicting public values are at stake. The chapter contributes to literature on agency accountability by showing in detail how multiple accountability is constituted in practice. In the process, the combination of existing formal accountability arrangements and more situational horizontal practices constituted a complex multiplicity of accountability practices. This was reinforced through strategic interactions between the agency's vertical and horizontal accountability forums. The many accountability practices impeded efficient, timely and impactful decision-making by the Institute. Hereby, the chapter illustrates how multiple accountability can threaten efficient and timely decision-making in the public interest and increase politicization of accountability. This is particularly problematic since agencies, including the Institute, are commonly created to safeguard these public values. Therefore, I recommend in the chapter that agencies and scholars focus on finding a balance between multiple accountability and efficiency.

Chapter four, the third study, is an ethnographic account of the Institute's agenda setting process for the development of quality standards. The study shows how the agency struggled in navigating the dilemma between its wish to address societally relevant issues and staying within the boundaries of its legal mandate. In doing so, the chapter also shows how reputation-based accountability influences the navigation of this tension. For this study, I closely followed the Institute's agenda-setting process for its 2021 regulatory agenda The agenda prescribes which quality standards interest organizations need to develop with priority. In the study, I specifically zoomed in on how the agency decided on the in- and exclusion of three controversial issues on its agenda. Since agenda-setting requires prioritization because of limited time and resources the case provides clear insight in what the agency deems important. Since the agenda is also a regulatory instrument, interest organizations have significant interest in the in- or exclusion of issues. I found that in rendering account to its vertical and horizontal accountability forums with conflicting expectations, the agency became concerned with being societally relevant and being perceived as legitimate in its conduct. These reputational concerns made the agency reflect on the purpose of its policy instruments and its own role in Dutch health policy. In doing so, the agency moved back and forth between societal relevance and its legal mandate. In its agenda-setting, I found the agency to be reluctant to address societally relevant issues due to reputational concerns towards its vertical and horizontal accountability forums. To conclude, the chapter illustrates how the Institute, like many agencies, experiences a tension between mandate and societal relevance. This can prevent agencies from addressing societally relevant issues in the public interest. This is problematic since these issues often cross the boundaries of laws, policy domains and public institutions, and are therefore also unlikely to be addressed by other public actors.

Chapter five, the final study of this dissertation, consists of a q-methodology study. The study answers the question of how relevant policy actors view the role of the National Health Care Institute in the Dutch healthcare system. For this study, I conducted q-interviews with agency employees, evaluators, regulatees, ministry employees, health policy experts, members of the agency's advisory committees, and employees of peer agencies. I found that all respondents ascribe an important role to the agency in addressing the complex societal issue of keeping the healthcare system sustainable in the future considering scarcity of finances, personnel, and solidarity among people. However, the viewpoints differ significantly on how the agency should relate to this challenge. I identified three distinct viewpoints on what the agency should focus on. These are on societally relevant issues, on strict package management, and on an efficient organization of care. The viewpoints particularly differ in how the agency should relate to interest organizations, to its legal tasks and on what source of legitimacy the agency should rely in its conduct. Literature on agencies largely focusses on the difficulties caused by the complexity and conflicting expectations of the external accountability network of agencies The roles and tasks of single agencies are often perceived as relatively clear and stable. On the contrary, this study shows that an agency can be highly complex in itself. Although complex

societal problems in which conflicting public values play a role demand action of agencies, controversy about an agency's role impedes strong and concrete action in the public interest.

Chapter six is the discussion chapter of this dissertation which explicates the contributions of this PhD-research. After answering the sub-questions of this research based on the four studies, the chapter further discusses the relevance of the findings. This research contributes to literature on semi-autonomous agencies by empirically studying the role of conflicting values in public accountability which remains understudied. Based on in-depth qualitative research, I argue here for another understanding of the public accountability deficit. The enormous complexity resulting from the political distance of agencies, their substantive role in dealing with public values, and the multiple accountability networks in which they have come to operate is likely to result in uncertainty regarding an agency's role in policymaking. When an agency does not know what role it should take on and what its purpose should be, it becomes unclear for what account is rendered, to whom and why. Accountability then risks being harmful rather than valuable from a public perspective. This research therefore pleas for further in-depth qualitative research on agencies using ethnography. I argue for studying how actors in practice give meaning to phenomena such as public accountability rather than relying on predefined criteria. After a period of delegation, fragmentation, and dispersion of authority across countries, I argue for a development towards recentralization and a decrease of complexity. This requires meaningful, reflexive dynamic and interactive accountability relations. In addition, clear ministerial frameworks and further cooperation and coordination in the networked state is needed which might require the termination or fusion of agencies or the reallocation of agency tasks. Regarding the Institute, this dissertation provides its employees with a structure to make them aware of the three different accountability relations in which different publics are represented. It argues that the enormous internal and external complexity has led to uncertainty regarding the agency's own role which prevents it from taking bold decisions and acting vigorously. This is problematic as this type of action is needed to address important wicked problems such as of scarcity in healthcare. The agency's current cooperative endeavours with the ministry and other agencies in the Netherlands for the 'appropriate care' movement show that horizontal accountability is insufficient. Central government authority seems necessary to realize changes in practice. Although deliberations with interest organizations and other societal actors in this movement are valuable to incorporate public values, I argue that too much horizontal accountability might lead to renewed complexity and delay of change in the public interest. I therefore recommend for the ministry and agencies to cooperate across laws, domains, and their institutional roles, to cut cords by taking bold and clear decisions, and to enforce implementation in practice.

Samenvatting

SAMENVATTING

Adviseurs van Zorginstituut Nederland (ZiN), een invloedrijk zelfstandig bestuursorgaan (zbo), hebben in hun dagelijks werk te maken met verschillende en vaak conflicterende waarden. Dit bestuursorgaan heeft een belangrijke rol in de complexe maatschappelijke uitdaging van het bewaken van de houdbaarheid van het Nederlandse zorgstelsel in termen van kwaliteit, toegankelijkheid en betaalbaarheid. Dit proefschrift laat zien dat het Zorginstituut opereert in een uitdagende positie tussen de staat, belangenorganisaties en individuele burgers, terwijl de verwachtingen van zijn acties tegelijkertijd hoog zijn. De uitdagingen waar dit zbo voor staat worden breder erkend in internationale wetenschappelijke literatuur. Vanaf de jaren 1980 hebben veel verschillende landen de trend gevolgd van het creëren van overheidsorganen op armlengte afstand van hun ouderministeries en van het delegeren van publieke taken naar deze organen. In de context van privatisering werd van deze organisaties verwacht dat zij specifieke expertise ontwikkelden om de doelmatigheid en kwaliteit van publieke dienstverlening te verbeteren. Hun afstand van de politiek zou hen hiertoe in staat moeten stellen. Ondanks de beloften van dit proces, genaamd 'agencification', is empirisch bewijs van de resulterende verbetering van publieke waarden beperkt en zijn resultaten niet eenduidig. Daarbij leidt de operationele afstand tussen bestuursorganen als het Zorginstituut en centrale overheden volgens veel wetenschappers tot een zogenaamd 'verantwoordingstekort'. Dit ontstaat volgens hen doordat burgers zbo's niet direct ter verantwoording kunnen roepen via verkiezingen. Dat zbo's inhoudelijke keuzes maken over politiek gevoelige onderwerpen, waarin conflicterende waarden een rol spelen, leidt ertoe dat dit gebrek aan verantwoording als problematisch wordt ervaren. Om dit gebrek te compenseren verantwoorden zbo's zich op veel verschillende manieren naar veel verschillende actoren. Er wordt ook van hen verwacht dat zij dit doen. In zijn dagelijks werk worstelt het Zorginstituut ook met verantwoording ten opzichte van verschillende publieken. Dit onderzoek geeft een antwoord op de volgende vraag: hoe speelt publieke verantwoording een rol in besluitvorming over conflicterende publieke waarden door Zorginstituut Nederland?

Op basis van kwalitatief onderzoek geeft dit proefschrift een diepgaand empirisch overzicht van de verantwoordingsdynamieken binnen een zbo. Vanaf begin 2019 tot eind 2022 bestudeerde ik verantwoordingspraktijken binnen het Zorginstituut door middel van diverse kwalitatieve onderzoeksmethoden inclusief etnografie en q-methodologie, een mixed-methods benadering. Zijn cruciale rol in het functioneren van het Nederlandse zorgstelsel en zijn complexe en politiek gevoelige taken maken het Zorginstituut een interessante casus om verantwoordingspraktijken te onderzoeken. Zijn wettelijke taken zijn: het geven van duidelijkheid over de inhoud van het basispakket van verzekerde zorg, het verdelen van premies onder zorgverzekeraars op basis van risicoverevening, het stimuleren van (digitale) informatie-uitwisseling binnen de gezondheidszorg en het bevorderen van kwaliteit van zorg. In dit onderzoek gebruik ik bestuurskundige theorieën over publieke verantwoording door zbo's om licht te werpen op

kwesties waar Zorginstituut-adviseurs in hun dagelijks werk mee te maken krijgen. De lange periode van veldonderzoek voor dit promotietraject en de unieke en uitgebreide toegang tot het dagelijks werk van de organisatie maakten het mogelijk om een grote hoeveelheid empirische data over het Zorginstituut te verzamelen. Dit interpretatieve type onderzoek is tot op heden nog vrij ongebruikelijk in bestuurskundig onderzoek en met name in de literatuur over verantwoording door zbo's. Het doel van dit proefschrift is daarom om zowel empirisch als conceptueel bij te dragen aan deze literatuur.

Hoofdstuk 1, het introductiehoofdstuk van dit boek, begint met het bespreken van ZiN's huidige inspanningen in de complexe maatschappelijke opgave van het houdbaar houden van het Nederlandse zorgstelsel in termen van kwaliteit, toegankelijkheid en betaalbaarheid. Het hoofdstuk contextualiseert de uitdagingen van Zorginstituut-adviseurs door de bredere internationale ontwikkelingen van agencification en de toename van regulering te introduceren. Het bediscussieert theorie over de consequenties van de resulterende verspreiding van autoriteit voor democratische legitimiteit en publieke verantwoording. Er is veel wetenschappelijk onderzoek gedaan naar het concept publieke verantwoording. In mijn proefschrift gebruik ik de relationele definitie van Bovens. Deze definitie houdt in dat een actor (het zbo) zijn acties uitlegt aan een forum, waarna een forum vragen kan stellen, een oordeel velt en consequenties kunnen volgen. In de introductie leg ik ook uit hoe, volgens veel auteurs, zbo's zijn gaan opereren in complexe netwerken van meervoudige verantwoording en wat de voor- en nadelen hiervan zijn. In deze netwerken leggen zbo's verantwoording af aan veel verschillende zogenoemde 'forums' zoals hun moederministerie, belangenorganisaties, evaluatoren, media en individuele burgers. Ik laat zien dat waarden een belangrijke rol spelen in het werk van zbo's, omdat hun werk niet zo puur technisch en uitvoerend is als vaak wordt aangenomen. Ik bespreek ook waarom dit legitimiteitsvragen oproept voor zbo's. Tot slot introduceer ik Zorginstituut Nederland en de context van het Nederlandse zorgstelsel van gereguleerde marktwerking waarin het opereert als casus. Beleid in Nederland in het zorgdomein en in andere domeinen is beïnvloed door internationale trends van privatisering, de toename van regulering en de oprichting van zbo's. Net als in andere landen zijn de wildgroei aan zbo's en de consequenties hiervan onderwerp van discussie geweest. Het zelfstandig bestuursorgaan dat ik bestudeer, is daarnaast ook sterk beïnvloed door de corporatistische traditie in het Nederlandse (zorg)beleid. Als gevolg hiervan moet het ZiN in zijn besluitvormingsprocessen verantwoording afleggen aan zijn ouderministerie en aan belangenorganisaties die patiënten, zorgaanbieders en zorgverzekeraars vertegenwoordigen. Ik laat zien hoe het wegen van publieke waarden een belangrijke rol speelt in de taken van het Zorginstituut die gericht zijn op kosteneffectiviteitsanalyse (HTA) en regulering.

Hoofdstuk twee, de eerste studie van dit proefschrift, is een discoursanalyse van wetenschappelijke literatuur over publieke verantwoording van semiautonome bestuursorganen. Het doel van deze studie is om het nauwelijks gedefinieerde verantwoordingstekort te ontrafelen. Deze literatuurstudie geeft een overzicht van de verschillende vormen van publieke verantwoording door semiautonome bestuursorganen die kunnen worden geïdentificeerd in de wetenschap-

pelijke literatuur. De studie laat zien hoe deze vormen het publieke verantwoordingstekort kunnen oplossen volgens agencification wetenschappers. Ik beargumenteer dat het van belang is om onderscheid te maken tussen verticale, horizontale en burger verantwoording. Dit is van belang omdat, hoewel zij met elkaar verbonden zijn, deze vormen gebaseerd zijn op inherent verschillende onderliggende discoursen. Ze zijn gebaseerd op verschillende perspectieven op het verantwoordingstekort, pleiten voor verschillende oplossingen en veronderstellen verschillende representaties van 'de burger' aan wie verantwoording wordt afgelegd. Ik beargumenteer dat, vanwege deze aannames, deze verantwoordingsvormen verschillende en mogelijk onvoorziene gevolgen kunnen hebben voor publieke verantwoording. Hierom is het van belang om deze onderliggende discoursen expliciet te maken. Verticale verantwoording is gebaseerd op het traditionele discours dat veronderstelt dat een uit eigenbelang opererend bestuursorgaan ter verantwoording wordt geroepen door één forum als oplossing voor het verantwoordingstekort. Dit is de delegeerder van autoriteit, ofwel de overheid of het moederministerie. Formele hiërarchische verantwoordingsmechanismen, waardoor politieke principalen bestuursorganen ter verantwoording roepen, zijn gebaseerd op een begrip van het verantwoordingstekort als een tekort aan verticale verantwoording. Van ministeries wordt verwacht dat zij de belangen van kiezers vertegenwoordigen als zij zbo's ter verantwoording roepen. De veronderstelde burger aan wie verantwoording wordt afgelegd door het bestuursorgaan, neemt daarom de vorm aan van kiezers. Horizontale verantwoording wordt gekenmerkt door gelijkheid en vrijwilligheid, is vaak informeel en wederzijds en vaak gebaseerd op dialoog met veel andere forums naast het ministerie. Voorbeelden van deze forums zijn onafhankelijke evaluatoren, koepelorganisaties, groepen burgers, collega-zbo's, raden van stakeholders of toezicht en overige partijen. Onder burgerverantwoording versta ik het betrekken van individuele burgers door bijvoorbeeld het organiseren van burgerpanels of -fora. In deze vorm wordt het tekort in verantwoording gezien als een tekort aan vertegenwoordiging door georganiseerde belangen in horizontale verantwoordingspraktijken. Hoewel de populariteit van burgerparticipatie-initiatieven toeneemt raad ik zbo's aan om voorzichtig te zijn en de mate van vertegenwoordiging en impact zorgvuldig te overwegen alvorens hierin te investeren. De discourseanalyse van agencificationliteratuur biedt een theoretisch kader voor toekomstig empirisch onderzoek naar zbo's en dient hetzelfde doel in dit proefschrift.

Hoofdstuk drie is een kwalitatieve casestudie die gebaseerd is op etnografie en onderzoekt de verantwoordingspraktijken in het totstandkomingsproces van het landelijk Kwaliteitskader Spoedzorgketen. In het hoofdstuk bestudeer ik hoe meervoudige verantwoording een zbo kan helpen om verschillende publieke waarden af te wegen tijdens een complex en politiek gevoelig besluitvormingsproces. Ik beargumenteer in het hoofdstuk dat hoewel meervoudige verantwoording het mogelijk maakt om verschillende waarden mee te nemen en af te wegen in besluitvorming, het ook kan resulteren in een enorme complexiteit. Dit is vooral het geval als conflicterende publieke waarden op het spel staan. Het hoofdstuk draagt bij aan literatuur over verantwoording door zbo's door in detail te laten zien hoe meervoudige verantwoording

in de praktijk ontstaat. Dit effect werd versterkt door strategische interacties tussen de verticale en horizontale verantwoordingsvormen van het Zorginstituut. De veelheid aan verantwoordingspraktijken belemmerde efficiënte, tijdige en impactvolle besluitvorming door het Zorginstituut. Hiermee illustreert het hoofdstuk hoe meervoudige verantwoording efficiëntie en tijdige besluitvorming in 'het publieke belang' kan bedreigen en kan leiden tot politisering van verantwoording. Dit is vooral problematisch omdat zbo's als het Zorginstituut vaak juist zijn opgericht om deze publieke waarden te beschermen. Daarom geef ik in het hoofdstuk de aanbeveling voor zbo's en wetenschappers om te focussen op het vinden van een balans tussen meervoudige verantwoording en efficiëntie.

Hoofdstuk vier, de derde studie, is een etnografische studie van het agenderingsproces voor de ontwikkeling van kwaliteitsstandaarden door het Zorginstituut. De studie laat zien hoe het Zorginstituut worstelde met het dilemma tussen zijn wens om maatschappelijk relevante problemen aan te pakken en het respecteren van de wettelijke grenzen van zijn mandaat. Op deze manier laat het hoofdstuk ook zien hoe – op reputatie gebaseerde verantwoording – het navigeren binnen deze spanning beïnvloedt. Voor deze studie heb ik het agenderingsproces voor de Meerjarenagenda van 2021 nauw gevolgd. Deze agenda schrijft belangenorganisaties voor welke standaarden zij met prioriteit moeten ontwikkelen. In deze studie heb ik specifiek ingezoomd op hoe het Zorginstituut besloot om drie controversiële onderwerpen wel of niet op in zijn agenda op te nemen. Omdat agendering vraagt om prioritering vanwege beperkte tijd en middelen geeft deze casus inzicht in wat het Zorginstituut als belangrijk acht. Omdat de Meerjarenagenda ook een wettelijk instrument is, hebben belangenorganisaties aanzienlijke belangen bij het wel of niet opnemen van onderwerpen. Uit de studie komt naar voren dat het Zorginstituut zowel maatschappelijk relevant als legitiem gezien wilde worden in het afleggen van verantwoording aan zijn verticale en horizontale verantwoordingsforums met conflicterende verwachtingen. Deze – op reputatie gebaseerde overwegingen – lieten het Zorginstituut continu reflecteren op het doel van zijn beleidsinstrumenten en zijn eigen rol in het Nederlandse zorgbeleid. Hierbij bewoog het ZiN heen en weer tussen maatschappelijke relevantie en zijn wettelijke mandaat. Het ZiN bleek terughoudend in het adresseren van maatschappelijk relevante problemen vanwege reputatie-overwegingen ten opzichte van zijn verticale en horizontale verantwoordingsforums. Tot slot illustreert het hoofdstuk hoe het Zorginstituut, net als andere zbo's, een spanning ervaart tussen zijn mandaat en maatschappelijke relevantie. Dit knelt omdat problemen vaak de grenzen van wetten, beleidsdomein en publieke instituties overschrijden en hierdoor ook niet snel opgepakt worden door andere publieke organisaties.

Hoofdstuk vijf, de laatste studie van dit proefschrift, is een q-methodologie studie. De studie geeft antwoord op de vraag hoe relevante beleidsactoren aankijken tegen de rol van Zorginstituut Nederland in het Nederlandse zorgstelsel. Voor deze studie heb ik q-interviews afgenomen met Zorginstituut-medewerkers, evaluatie-organen, medewerkers van het ministerie, experts in zorgbeleid, leden van de adviescommissies en medewerkers van collega-zbo's. Alle respondenten schreven een belangrijke rol aan het Zorginstituut toe in het aanpakken

van het complexe maatschappelijke probleem van het bewaken van de houdbaarheid van het Nederlandse zorgstelsel in de context van schaarste van financiën en personeel en solidariteit tussen mensen. De perspectieven verschillen echter aanzienlijk in hoe het Zorginstituut een rol kan spelen in deze uitdaging. Ik heb drie verschillende perspectieven geïdentificeerd waar het Zorginstituut zijn werk op zou moeten richten. Deze zijn op maatschappelijk relevante problemen, op strikt pakketbeheer en op een efficiënte organisatie van zorg. De perspectieven verschillen vooral in hoe het Zorginstituut zich zou moeten verhouden tot de belangenorganisaties, tot zijn wettelijke taken en op welke bron van legitimiteit het Zorginstituut zich zou moeten beroepen in zijn werk. Literatuur over zbo's richt zich vooral op de moeilijkheden die veroorzaakt worden door de complexiteit en conflicterende verwachtingen van het externe verantwoordingsnetwerk van zbo's. De rollen en taken van individuele ZBO's worden vaak begrepen als relatief helder en stabiel. In tegenstelling tot deze aannames laat deze studie zien dat een zbo zelf zeer complex kan zijn. Hoewel complexe maatschappelijke problemen waarin conflicterende waarden een rol spelen vragen om handelen door ZBO's, staat controversie over de rol van een zbo sterke en concrete actie in het publieke belang in de weg.

Hoofdstuk zes is de discussie van dit proefschrift waarin de bijdrages van dit promotieonderzoek uiteen worden gezet. Na het beantwoorden van de subvragen van dit onderzoek op basis van de vier deelstudies bespreek ik de verdere relevantie van de bevindingen. Dit onderzoek draagt bij aan literatuur over semiautonome bestuursorganen door de rol van conflicterende waarden in publieke verantwoording empirisch te onderzoeken. Deze rol is nog beperkt onderzocht. Op basis van diepgaand kwalitatief onderzoek pleit ik voor een ander begrip van het publieke verantwoordingstekort. De enorme complexiteit als gevolg van de afstand van zbo's van de politiek, hun inhoudelijke rol in het omgaan met publieke waarden en de netwerken van meervoudige verantwoording waarin zij opereren, kan leiden tot onzekerheid ten aanzien van de rol van een zbo in beleid. Als een zbo niet weet welke rol het op zich moet nemen en wat zijn doel moet zijn, wordt het onduidelijk waarover verantwoording wordt afgelegd, aan wie en waarom. Het risico hiervan is dat verantwoording eerder schadelijk dan waardevol is vanuit publiek perspectief. In dit proefschrift pleit ik daarom voor verder diepgaand kwalitatief onderzoek naar zbo's op basis van etnografie. Ik pleit voor het bestuderen van de manier waarop mensen in de praktijk betekenis geven aan fenomenen zoals publieke verantwoording in plaats van onderzoek gebaseerd op vooraf opgestelde criteria. Na een periode van taakdelegatie, fragmentatie en verspreiding van autoriteit in verschillende landen, pleit ik voor een ontwikkeling van recentralisatie en vermindering van complexiteit. Hiervoor zijn betekenisvolle, reflexieve, dynamische en interactieve verantwoordingsrelaties nodig. Ook vraagt dit om heldere kaders vanuit ministeries en verdere samenwerking en afstemming in de genetwerkte staat. Hiervoor zou het nodig kunnen zijn om zbo's op te heffen, samen te voegen of taken te herverdelen. Dit proefschrift biedt medewerkers van het Zorginstituut een structuur die hen kan helpen om zich bewust te zijn van de verschillende verantwoordingsrelaties en de verschillende publieken die hierin vertegenwoordigd zijn. Ik beargumenteer dat de enorme interne en externe complexiteit

voor het Zorginstituut heeft geleid tot onzekerheid over zijn eigen rol, wat het nemen van gedurfde en eenduidige besluiten in de weg staat. Dit is problematisch omdat dit type actie nodig is om de belangrijke complexe kwesties, zoals schaarste in de gezondheidszorg, op te lossen. De huidige inspanningen van het Zorginstituut in samenwerking met het ministerie en andere zbo's in Nederland voor passende zorg, laten zien dat horizontale verantwoording hierin onvoldoende is. De autoriteit van de centrale overheid blijkt noodzakelijk om de nodige veranderingen in de praktijk te realiseren. Hoewel overleg met koepelorganisaties en andere maatschappelijke actoren in deze beweging waardevol is om publieke belangen mee te nemen, stel ik dat te veel horizontale verantwoording kan leiden tot hernieuwde complexiteit en vertraging van verandering in het publieke belang. Daarom beveel ik het ministerie en bestuursorganen aan om samen te werken over de grenzen van wetten, domeinen en institutionele rollen heen, om knopen door te hakken door gedurfde en heldere besluiten te nemen en implementatie in de praktijk hiervan indien nodig af te dwingen.

PhD portfolio

PHD PORTFOLIO

Courses Netherlands Institute of Governance (NIG)

- 2019 Integrity and social responsibility in research and advice
- 2020 Formulating and answering research questions
- 2020 Getting it published
- 2020 CIPA workshop writing ethnographic fieldnotes
- 2021 Governance in a glocal society
- 2021 Collaborative governance for public value, innovation and the role of leadership
- 2021 Classics in public administration and political science
- 2022 Making science on politics and governance matter: strategies for 'bridging the gap' between knowledge and policy

Courses Erasmus Graduate School of Social Sciences and the Humanities (EGSH)

- 2019 Doing the (systematic) literature review
- 2019 How to finish your PhD in time
- 2019 Meet the editors: workshop publishing
- 2020 English academic writing
- 2020 Self-presentation: focus, structure, interaction and visualisation
- 2021 Responsible research data management

Teaching courses

- 2019 Basic didactics (RISBO)
- 2020 Group dynamics (RISBO)
- 2020 Teaching in English (LTC EUR)

Publication part of this dissertation

Published as: Van de Sande, J., De Graaff, B., Delnoij, D. & de Bont, A. (2021). Incorporating Public Values Through Multiple Accountability: A Case Study on Quality Regulation of Emergency Care in the Netherlands by an Independent Regulatory Agency. *Administration & Society*, 1-29. DOI: 10.1177/00953997211057056.

Other publications

- Rusinovic, K., Bochove, M. V., & Sande, J. (2019). Senior co-housing in the Netherlands: Benefits and drawbacks for its residents. International journal of environmental research and public health, 16(19), 3776. https://doi.org/10.3390/ijerph16193776
- Rusinovic, K. M., van Bochove, M. E., & van de Sande, J. (2019). Collective ways of living for elderly: an urgent issue for urban governance.

- Gooren, J., van Bochove, M.E., van de Sande, J., Zijderveld, T., Rusinovic, K., Moors, H. (2022). Neighbourhood professionals: being aware of the online world of adolescents. Sociale vraagstukken

Presentations scientific conferences

- NIG conference: 12 November 2020, online (chapter three)
- EHMA: 19 November 2020, online (chapter two)
- EGPA conference: 3 September 2020, online (chapter three)
- EGPA conference: 6-9 September 2022, Lisbon (chapter four)
- NIG conference: 13-14 October 2022, Tilburg (chapter five)

Presentations policymakers

- Presentation findings literature review, Quality Council Institute (29 May 2020)
- Presentation findings literature review, Institute employees quality (9 June 2020)
- Workshop accountability, employees Instiute (5 October 2020)
- Presentation study quality standard emergency care, Quality Council Institute (10 May 2021)
- Presentation study strategic agenda 2021, Quality Council Institute (26 April 2022)
- Presentation research network (13 June 2019, 23 February 2021, and 10 June 2022)
- Presentation findings q-study, Institute discussion forum (1 November 2022)
- Presentation findings dissertation, Institute discussion forum (16 May 2023)

Teaching activities

- Workgroup teacher Critical studies of management and innovation (premaster) (‘19-‘20)
- Workgroup teacher Technology and innovation (2nd year bachelor Health Policy & Management) (‘19-‘20, ‘20-‘21, ‘21-‘22 and ‘22-‘23)
- Workgroup teacher Management of healthcare organizations (1st year bachelor) (‘20-‘21)
- Workgroup teacher Quality and safety (master: Health Care Management) (‘20-‘21 and 21-‘22)
- Thesis supervisor of six students (3rd year bachelor) (‘20-‘21)

Organization

- Strategy days Quality Council Institute (Oct 2019, Apr 2020, Sept 2020, Oct 2021, Apr 2022)
- Symposium Quality Council and Institute ‘Good or available care’, (14 June 2019, Utrecht)
- Design workshop Work pleasure of young doctors (20 November 2019, Utrecht)
- Member activity committee ESHPM (2020-2023)
- Workshop ESHPM day ‘Between policy and practice’ (3 November 2022, Rotterdam)

About the author

ABOUT THE AUTHOR

Jolien van de Sande was born on April 20th, 1993, in Apeldoorn. She completed a bachelor's degree in history at Utrecht University in 2015. During her bachelor she studied one semester at Xiamen University in China where she followed courses on international relations and on Chinese history, philosophy, film and language. Subsequently, she worked as a research intern at the Wiardi Beckman Stichting, the research institute of the Dutch socio-democratic party (PvdA) on a qualitative research project studying the consequences of the decentralization of social welfare services in the Netherlands in 2015. After her bachelor, in 2016, she worked fulltime for five months as a clinical support assistant at Julius Clinical, a clinical research organization (CRO) and spent two months in Vietnam and Yunnan (China) afterwards. Between 2016 and 2018, Jolien subsequently completed the premaster Health policy & management and the master Health Economics Policy & Law (HEPL) at Erasmus University Rotterdam. During her studies in Rotterdam, Jolien worked as a civil servant for the public affairs department of the local governments De Bilt, IJsselstein and Montfoort. She graduated with a master thesis on the accessibility of community living for elderly people in the Hague for which she obtained the award of best qualitative research thesis of the year. Afterwards, Jolien continued to work on this project in collaboration with the Hague University of Applied Sciences where she was also involved in a research project on the consequences of digitalization among adolescents for the work of neighbourhood professionals. Between 2019 and 2023, Jolien was a PhD Candidate at Erasmus School of Health Policy & Management at the Health Care Governance (HCG) section. Jolien is currently working as a postdoctoral researcher at the Tilburg Institute of Law and Technology (TILT) at Tilburg University. Her research focusses on the role of rulemaking in the use of automated decision-making systems within healthcare organizations. This research is part of the national gravitation project Algosoc which focusses on the realization of public values in the algorithmic society.

Since the 1980s, central governments across the globe have increasingly created semi-autonomous agencies operating at distance of their so-called 'arm's length'. These agencies are expected to realize enhanced public service delivery closer to citizens. Besides the pressure to realize these high expectations, they operate in a challenging position in-between the state, organized interests and individual citizens. Since agencies cannot be directly held accountable by individual citizens, they are expected to compensate for this 'public accountability deficit' by rendering account to these three actors through other public accountability practices. This expectation is particularly pressing when they make substantive decisions about salient issues in which conflicting public values are at stake. This book provides an in-depth qualitative analysis of the Dutch National Health Care Institute (Zorginstituut Nederland, ZiN) and thereby shows how public accountability can play a role in decision-making about conflicting public values by a semi-autonomous agency. The book shows that, in deciding on these values, the agency engages in three forms of public accountability. It shows that, although these multiple accountability forms and their strategic interaction have several advantages, they can also impede efficient decision-making in the public interest. The four conducted studies make clear that engaging in multiple accountability increases the complexity of the agency's daily work. This complexity has resulted in uncertainty about the agency's role in the Dutch healthcare system of regulated competition. The book further sheds light on the current endeavors of the agency and other institutional actors in Dutch health policy to work their way out of this complexity and reflects on the international trend of 'agencification'.