



Performance audit report

The Accident  
Compensation  
Corporation's  
leadership in the  
implementation  
of the national  
falls prevention  
strategy





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# The Accident Compensation Corporation's leadership in the implementation of the national falls prevention strategy

This is the report of a performance  
audit we carried out under section  
16 of the Public Audit Act 2001

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## Foreword

Putting a national strategy into practice can be difficult. It demands the careful management of many complex relationships. The task involves reconciling the interests and priorities of different organisations, providing opportunities for them to work together, and encouraging each to take responsibility for its part in implementing the strategy. The Accident Compensation Corporation faced these challenges when it took up its role as lead agency in the implementation of the national falls prevention strategy, *Preventing Injury from Falls: The National Strategy 2005/2015*.

During the past 12 months, ACC has provided a sound foundation for the Strategy through an implementation plan. In particular, it has created strong relationships with the various agencies and organisations with an interest in falls prevention, and is beginning to align its own injury prevention programmes more closely to the goals of the Strategy.

However, I have identified two matters to which ACC needs to give priority. Firstly, further measures are needed to strengthen ACC's leadership role. In recent years I have carried out a number of audits looking at the implementation of strategies. These audits have identified the difficulties for lead agencies in securing the commitment of different stakeholders and holding partner agencies accountable for their role in delivering a strategy. ACC faces such challenges in leading the implementation of the Strategy. In my view, a formal protocol between ACC and the relevant agencies would provide the impetus needed for a shared implementation of the Strategy.

Secondly, ACC needs to finalise a framework and methodology for evaluating the results of the implementation activities.

ACC has responded positively to my report, and is committed to acting on the recommendations and other matters I have noted for their consideration.

I thank ACC staff for their help and co-operation.



K B Brady  
Controller and Auditor-General

11 June 2008

# Contents

<b>Summary</b>	<b>5</b>
Our findings	5
Our recommendations	7
Response from the Accident Compensation Corporation	7
<b>Part 1 — Introduction</b>	<b>9</b>
The Accident Compensation Corporation's injury prevention function	9
The New Zealand Injury Prevention Strategy	10
The national falls prevention strategy	10
Why we carried out the audit	12
Our expectations	13
How we carried out the audit	14
Matters outside the scope of our audit	14
<b>Part 2 — Preparing the implementation plan</b>	<b>15</b>
Our expectations	15
Summary of our findings	15
The implementation plan	15
Preparing and communicating the implementation plan	16
<b>Part 3 — Leadership of the implementation plan</b>	<b>21</b>
Our expectations	21
Summary of our findings	21
Building effective leadership and co-ordination in the falls prevention sector	22
Knowledge about falls prevention	26
Programmes and interventions	28
Monitoring progress against the implementation plan	30
The Accident Compensation Corporation's corporate leadership	31
<b>Figures</b>	
1 National injury prevention areas and lead agencies	10
2 Structure of the national falls prevention strategy	11
3 Significant events in developing the Strategy's implementation plan	17



## Summary

The New Zealand Injury Prevention Strategy (NZIPS) was launched by the Government in June 2003. The NZIPS was designed to focus effort and resources on injury prevention, through setting a strategic direction for government agencies and non-government organisations at a national level.

The NZIPS, as the parent strategy, established six priority areas, and a lead agency was assigned to each area. Falls prevention, led by the Accident Compensation Corporation (ACC), was one of the six priority areas. Work in this area led to the national falls prevention strategy, *Preventing Injury from Falls: The National Strategy 2005/2015* (the Strategy), which the Government published in August 2005.

Our performance audit focused on ACC's leadership in the implementation of this Strategy.

### Our findings

ACC published an implementation plan for the Strategy in December 2006, which it developed through a consultative and managed process. The plan contains an appropriate mix of specific and more general objectives and actions and provides a useful basis for implementing the Strategy. The implementation plan defines responsibilities and sets out a progress reporting system, the expected results, and time frames for achieving results.

ACC has carried out useful work to establish the basis for the ongoing implementation of the Strategy. Notably, this has included:

- establishing governance arrangements;
- commissioning new research;
- collating and disseminating information;
- working with government agencies, district health boards, and local government on injury prevention; and
- using ACC's contracting process to extend the reach of its falls prevention programmes for older adults.

However, progress on the implementation of the Strategy has been uneven. Progress has been limited by changes in project management responsibilities within ACC, restructuring, and the need to align ACC's injury prevention business to the Strategy. A progress monitoring system is in place, but current reports against the actions in the implementation plan describe activities rather than recording results in terms of preventing falls. We are aware that ACC is considering the need for more meaningful progress reporting and a closer focus on selected priorities.

We identified two matters for ACC's immediate attention – ACC's leadership mandate and the evaluation framework.

### Leadership mandate

ACC should make full use of the accountability relationships it has established with government agencies to promote co-ordinated injury prevention (including falls). However, the effectiveness of these mechanisms relies on persuasion, and on the willing commitment of ACC's partners. We found some evidence of variable commitment to implementing the Strategy. In the longer term this is a risk to achieving the Strategy's goals.

To strengthen ACC's leadership mandate and to ensure progress in implementing the Strategy, ACC should establish a protocol with its partner agencies. This would refer closely to the implementation plan, be based on a statement of shared outcomes, and require consultation on planning, information sharing, and funding. The Strategy's protocol would define explicitly the nature and extent of accountabilities, and specify objectives and targets. Ideally, the relevant Ministers, chief executives, and boards should endorse this protocol.

### Evaluation framework

ACC also needs to draw up a comprehensive and results-oriented evaluation framework and evaluation methodology. While a broad evaluation framework has been prepared, this did not meet our expectations of a model to assess progress and evaluate results. There is currently no methodology to assess whether expected results have been achieved. ACC and other agencies should prepare and apply this methodology to assess whether intended results, as set out in the implementation plan, have been achieved, and to report on the achievement of the Strategy's objectives and associated actions.

### Other matters

We identified various factors which, in our view, are important to ACC for maintaining momentum with the implementation of the Strategy. These are:

- sustainable resourcing of ACC's leadership role;
- close alignment (where appropriate) with business planning for ACC's own injury prevention activities (including design of the research programme); and
- ongoing communication with agencies and organisations with an interest in falls prevention to ensure broad commitment to achieving the Strategy's objectives.



While these matters are not sufficiently critical to require recommendations, we encourage ACC to take them into account as the implementation of the Strategy progresses.

## Our recommendations

We recommend that the Accident Compensation Corporation:

1. draw up a protocol with those agencies responsible for actions in the implementation plan, to guide future work on the national falls prevention strategy; and
2. give priority to finalising a comprehensive and results-oriented evaluation framework and methodology.

## Response from the Accident Compensation Corporation

ACC has outlined specific actions to put our two recommendations into practice, and to address the other matters we have noted for its consideration. Actions under way or planned include initiatives to strengthen the accountability framework for implementing the Strategy, and the drafting of a comprehensive evaluation framework. ACC has also advised that internal systems will be set up to support the role of the project manager in implementing the Strategy, and to provide continuity in the event of staffing changes. Work is continuing to ensure alignment between the Strategy and ACC's own injury prevention activities, and to maintain effective communications with stakeholders. ACC will also be addressing the need for a research action plan.



# Part 1

## Introduction

- 1.1 This report presents the findings from a performance audit we carried out of the leadership of the Accident Compensation Corporation (ACC) in the implementation of the national falls prevention strategy, *Preventing Injury from Falls: The National Strategy 2005/2015* (the Strategy).
- 1.2 In this Part, we discuss the context for our audit, including:
- ACC's injury prevention function;
  - the New Zealand Injury Prevention Strategy (NZIPS);
  - the national falls prevention strategy;
  - why we carried out the audit;
  - our expectations;
  - how we carried out the audit; and
  - matters outside the scope of the audit.

### The Accident Compensation Corporation's injury prevention function

- 1.3 Preventing injury is a core function for ACC. The Injury Prevention, Rehabilitation, and Compensation Act 2001 makes ACC responsible for promoting measures to reduce the incidence and severity of personal injury. ACC's *Strategic Plan 2007-2012* lists injury prevention as one of its focus areas, and outlines ACC's commitment to putting effective programmes into place to reduce the incidence, severity, and cause of injuries.
- 1.4 For 2007/08, ACC has budgeted to spend about \$33 million on injury prevention, about \$5.2 million of which is to be spent on falls prevention. ACC has about 130 people working on injury prevention.
- 1.5 ACC's injury prevention work is focused on significantly reducing injuries with serious consequences for costs to the ACC scheme, and targets four areas of prevention:
- in the workplace;
  - on the roads;
  - in the home; and
  - through sports and recreation.

## The New Zealand Injury Prevention Strategy

- 1.6 In June 2003, the Government launched the NZIPS.
- 1.7 The NZIPS was developed in response to the significant costs of injuries and fatalities, the lack of a clear and consistent strategic direction for injury prevention activities, and the need for co-ordination between government agencies working in this area.
- 1.8 The NZIPS has six priority areas, each with its own lead agency or agencies (see Figure 1). One of these areas is falls prevention.
- 1.9 A small secretariat within ACC leads the implementation of the NZIPS. The NZIPS Secretariat is responsible for working closely with the lead agencies for the six priority areas to ensure effective implementation, and to co-ordinate monitoring and reporting of progress.

**Figure 1**  
National injury prevention areas and lead agencies

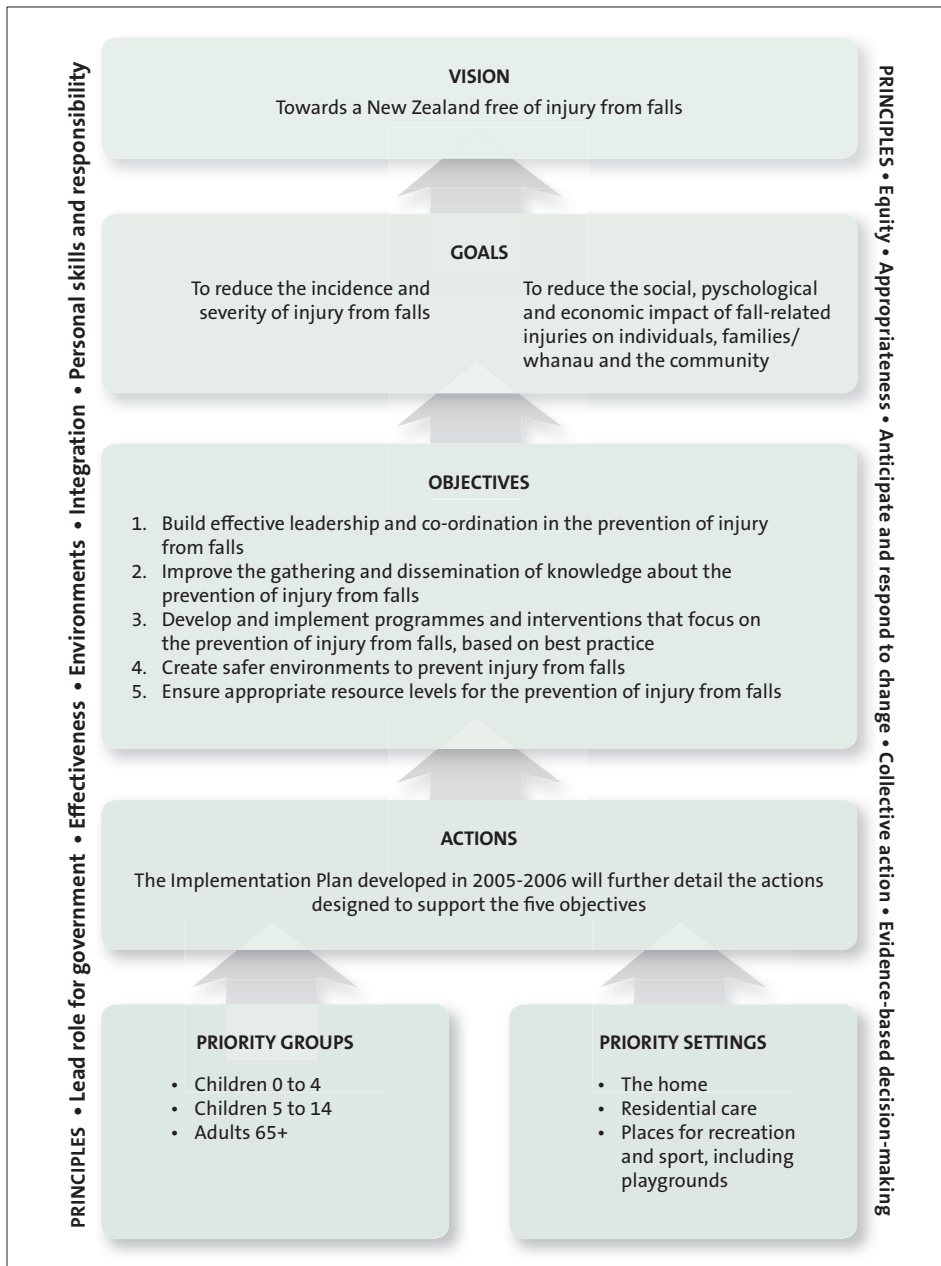
Strategy	Lead agency
Motor vehicle traffic crashes	Ministry of Transport
Suicide and deliberate self-harm	Ministry of Health
Falls prevention	ACC
Workplace injuries (including occupational diseases)	Department of Labour
Assault	Ministry of Justice and Ministry of Social Development
Drowning	ACC

### The national falls prevention strategy

- 1.10 Falls are a leading cause of death from injury in New Zealand, and also the leading cause of injuries requiring admission to hospital. Falls also have wider social and economic effects, such as the injured person's loss of confidence, long-term impairment to quality of life, and loss of capacity to work. The cost to ACC of falls-related claims in 2006/07 was \$693 million.
- 1.11 The NZIPS gave rise to a national strategy to reduce the incidence, severity, and cost of injuries from falls. The strategy was approved by Cabinet in June 2005, and published in August 2005.
- 1.12 ACC is responsible for leading the implementation of the Strategy, and published an implementation plan in December 2006. ACC's leadership in the implementation of the Strategy was the subject of our audit.

1.13 The Strategy is based on the vision “Towards a New Zealand free of injury from falls”. This vision is supported by two goals and five objectives (see Figure 2).

**Figure 2**  
Structure of the national falls prevention strategy



Source: Reproduced from the injury prevention section of ACC's website ([www.acc.co.nz](http://www.acc.co.nz)).

- 1.14 The two goals are:
- to reduce the incidence and severity of injury from falls; and
  - to reduce the social, psychological, and economic impact of fall-related injuries on individuals, families/whanau, and the community.

- 1.15 The five objectives are:
- Objective 1 – *Build effective leadership and co-ordination in the prevention of injury from falls.*
  - Objective 2 – *Improve the gathering and dissemination of knowledge about the prevention of injury from falls.*
  - Objective 3 – *Develop and implement programmes and interventions that focus on the prevention of injury from falls, based on best practice.*
  - Objective 4 – *Create safer environments to prevent injury from falls.*
  - Objective 5 – *Ensure appropriate resource levels for the prevention of injury from falls.*

We discuss progress in carrying out the actions to meet Objectives 1, 2, and 3 in Part 3.

- 1.16 The Strategy does not deal with falls that occur in the workplace. These are addressed through the Department of Labour's *Workplace Health and Safety Strategy for New Zealand to 2015*. However, ACC has recognised the need for co-ordinating falls prevention initiatives to support both strategies.

- 1.17 The Strategy was to be carried out in three phases:
- Phase One (July 2005 to June 2006) – establishing leadership structures and accountability mechanisms, and developing the implementation plan;
  - Phase Two (2006 to 2010) – implementing the plan developed during Phase One; and
  - Phase Three (2010 to 2015) – consolidation and looking to the future.

- 1.18 The Strategy has a time frame of 10 years. This reflects the fact that measurable results may take years to become apparent.

### **Why we carried out the audit**

- 1.19 More efficient and better co-ordinated activities to prevent falls can help reduce the number of falls and their severity, and thereby lower the ongoing costs to ACC and the wider community.
- 1.20 ACC is New Zealand's primary injury prevention agency, and has a history of leading programmes in falls prevention. However, it is only one of a large number

of government agencies and non-government organisations with an interest in falls, injuries from falls, and falls prevention. Groups with an interest in falls prevention make up what we have termed the falls prevention sector.<sup>1</sup> The many different interests and perspectives of these agencies and organisations create a challenge for ACC in securing wide stakeholder commitment and in leading the implementation of the Strategy.

- 1.21 We carried out the audit to assess how well ACC was leading the implementation of the Strategy, given the high social and economic costs of injuries from falls, and the importance of the Strategy to the Government.
- 1.22 Our audit adds to a body of recent audit work carried out by our Office that examines how different government agencies have implemented government initiatives and strategies in collaboration with a range of partners.<sup>2</sup>
- 1.23 With the implementation of the Strategy still in its early stages, we did not expect to find evidence of measurable results. Our objective in carrying out the audit at this time was to review ACC's preparation of the implementation plan and the progress on the implementation of the Strategy to date. It would also allow us to highlight any leadership issues for action by ACC.

## Our expectations

- 1.24 We expected ACC to have:
- prepared a comprehensive implementation plan for the Strategy, with clear objectives, realistic priorities, clear expectations, and defined time frames for action;
  - used effective governance and project management to prepare the implementation plan, working in close consultation with the falls prevention sector; and
  - promoted the implementation of the Strategy in accordance with the plan, including:
    - establishing effective leadership and direction within ACC and externally;
    - gathering and distributing information about falls prevention;
    - establishing ongoing communication with stakeholders;
    - promoting the delivery of programmes and interventions in alignment with the plan; and
    - establishing systems to monitor progress and evaluate results.

1 The falls prevention sector includes researchers, district health boards, primary health care providers, government agencies, non-government organisations, and community groups. In this report, the groups comprising this sector are also referred to as stakeholders.

2 *Key Success Factors for Effective Co-ordination and Collaboration between Public Sector Agencies*, October 2003; *Implementing the Māori Language Strategy*, November 2007; *Sustainable development: Implementing the Programme of Action*, June 2007; *Co-ordination and Collaboration in the Criminal Justice Sector*, October 2003.

## How we carried out the audit

- 1.25 We reviewed relevant ACC documents and spoke to current and former ACC staff and external contractors about their involvement with the Strategy and its effect on their work.
- 1.26 We interviewed people from a range of government agencies and non-government organisations about the Strategy and its implementation. We also used a questionnaire to find out their views on consultation, their assessment of ACC's leadership, and their impressions of progress to date. With the questionnaire we were also seeking evidence of benefits from the Strategy.

## Matters outside the scope of our audit

- 1.27 We did not examine ACC's implementation of the NZIPS, except where it had an effect on the Strategy's implementation plan.
- 1.28 We did not assess whether the Strategy was appropriate. The Strategy was prepared in close consultation with a wide range of interest groups with extensive knowledge and experience in falls prevention. It was also formally endorsed by the Government. The principles underlying the Strategy, the Strategy itself, and the Strategy's implementation plan were all approved by Cabinet.
- 1.29 The effectiveness of individual falls prevention programmes was also outside the scope of this audit.



## Part 2

# Preparing the implementation plan

2.1 In this Part, we discuss ACC's leadership in preparing the Strategy's implementation plan.

### Our expectations

2.2 We expected ACC to have:

- prepared a comprehensive implementation plan for the Strategy, with clear objectives, realistic priorities, clear expectations, and defined time frames for action; and
- used effective governance and project management to prepare the implementation plan, working in close consultation with the falls prevention sector.

### Summary of our findings

2.3 ACC prepared the Strategy's implementation plan through a consultative and managed process. The plan contains an appropriate mix of specific and more general objectives and actions, with defined responsibilities, a progress reporting regime, the expected results, and defined time frames for achieving those results.

2.4 The plan provides a useful framework for meeting the Strategy's goals and objectives.

2.5 The plan was completed in December 2006, six months after the original deadline. Limited staffing and changes in staff contributed to this delay.

### The implementation plan

2.6 We assessed the implementation plan to see whether it:

- contained clear objectives;
- set realistic priorities, identified specific actions, defined the expected results, and set time frames for achieving those results; and
- identified agencies responsible for the actions.

2.7 The implementation plan focuses on:

- co-ordinating funding, resources, and research; and
- highlighting ways in which agencies and organisations involved with falls prevention can contribute to implementing the Strategy.

2.8 The implementation plan contains five clear objectives (see paragraph 1.15), for each of which the plan defines:

- action areas;
- activities that describe what needs to be done for the actions to take place;
- the expected results;
- the estimated date or time frame for completing the activities;
- the agency primarily responsible for completing the relevant activities; and
- other agencies and organisations that are associated with relevant activities and that may be involved in supporting their implementation.

2.9 The objectives and expected results are varied. Some objectives relate to processes (such as evidence of collaboration) and others to activities (such as preparing standards, plans, or reports). Some expected results are more readily and directly measurable than others. Therefore, meaningful evaluation of the effects of the Strategy will require an approach that takes account of those different types of activities and expected results. The evaluation will need to be carried out to verifiable standards of evidence, and in close collaboration with the falls prevention sector.

2.10 The Strategy and its implementation plan refer to the goals of reducing the incidence, severity and effects of injuries from falls. However, the plan does not set targets for a reduction in falls, or contain measures to assess the achievement of these goals. We consider it reasonable that ACC has yet to set these targets and measures, given that the plan is in its early stages and involves significant work collaborating and co-ordinating with other agencies and organisations. However, we consider it critical that ACC prepare an evaluation framework that includes clear measures for assessing the implementation of the Strategy in the short and long term. We discuss this later in our report (see paragraphs 3.61-3.65).

2.11 In drafting the implementation plan, ACC included examples of current initiatives that illustrate the type of work that would be consistent with the achievement of each of the five objectives.

### **Preparing and communicating the implementation plan**

2.12 Stakeholders must be committed to the Strategy for it to be successful. We expected ACC to have consulted closely with all relevant stakeholders in preparing the plan, and to have managed this planning process to ensure timely publication of the plan.

2.13 To some extent ACC was considering issues that could arise from the implementation of the Strategy as the Strategy itself was being drafted. This approach helped to ensure that the Strategy's objectives were practical and achievable, and its actions relevant and realistic.

## Project management

- 2.14 The implementation plan was prepared in the 12-month period from December 2005 to December 2006. Figure 3 sets out the significant events in this process.

**Figure 3**

### Significant events in developing the Strategy's implementation plan

December 2005	Project plan for the Strategy's implementation plan prepared, and a new project manager appointed.
January/February 2006	Working Group established, consisting of representatives from government agencies, non-government organisations, and research institutions. This group helped draft the implementation plan.
March 2006	A first draft of the plan prepared for the Stakeholder Reference Group, a wider group that supported the Working Group.
March-June 2006	Ongoing drafting of the plan, with consultation on time frames and lead agency accountabilities.
June 2006 onwards	Preparing the communications plan.
June-October 2006	External consultation with interested parties.
August 2006	Consultation begins with government agencies.
October 2006	Formal consultation with government agencies.
December 2006	Cabinet approves the plan.
March 2007	Plan launched.

- 2.15 A small project team was responsible for drawing up the implementation plan. The project team set up advisory groups, reported progress to the NZIPS Secretariat, and consulted with relevant staff and managers within ACC. The project team considered governance frameworks, decision-making, how the plan would be promoted, resource needs, monitoring of progress, and the use of advisory groups. Research on overseas falls prevention policies and practices, on target groups for falls prevention programmes, and on risk factors for specific settings (such as the home or school playgrounds) provided information for the implementation plan. The project was generally well managed, with ACC management monitoring the project team's progress.
- 2.16 Originally Cabinet should have approved the implementation plan in June 2006 but this deadline was extended to December 2006. Cabinet finally approved the implementation plan on 13 December 2006.
- 2.17 ACC acknowledged that a number of factors contributed to the six-month delay in completing the implementation plan. These included:
- limited staffing to manage the project;
  - changes in staffing;

- the demands of two concurrent strategy leadership projects (falls and drowning prevention);
- a freeze on recruitment within ACC;
- an extensive consultation process that involved government agencies, non-government organisations, and district health boards; and
- ongoing drafting of the plan.

- 2.18 ACC's senior management was informed of the staffing issues at the time. Our analysis of project resources suggests that ACC did not recognise the work involved in preparing the plan and carrying out the associated consultation. ACC did not have a succession plan to address the contingencies of staff leaving or having competing work priorities.
- 2.19 However, ACC took various steps to ease the effects of limited resources, as described in paragraphs 2.20 and 2.21.
- 2.20 The initial project manager left ACC in December 2005 and ACC seconded another ACC staff member to provide continuity and maintain momentum with the preparation of the implementation plan.
- 2.21 A contractor provided strategic policy support to supplement the limited staff time assigned to the project. The contractor was experienced in preparing government strategies and planning their implementation. The contractor had also been heavily involved in helping ACC draw up the Strategy.

### Consultation

- 2.22 Governance and consultation networks worked well. They provided guidance to the project team and ensured that the plan reflected a broad focus on strategic falls prevention issues and took account of differing perspectives.
- 2.23 Two advisory groups — a Working Group and a Stakeholder Reference Group — helped prepare the implementation plan. The membership of each reflected the falls prevention sector's wide range of interests and perspectives.
- 2.24 The Working Group was made up of representatives from government agencies, non-government organisations, and research institutions. This group provided valuable guidance to ACC. The Working Group helped draw up the project plan for the implementation plan and worked on drafts of the implementation plan.
- 2.25 The Stakeholder Reference Group was a larger and more widely representative group that oversaw the activities of the Working Group and provided advice. It confirmed that the plan was complete, and that time frames were realistic. Together these groups were important governance mechanisms, and helped to

ensure that the plan reflected a national perspective on falls prevention and the issues facing the falls prevention sector.

- 2.26 The project team also maintained contact with other parts of ACC, particularly ACC's injury prevention teams. As the plan was being prepared, the project manager and project team worked with ACC's injury prevention operational teams to promote engagement and partnerships in falls prevention, and to discuss progress on activities for which the teams were responsible or to which they were committed under the implementation plan. We discuss these partnerships further in Part 3.
- 2.27 Extensive external consultation took place between June and October 2006. ACC recognised the extent to which implementing the Strategy effectively relied on a positive response from the health sector. Therefore, ACC consulted closely with district health boards, seeking strong commitment from each. ACC staff met with the Ministry of Health, and ACC's Chief Executive approached each district health board's chief executive for their endorsement of the implementation plan. By December 2006, 18 of the 21 district health boards had endorsed the plan. This was a positive outcome for ACC and an important step in setting the foundation for future partnerships in falls prevention activities.
- 2.28 ACC established a reporting framework and the project team kept senior management, the ACC Board, and the Minister for ACC (the Minister) well informed of progress.
- 2.29 The stakeholders we interviewed were positive about the roles of the Working Group and Stakeholder Reference Group, how they functioned, and their membership. These stakeholders also identified the links between the Strategy and the NZIPS as a strength. These links were made possible by the close working relationship between the Strategy's project team and the NZIPS Secretariat.
- 2.30 In our questionnaire, we asked stakeholders about:
- consultation on the Strategy's initiatives and injury prevention activities;
  - the reasonableness of the plan and timetable for implementing the Strategy; and
  - targeting of populations, activities, and settings (where falls might take place).
- 2.31 Of the stakeholders involved in designing both the Strategy and the implementation plan, most considered consultation was adequate, thought that the plan and timetable were reasonable, and agreed that the plan generally identified the highest risk population groups and settings.

- 2.32 Comments from interviews referred to the challenge that ACC faced in working with a disparate group of organisations that, at the time, was not functioning as an identifiable and integrated sector. The generally expressed view was that ACC was successful in bringing these groups together and drawing on their differing perspectives. The relationships built in this phase should provide ACC with a useful source of specialist expertise for future work.

### **Communicating the implementation plan to stakeholders**

- 2.33 A communications strategy for the Phase One of the implementation plan was drawn up in August 2005. In September 2006, a communications plan was put together to provide a framework for the implementation plan from 2006 to 2010. The communications plan promoted the implementation plan to stakeholders nationwide and provided consistent messages. It had clear objectives, and identified communication channels, promotional opportunities, resources, audiences, messages and themes, and networks.
- 2.34 The implementation plan was launched in March 2007. ACC published the plan on its website to enable users to search for specific activities related to their work environment, and for transparent monitoring and recording of the progress. Throughout 2006 and into 2007, the project team made presentations on the Strategy and the implementation plan to ACC managers and staff, and to a variety of external audiences.

## Part 3

### Leadership of the implementation plan

- 3.1 In this Part, we examine ACC's leadership in the first year of implementing the Strategy, in 2007. We discuss progress in carrying out actions to meet Objectives 1, 2, and 3 of the Strategy (see paragraphs 3.10, 3.36, and 3.49).
- 3.2 We do not discuss progress in relation to Objective 4 – *Create safer environments to prevent injury from falls*, or Objective 5 – *Ensure appropriate resource levels for the prevention of injury from falls*. We accept ACC's assessment of these objectives as being of less immediate concern, with fewer specific actions and activities that can be achieved in the short term.
- 3.3 Finally, we discuss ACC's corporate leadership in the implementation of the Strategy, monitoring of progress, and evaluation.

#### Our expectations

- 3.4 We expected ACC to have promoted the implementation of the Strategy in keeping with the implementation plan, including:
- establishing effective leadership and direction within ACC and externally;
  - gathering and distributing information about falls prevention;
  - establishing ongoing communication with, and support from stakeholders;
  - promoting delivery of programmes and interventions in alignment with the plan; and
  - establishing systems to monitor progress and evaluate results.

#### Summary of our findings

- 3.5 Progress against the implementation plan has been uneven. There have been some positive initiatives, but there are also areas where little or no progress has been made.
- 3.6 ACC has carried out useful work to set up injury prevention agreements with the main injury prevention partners. These offer the potential for a more direct alignment of falls prevention activities among the main partners. ACC has also set up initiatives that extended the reach of existing falls prevention programmes and research. This work has been consistent both with ACC's core injury prevention business and with the Strategy's objectives.
- 3.7 ACC has a system to monitor progress, and it reports progress against the Strategy's objectives and time frame on its website.<sup>1</sup> However, some of the progress reported to date is only loosely linked to the objectives, and tends to be descriptive. There needs to be more meaningful monitoring that focuses

<sup>1</sup> See the injury prevention section on ACC's website ([www.acc.co.nz](http://www.acc.co.nz)).

on results, and tighter accountability arrangements for actions under the implementation plan (within ACC and externally).

- 3.8 ACC identified early the need for a framework to measure the effects and outcomes from implementing the Strategy, and published a high-level approach to such an evaluation. However, this approach did not meet the need to comprehensively measure and evaluate those effects and outcomes. ACC recognised that more work would need to be done.
- 3.9 Little progress has been made on drawing up a comprehensive evaluation framework to enable ACC and its partners to measure and report meaningfully on results. In our view, this task is a priority for ACC in its leadership in the implementation of the Strategy.

### **Building effective leadership and co-ordination in the falls prevention sector**

- 3.10 This section discusses progress made on Objective 1 – *build effective leadership and co-ordination in the prevention of injury from falls*. The first year of the implementation plan focused on establishing the Strategy's support networks. Therefore, meeting Objective 1 has been an important part of work in the early phase of implementing the Strategy.

#### **Making the implementation of the Strategy a corporate priority**

- 3.11 Corporate documents reflect the priority assigned to ACC's leadership of the NZIPS and the Strategy. ACC's *Strategic Plan 2007-2012* highlights the NZIPS as a strategic priority, with one focus being on falls prevention. ACC's *Business Plan 2007-2008* includes enhancing ACC's leadership of the NZIPS (including falls) as part of its work programme. ACC's *Statement of Intent 2007-2012* identifies the NZIPS as a priority, including falls.
- 3.12 ACC's *Injury Prevention Strategy 2007-2008* highlights falls prevention as a priority area for which ACC is the lead agency. It also outlines ACC's approach to meeting its responsibilities through the Strategy. It acknowledges the importance of the Strategy and its links to ACC's own business priorities. ACC's report to its Board on injury prevention activities in 2007 referred to the partnerships, research, and promotional activities involved in implementing the Strategy.
- 3.13 During 2007, ACC used its own injury prevention activities, its operational teams and programme managers, its stakeholder networks, and corporate strategies to promote collaboration and co-ordination. While focused on injury prevention more generally, these partnerships should have benefits for a joint delivery and funding of falls prevention programmes to different target groups.



### Creating forums for collaboration

- 3.14 ACC has established several forums to encourage collaboration in injury prevention activities (including falls prevention) throughout government agencies and non-government organisations.
- 3.15 ACC has set up an NZIPS Chief Executives Forum (the forum), which met for the first time in February 2007. This initiative is a deliberate effort to secure the commitment and support of different government agencies. The forum, initially made up of the chief executives of the six NZIPS lead agencies, was a response to the Minister's request to see greater collaboration throughout the agencies.
- 3.16 Other objectives of the forum were to enable better monitoring of progress on the implementation of the NZIPS, promote joint outcomes and evaluation, and create a mandate for better integration and collaboration on injury prevention objectives. Importantly, the forum has considered how well current injury prevention programmes are aligned to the NZIPS – and highlighted population groups or settings under-represented by existing targeted interventions. The forum now also includes a local government representative.
- 3.17 The forum has identified three areas of injury prevention for particular attention – falls prevention, child safety, and safety culture. The NZIPS Secretariat carried out a “stocktake” between March 2007 and May 2007. The stocktake identified the safety-related and injury prevention programmes being delivered in these three areas, considering possible areas of collaboration and alignment. This stocktake provided information and guidance to the forum.
- 3.18 An Injury Prevention Ministerial Committee was formed in 2005 and the Strategy is one of its areas of interest. One of the functions of the forum is to guide the Injury Prevention Ministerial Committee's agenda.
- 3.19 ACC has separately met their main partner agencies to promote the implementation of the Strategy. ACC also has agreements with the Ministry of Health, the Department of Labour, and the Ministry of Social Development in the area of injury prevention.
- 3.20 A Government Inter-Agency Steering Group functions as a co-ordinating forum for injury prevention work throughout government agencies that have a strong interest or involvement in injury prevention policy or related responsibilities.

### Strengthening co-ordination to implement the Strategy

- 3.21 The Working Group, established to draw up the implementation plan, is still in place. The Working Group makes use of the expertise and resources of

stakeholders and ensures a national perspective on implementing the Strategy. However, as explained in paragraphs 3.66 to 3.69, various factors – including staffing pressures – were responsible for some loss of contact with stakeholders in 2007, and for the limited focus on monitoring progress. As a result, the Working Group did not meet between March 2007 and January 2008. ACC advises us that it is reviewing the composition of the Working Group, so that members can more actively guide the implementation of specific actions in the plan.

- 3.22 ACC has carefully considered the need for channels and forums through which to work with its injury prevention partners. However, the support of those agencies, and their commitment to a joint implementation of the Strategy, depends heavily on relationships with specific individuals. It relies on persuasion, and depends on other agencies' assessment of their own priorities. Therefore, ACC's capacity to hold other parties (principally government agencies) to account and to ensure that they meet their commitments to implementing the Strategy may be limited. We found some evidence of variable commitment to implementing the Strategy. In the longer term, this is a risk to achieving the Strategy's goals.
- 3.23 Accountability arrangements may need to be strengthened and formalised to bring about cross-agency change in injury prevention policy and practice. Existing collaborative forums promote the sharing of information. However, such forums may not be enough to ensure cross-agency commitment to implementing the Strategy. An ACC-commissioned analysis of injury prevention activities and programmes throughout the six NZIPS lead agencies in 2007 reached a similar view. The analysis showed the need to consolidate the commitment of chief executives and their senior managers in partner agencies and to strengthen operational working relationships with those agencies.
- 3.24 Our own discussions with ACC's managers, staff, and stakeholders, pointed to the limitations of the current collaborative arrangements in getting commitment. We were told that the quality of commitment from stakeholders has varied. Such limitations put the Strategy at risk.
- 3.25 We have published a range of reports about the implementation of strategies and cross-agency collaboration. This work has highlighted the need for agencies responsible for cross-agency activities to consider a variety of mechanisms to promote accountability and shared implementation. A mix of arrangements is likely to be more effective in getting agencies' full commitment.
- 3.26 ACC should make full use of existing accountability relationships between ACC and other government agencies in the area of injury prevention. To strengthen ACC's leadership mandate and make progress on the implementation of the

Strategy, ACC should also consider having a protocol in place with the agencies identified in the implementation plan as responsible for leading the actions. This protocol should:

- refer closely to the implementation plan and be based on a statement of shared outcomes;
- require consultation on planning, information sharing, and funding;
- define explicitly the nature and extent of accountabilities; and
- specify objectives and targets.

3.27 Ideally, the relevant Ministers, chief executives and boards should endorse this protocol.

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#### **Recommendation 1**

We recommend that the Accident Compensation Corporation draw up a protocol with those agencies responsible for actions in the implementation plan, to guide future work on the national falls prevention strategy.

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### **Injury prevention partnerships with district health boards and local government**

#### **District health boards**

3.28 The emphasis in the first year of implementing the Strategy has been on establishing injury prevention partnerships with district health boards. This work has included promoting a closer joint focus on falls prevention activities. ACC recognised that district health boards were important stakeholders for ACC and that it needed to increase their capacity and participation in falls prevention.

3.29 As noted in paragraph 2.27, 18 of the 21 district health boards have formally endorsed the implementation plan. At May 2007, ACC had partnerships with 11 district health boards on falls prevention for older adults. ACC also advised us that it was actively working with two-thirds of district health boards in falls prevention.

3.30 A Charter of Collaboration, ratified between ACC and district health boards in March 2007, promotes ACC involvement in the district health boards' annual planning process and identifies falls prevention as one output under the communities' injury prevention work stream.

#### **Local government**

3.31 In 2005, ACC embarked on a local government partnership programme, with a focus on community safety, promoting best practice, gaining support for ACC

programmes, and reducing accident rates. ACC's local government initiatives are aligned to the principles of the NZIPS, including falls prevention. They provide a strategic context for ACC's actions at a local level, and they indirectly support the objectives of the Strategy. In 2006/07, ACC established injury prevention agreements and action plans with 23 local authorities to promote an increased involvement in communities' injury prevention work.

### Other partnership initiatives

- 3.32 ACC has explored options for closer collaboration with the primary health care sector. In April 2007, ACC approached primary health organisations and district health boards, seeking opportunities to collaboratively pilot primary care projects – including the potential for joint delivery of injury prevention services. Closer collaboration with primary care providers also offers the potential for higher levels of referral to ACC-funded programmes and ACC resources.
- 3.33 ACC received 43 responses to its invitation for expressions of interest in becoming a collaborative partner. ACC analysed and evaluated these responses and chose three entities as collaborative partners in July 2007. ACC has also begun using its contracting process with non-government organisations to further promote injury prevention in the community.
- 3.34 In 2007, ACC used its contracting process to increase the reach of the falls prevention programmes for older adults: the Otago Exercise Programme<sup>2</sup> and modified Tai Chi<sup>3</sup> classes. Both programmes support the implementation of the Strategy, and Objective 3 in particular.

### Area of focus for ACC

- 3.35 We consider ongoing communication with the injury prevention sector is important in ensuring broad commitment to achieving all of the Strategy's objectives. We encourage ACC to take this into account as the implementation of the Strategy progresses.

### Knowledge about falls prevention

- 3.36 This section discusses progress made on Objective 2 – *improve the gathering and dissemination of knowledge about the prevention of injury from falls*. ACC's research programme will play an important part in meeting this objective, and underpins a number of activities and objectives elsewhere in the plan.

2 The Otago Exercise Programme is an individually tailored exercise programme delivered to people in their home by a trained health professional. It consists of a series of leg strengthening and balance retraining exercises and a walking plan.

3 Tai Chi involves a series of slowly performed gentle movements designed to improve mobility, flexibility, and balance. Modified Tai Chi is a style of Tai Chi that has been adapted for older adults. It focuses on preventing falls by improving lower limb strength and balance.

- 3.37 Research supports ACC's funding of falls prevention programmes and identifies factors contributing to falls among different groups and in various settings. Research also provides an evidence base for best practice. Therefore, it is crucial to the implementation the Strategy.
- 3.38 We asked ACC staff whether the Strategy was having an influence on planning for ACC's research programme, and looked at relevant documentation. We also spoke to researchers who carry out work on contract to ACC.

### **Alignment of ACC's research programme to the Strategy**

- 3.39 The Strategy has provided a useful context for ACC's research programme by supporting the continuing funding of ongoing falls prevention activities, particularly for older adults. An ACC report prepared in July 2007 on alignment of current interventions with the Strategy noted the risk that weak links between the Strategy and ACC's own planning of future research might compromise the achievement of the Strategy's goals.
- 3.40 The report noted 14 research interventions that were in progress at the time. However, it found no evidence that these interventions were aligned with the Strategy, with the exception of a project to compare the benefits of different programmes for older adults.
- 3.41 Our own examinations and discussions with ACC staff and stakeholders indicate that ACC's falls prevention research programme needs to be more explicitly aligned with the Strategy. This is necessary to confirm the value of ongoing research, broaden the scope of exploratory and primary research, and address gaps in the current programme in target populations and settings identified in the Strategy.
- 3.42 ACC has reviewed falls prevention research that was commissioned between 2003 and 2007, and made recommendations for areas of future research. ACC has noted that the Working Group would review this information and consider the direction of future research in June 2008.
- 3.43 To date, the Strategy has had a limited effect on research priorities, and is not yet serving as a clear reference point for the consideration of proposals for future research. For example, ACC's research and development strategy makes no explicit reference to the Strategy. As a consequence, ACC's research programme risks continuing to support existing ACC programmes without recognising the need to respond to the directions identified in the Strategy's implementation plan.
- 3.44 ACC has begun extending the scope of its falls prevention research. Objective 2 includes an action to encourage proposals to investigate the social and economic

costs of falls and injuries from falls. Some exploratory work has been done to identify factors leading to poor outcomes for people injured from falls. However, this research work needs to be extended to provide a comprehensive picture of the different effects of falls for different population groups.

- 3.45 We found some evidence of new research to explore factors contributing to falls in populations or settings that ACC's past research programmes did not target. One example of such research is a project examining risk factors for non-fatal injuries from falls at home among adults 25-60 years of age. Another example is a recently commissioned project into home safety, designed to examine the roles of alcohol, recreational drug use, and fatigue in unintentional injuries at home among people of working age. Research is also being carried out into the design of healthy homes, with falls prevention one of a number of environmental design considerations.
- 3.46 We encourage ACC to build on this early work to address specific population groups and settings. This will require – among other work – ongoing collaboration with the Ministry of Health on child safety (including falls), a continuing focus on people of working age, and additional research into options to improve safety in the home. It will also involve ongoing examination of causal factors to support the piloting of falls prevention programmes, provide an evidence base for existing programmes, and identify factors contributing to the risk of injury from falls.
- 3.47 One important action identified under Objective 3 is the preparation of a research action plan. The Stakeholder Reference Group discussed a proposal for a dedicated research fund and the research action plan at its meeting in March 2007, noting the need to consider funding and effective alignment of implementing the Strategy with research priorities. However, the plan has not been prepared.
- 3.48 ACC is aware of the gaps in research. In responding to the review of alignment between its injury prevention activities and the Strategy, ACC has recognised the need to direct research at a wider range of target groups. ACC has also recognised the need to explore risk factors associated with settings such as the home and residential care environments, and consider opportunities for a more cohesive and joint approach to research.

### Programmes and interventions

- 3.49 This section discusses progress made on Objective 3 – *Develop and implement programmes and interventions that focus on the prevention of injury from falls, based on best practice*. As part of this discussion we comment on alignment between ACC injury prevention activities and the Strategy.

### Collating and publishing information about falls prevention

- 3.50 ACC has collated and published a wide range of advice and information about falls prevention. ACC's website provides an easily accessible source of information about falls prevention. This information includes:
- copies of the Strategy and the implementation plan;
  - links to New Zealand and overseas sites and resources related to falls prevention, grouped by target population groups and settings;
  - research reports;
  - falls-related statistics;
  - sources of injury-related data; and
  - links to partners and stakeholders.
- 3.51 The process of implementing the Strategy is designed to produce valuable best practice tools and guidance, such as the planning and evaluation guide that has been written by ACC staff in collaboration with members of the Working Group. The guide provides examples, templates, and references to useful sources to help community partners decide how to plan local injury prevention projects and evaluate the results.

### Alignment between ACC's injury prevention programmes and the Strategy

- 3.52 The ACC-commissioned Falls Intervention Alignment Project reported on the alignment between current injury prevention interventions and the implementation plan.<sup>4</sup> The report identified 41 interventions of which 20 targeted falls prevention directly. The report noted that ACC was the lead agency for 71% of falls-related interventions. However, no interventions focused on reducing the social, psychological, and economic effects of injuries from falls.
- 3.53 The report recommended that ACC ensure that it integrated the Strategy's goals and objectives in its internal planning and reporting. We too found little evidence of links between the Strategy and ACC's operational injury prevention business planning in the early phase of implementing the Strategy. For example, the 2007/08 operational plans for ACC's falls prevention programmes do not refer to, or reflect, the priorities of the Strategy. This was confirmed in our discussions with ACC staff who told us that injury prevention activities had remained largely unchanged until late 2007, 12 months after publishing the implementation plan.
- 3.54 While ACC was slow to use the Strategy to review its own injury prevention programmes, business planning at an operational level has now begun to focus on the need to align injury prevention activities with the Strategy. This has been

4 The ACC-commissioned report of the Falls Intervention Alignment Project was published internally in July 2007.

reflected in the focus of operational planning for 2008/09, with background papers identifying the Strategy as a crucial issue for discussion at the business plan workshop of ACC's injury prevention group.

- 3.55 To align its work effectively with the Strategy, ACC will need to modify or extend its falls prevention programmes, or pilot fresh initiatives, consistent with the Strategy's objectives. ACC could consider establishing accountability requirements for relevant managers and groups within ACC that explicitly reflect the relationships between falls prevention-related activities (such as research, contract management, programme delivery, and community involvement) and implementing the Strategy.

#### **Focus area for ACC**

- 3.56 We consider that close alignment (where appropriate) with business planning for ACC's own injury prevention activities (including design of the research programme) will be important in promoting the implementation of the Strategy. We encourage ACC to take this into account as the implementation of the Strategy progresses.

#### **Monitoring progress against the implementation plan**

- 3.57 The NZIPS Secretariat reports on the implementation of the Strategy as part of its overall reporting responsibilities. It has prepared a quarterly reporting framework and template that all NZIPS lead agencies use to report on their respective areas of responsibility (ACC for the Strategy). The Secretariat uses these to report periodically to the ACC Board and half-yearly to the Minister. The Minister reports annually to Parliament.
- 3.58 The Strategy's implementation plan establishes who is responsible for the actions specified in the plan. ACC teams and stakeholders provide feedback on their activities to the Strategy's project team, which uses the information to report to the NZIPS Secretariat.
- 3.59 However, the reporting to date has been mainly descriptive, focusing on activities and lacking a results-based approach. ACC has told us that it is reviewing the nature and format of its reporting.
- 3.60 ACC's website allows transparent monitoring and reporting on the implementation of the Strategy. ACC has posted material periodically on the website to show evidence of the progress.



### Evaluation of effects and outcomes

- 3.61 In 2004, ACC commissioned work on outcome indicators for serious injuries, including falls, using morbidity and hospitalisation data. This was an important early initiative, and the indicators have been published and recently updated. The indicators will form a vital tool to measure and evaluate the results from implementing the Strategy.
- 3.62 The need for a framework by which to measure the results was identified as a critical task early in developing the Strategy (June 2004), with a draft evaluation framework prepared in April 2005. However, it was recognised that this framework needed further work, including indicators to measure the effects of less serious injuries. In November 2006, a sub-group of the Strategy's Working Group was formed to draw up a more comprehensive evaluation framework. The Stakeholder Reference Group discussed the framework in March 2007, but no further progress was made.
- 3.63 The Strategy's Working Group agreed in January 2008 to make further work on the monitoring and evaluation framework a priority.
- 3.64 An evaluation framework and methodology is important to measure effects and outcomes and monitor progress. We agree that priority should be given to preparing a methodology and framework for an evaluation in the future. Because of the many factors contributing to falls, it may be difficult to isolate the effects of the Strategy on the incidence and severity of falls. ACC needs to define clearly the extent to which results can be attributed to the Strategy.
- 3.65 This framework could then be applied by ACC and other agencies to assess whether intended results have been achieved, to assess the effects and outcomes of specific actions and activities, and to report on progress in implementing the Strategy.

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#### Recommendation 2

We recommend that the Accident Compensation Corporation give priority to finalising a comprehensive and results-oriented evaluation framework and methodology.

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### The Accident Compensation Corporation's corporate leadership

- 3.66 Limited staffing capacity led to a loss of continuity and focus on the plan during part of 2007. In July 2007, not long after the launch of the implementation

plan, the ACC project manager resigned. The following months saw other gaps in resources because of staff turnover. These difficulties were compounded by changes in senior management in ACC's injury prevention division in 2007.

- 3.67 Concerns about staffing changes and shortages were raised with ACC management. However, the response was neither prompt nor fully effective. We found no contingency planning to address the risks of unexpected staff changes or to maintain focus on the plan and ensure ongoing communication with stakeholders. Without sufficient permanent staff assigned to the Strategy's project team, and only seconded staff to support the work, progress depended to a large extent on the personal commitment of individuals.
- 3.68 ACC's Falls Intervention Alignment Project recognised the need for ACC to take a stronger leadership role to involve the falls prevention sector. The Falls Intervention Alignment Project noted the risks of not having a dedicated team with a comprehensive oversight of accountabilities and budget for achieving the Strategy. In response, ACC's public safety team took over responsibility for implementing the Strategy. A new relationship manager position was set up to lead the implementation of the Strategy, and it was filled in January 2008.
- 3.69 Adequate planning should be in place to provide enough resources for the project, to provide support for the relationship manager role, and to ensure effective leadership in the implementation of the Strategy. This planning should consider the scope of the relationships manager and supporting roles, the demands of the implementation's tasks and time frames, and the need for succession planning to address staffing contingencies. If this does not happen, there is still the risk that staffing changes, or limited staffing capacity, could mean a loss of momentum in implementing the plan and a loss of focus on the Strategy.

#### **Area of focus for ACC**

- 3.70 In our view, it will be important to provide sustainable resourcing to support ACC's leadership role. We encourage ACC to focus on this to ensure continuity in implementing the Strategy.

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