

# Māori Provider Capacity Assessment Tool (MPCAT)

## Introduction

The Māori Provider Capacity Assessment Tool (MPCAT) is a self-assessment instrument that helps Māori health and disability providers identify capacity strengths and challenges and establish capacity building goals. It is primarily a diagnostic and learning tool. Also, the assessment provides a useful framework for measuring growth in organisational capacity over time. The tool was developed for the Ministry of Health by CBG Research Limited as part of the 2008/09 review of the Māori Provider Development Scheme. MPCAT is used in the application process for the Māori Provider Development Scheme (MPDS) and the monitoring of MPDS contracts.

## Who should use MPCAT?

MPCAT is for self-guided use by Māori health and disability providers. It is suggested that two or three participants allow two hours to assess their organisation collectively, trying to reach agreement on the most accurate rating in each category. Completing the assessment using a team approach both improves the validity of the ratings and reduces individual biases. This process can be an excellent opportunity to reflect on how your service is going and what you need to do to develop your capacity further.

## Instructions

You will be rating your organisation on a variety of capacity elements, grouped into eight areas:

1. Māori specific capacity indicators (three elements)
2. Processes, mission, strategy, and planning (eight elements)
3. Program design and evaluation (five elements)
4. Human resources (five elements)
5. Information technology (three elements)

6. Financial management (four elements)
7. Governance and leadership (five elements)
8. Communications and external relations (seven elements).

For each capacity element, identify the description that best describes your organisation's status. Each element is rated on a four-point scale:

1. Clear need for increased capacity
2. Basic level of capacity in place
3. Moderate level of capacity in place
4. High level of capacity in place

You are likely to discover that, with some elements, your organisation will not fully match any of the descriptions. In these instances, identify the description that is most suitable or accurate for your organisation. If a capacity element does not apply to your organisation, please report it as N/A: Not applicable.

# 1. Māori specific capacity indicators

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>1.1: Māori organisational values and philosophy</b>	Little or no expression of a Māori health approach to the organisation in key documents. Little or no expression of a Māori health approach in operational elements or at a governance level of the organisation.	Some expression of a Māori health approach in governance and written planning documents. Little or no expression of a Māori health approach in operational elements.	Māori cultural values and beliefs regarding Hauora clearly expressed in governance and key documents. Māori cultural values and beliefs underpin operational activities where appropriate.	Māori clients' cultural beliefs and values regarding their health are mostly understood and accommodated by the organisation. The organisation surveys Māori client feedback.
<b>1.2: Māori community</b>	The organisation does not regularly engage with local iwi, hapū or Māori communities at a governance level.	The organisation's leadership engages with local iwi, hapū or Māori communities regularly. Staff unaware and unresponsive of its Māori community, names of local iwi, local marae and demographics of their clients. The organisation is not well known or utilised by the Māori community.	The organisation has regular points of engagement with its community and is reasonably well known by its target Māori community. The organisation is perceived positively as a health provider by its community.	The organisation is perceived as a leader of health services by its Māori community. Staff mostly aware and responsive to its Māori community. The organisation is well known and utilised by its Māori community.
<b>1.3: Māori health workforce</b>	The majority of clinical and management staff are non-Māori. No strategy exists to attract and recruit Māori staff.	There is a mix of Māori and non-Māori clinical and non-clinical staff, and some staff members are either resident or may whakapapa to the local iwi. A strategy exists to attract and recruit Māori staff.	There is a mix of Māori and non-Māori clinical and non-clinical staff and management staff. Some may whakapapa to the local iwi. A strategy to attract and recruit Māori staff is being implemented.	Staffing levels and composition include local iwi, Māori and non-Māori clinical and non-clinical staff and management. Māori staff are recognised as adding value to the organisation.

## 2. Mission, strategy and planning

<b>Capacity Elements</b>	<b>LEVEL ONE: Clear need for increased capacity</b>	<b>LEVEL TWO: Basic level of capacity in place</b>	<b>LEVEL THREE: Moderate level of capacity in place</b>	<b>LEVEL FOUR: High level of capacity in place</b>
<b>2.1: Mission</b>	No written mission or limited expression of the organisation's reason for existence; lacks clarity or specificity; either held by very few in the organisation or rarely referred to.	Some expression of the organisation's reason for existence that reflects its values and purpose as a Māori health organisation but may lack clarity; held by only a few; lacks broad agreement or rarely referred to.	A clear expression of the organisation's reason for existence which reflects its values and purpose; held by many within the organisation and often referred to.	A clear expression of the organisation's reason for existence that reflects its values and purpose, and which describes an enduring reality; broadly held within the organisation and frequently referred to.
<b>2.2: Overall strategy</b>	A strategy is either non-existent, unclear, or incoherent (mainly a set of scattered initiatives); the strategy does not influence day-to-day behaviour.	Strategy exists but is either not clearly linked to the mission, vision, and overarching goals, or lacks coherence, or is not easily actionable; strategy is not broadly known and has limited influence over day-to-day behaviour.	A coherent strategy has been developed and is linked to the mission and vision but is not fully ready to be acted upon; the strategy is widely known, and day-to-day behaviour is partly driven by it.	The organisation has a clear, coherent medium-to-long-term strategy that is both feasible and linked to the overall mission, vision, and overarching goals; the strategy is broadly known and consistently helps drive day-to-day behaviour at all levels of the organisation.
<b>2.3: Planning systems</b>	Planning happens on ad hoc bases only and is not supported by systematically collected data.	Planning is done regularly and uses some systematically collected data.	Regular planning complemented by ad hoc planning when needed; some data collected and used systematically to support planning effort and improve it.	Regular planning is complemented by ad hoc planning when needed; there are clear, formal systems for data collection in all relevant areas; data is systematically used to support planning effort and improve it.

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<b>2.4: Goals / performance targets</b>	Targets are non-existent or few; targets are vague, or confusing, or either too easy or impossible to achieve; targets not linked to aspirations and strategy and may change from year to year; targets are mostly unknown or ignored by staff.	Realistic targets exist in some key areas and are mostly aligned with aspirations and strategy. Targets may be easily attained, or be short-term, lack milestones, or mainly focused on "inputs" (things to do right), or often renegotiated; staff may or may not know and adopt targets.	Quantified, aggressive targets in most areas; linked to aspirations and strategy. Targets are mainly focused on "outputs/outcomes" (results of doing things right) with some "inputs"; typically multiyear targets, though may lack milestones; targets are known and adopted by most staff who usually use them to guide work broadly.	There are a limited set of quantified, genuinely demanding performance targets in all areas. Targets are tightly linked to aspirations and strategy, output/outcome-focused (i.e., results of doing things right, as opposed to inputs, things to do right), have annual milestones, and are long-term in nature. Staff consistently adopt targets and work diligently to achieve them.
<b>2.5: Use and development of organisational processes</b>	A limited set of processes (e.g., decision making, planning, reviews) for ensuring the effective functioning of the organisation; use of processes is variable, or processes are seen as ad hoc requirements ("paperwork exercises"); no monitoring or assessment of processes.	A basic set of processes in core areas for ensuring efficient functioning of the organisation; processes are known, used, and truly accepted by only a portion of staff; limited monitoring and assessment of processes, with few improvements made in consequence.	A solid, well-designed set of processes in place in core areas to ensure the smooth, effective functioning of the organisation; processes known and accepted by many, often used and contributed to increased impact; occasional monitoring and assessment of processes, with some improvements made.	There are a robust, lean, and well-designed set of processes (e.g., decision making, planning, reviews) in place in all areas to ensure the effective and efficient functioning of the organisation. Processes are widely known, used and accepted, and are vital in ensuring the full impact of the organisation; continual monitoring and assessment of processes and systematic improvement made.

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<b>2.6: Decision making framework</b>	Decisions are made mostly on an ad hoc basis by one person or whoever is accessible; highly informal.	Appropriate decision-makers are known; the decision-making process is fairly well established, and the process is generally followed, but often breaks down and becomes informal.	Clear, mostly formal lines/systems for decision making but decisions are not always appropriately implemented or followed; dissemination of decisions generally good but could be improved.	Clear, formal lines and systems for decision making that involve as broad participation as practical and appropriate, along with dissemination / interpretation of the decisions.
<b>2.7: Monitoring of landscape</b>	Minimal knowledge and understanding of other providers and alternative models in similar health or disability service areas.	Basic knowledge of other providers and alternative models in the service area but limited ability to adapt behaviour based on acquired understanding.	Solid knowledge of the other providers and alternative models in service area; good ability to adapt behaviour based on acquired understanding, but only occasionally carried out.	Extensive knowledge of the other providers and alternative models in service area; refined ability and systematic tendency to adapt behaviour based on understanding.
<b>2.8: Knowledge management</b>	There are no formal systems to capture and document the organisation's knowledge of its business.	Systems exist in a few areas, but either they are not user-friendly or not comprehensive enough to have an impact; systems are known by only a few people, or only occasionally used.	Well-designed, user-friendly systems in some areas; not fully comprehensive; systems are known by many people within the organisation and often used.	Well-designed, user-friendly, comprehensive systems to capture, document, and disseminate knowledge internally in all relevant areas; all staff are aware of systems, knowledgeable in their use, and make frequent use of them.

### 3. Service design and evaluation

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>3.1: Performance measurement</b>	Very limited measurement and tracking of performance; all or most evaluation is based on anecdotal evidence. The organisation collects some data on service activities and outputs (e.g. attendance rates) but has no social impact measurement (the measurement of social outcomes, e.g. drop-out rate lowered).	Performance partially measured and progress partially tracked; organisation regularly collects robust data on service activities and outputs but lacks data-driven, externally validated social impact measurement.	Performance measured and progress tracked in multiple ways, several times a year, considering the social, financial, and organisational impact of service and activities. A multiplicity of performance indicators; social impact measured, but control group, longitudinal (i.e., long-term) or third-party nature of evaluation is missing.	Well-developed comprehensive, integrated system (e.g. balanced scorecard) used for measuring organisation's performance and progress on continual basis, including social, financial, and organisational impact of service and activities; small number of clear, measurable, and meaningful key performance indicators.
<b>3.2: Performance analysis and service adjustments</b>	Few comparisons made with examples of good practice; internal performance data rarely used to improve service and organisation.	Some efforts made to benchmark activities and outcomes examples of good practice; internal performance data is used occasionally to improve the organisation.	Effective internal and external benchmarking occurs but driven mostly by top management or confined to selected areas; learnings distributed throughout the organisation and often used to adjust and improve.	Comprehensive internal and external benchmarking is part of the culture and used by staff in target-setting and daily operations. There is a high awareness of how all activities rate against internal and external best-in-class benchmarks and there is a systematic practice to adjust and improve based on benchmarking.

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<b>3.3: Service relevance and integration</b>	Core services vaguely defined and lack clear alignment with the mission and goals; services seem scattered and largely unrelated to each other.	Most services well defined and can be solidly linked with the mission and goals; service offerings may be somewhat scattered and not fully integrated into a clear strategy.	Core services well defined and aligned with the mission and goals; service offerings fit together well as part of a clear strategy.	All services well defined and fully aligned with the mission and goals; service offerings are linked to one another and the overall strategy; synergies across services are captured.
<b>3.4: Service growth and replication</b>	There is no assessment of the possibility of scaling-up existing services or a limited ability to scale up or replicate existing services.	There is a limited assessment of the possibility of scaling-up existing services and, even when judged appropriate, little or limited action has been taken; there is some ability to scale-up or replicate existing services.	Occasional assessment of the possibility of scaling-up existing services and when judged appropriate, action has been occasionally taken; able to scale up or replicate existing services.	Frequent assessment of the possibility of scaling up existing services and when judged appropriate, the action is always taken; efficiently and effectively able to grow existing services to meet needs of potential service recipients in the local area or other geographies.
<b>3.5: New service planning and development</b>	No assessment of gaps in the ability of current services to meet recipient needs; limited ability to create new services; new services mainly created in response to funding availability.	Limited assessment of gaps in the ability of existing service to meet recipient needs, with little or limited action taken; some ability to modify existing services and create new services.	Occasional assessment of gaps in the ability of existing service to meet recipient needs, with some adjustments made; demonstrated ability to modify and fine-tune existing services and create new services.	Continual assessment of gaps in the ability of existing services to meet recipient needs and adjustment always made; ability and tendency efficiently and effectively to create new, genuinely innovative services to the needs of potential service recipients in the local area or other geographies; continuous pipeline of new ideas.



## 4. Human resources

Capacity Elements	<b>LEVEL ONE: Clear need for increased capacity</b>	<b>LEVEL TWO: Basic level of capacity in place</b>	<b>LEVEL THREE: Moderate level of capacity in place</b>	<b>LEVEL FOUR: High level of capacity in place</b>
<b>4.1: Recruitment, development, and retention of general staff</b>	Standard career paths are in place without considering staff development; limited training, mentoring, and feedback; no regular performance appraisals; no systems/processes to identify new skills.	No active development tools/programmes; feedback and mentoring occur sporadically; performance evaluated occasionally; limited willingness to ensure high-quality job occupancy; sporadic initiatives to identify new skills.	Limited use of active development tools/programs; frequent formal and informal mentoring and feedback; performance regularly evaluated and discussed; genuine concern for high-quality job occupancy; regular concerted initiatives to identify new skills.	Management actively interested in general staff development; well-thought-out and targeted development plans for key staff/positions; frequent, relevant training, job rotation, mentoring/feedback, and consistent performance appraisal institutionalized; proven willingness to ensure high-quality job occupancy; continuous, proactive initiatives to identify new skills.
<b>4.2: Performance as shared value</b>	Staff are hired, rewarded and promoted for executing a set of tasks/duties or for no apparent reason, rather than for their impact; decisions are mostly made on "gut feeling."	Performance contribution is occasionally used and maybe one of many criteria for hiring, rewarding and promoting staff; performance data is used to make decisions.	Staff contribution to social, financial and organisational impact is typically considered as the most significant criterion in making hiring, rewards and promotion decisions; important decisions about the organisation are embedded in comprehensive performance thinking.	All staff are systematically hired, rewarded and promoted for their collective contribution to social, financial and organisational impact; day-to-day processes and decision making encompass comprehensive performance thinking; performance is referenced continuously.

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<b>4.3 Individual job design</b>	Lack of positions created to address several vital roles (e.g. board members); unclear roles and responsibilities with many overlaps; job descriptions do not exist.	Positions exist for most key roles, with a few still missing; most key positions are well-defined and have job descriptions; some unclear accountabilities or overlap in roles and responsibilities; job descriptions tend to be static.	All key roles have associated positions; most individuals have well-defined roles with clear activities and reporting relationships and minimal overlaps. Job descriptions are continuously being redefined to allow for organisational development and individuals' growth within their jobs.	All roles have associated dedicated positions; all individuals have clearly defined core roles which must be achieved and an area of discretion where they can show initiative and try to make a difference. Core roles are defined in terms of end-products and services rather than activities; individuals can identify their activities and are empowered to re-examine their jobs continuously.
<b>4.4: Staffing levels</b>	Many positions within and peripheral to the organisation (e.g. staff, volunteers, board, senior management) are unfilled, inadequately filled, or experience high turnover or poor attendance.	Most critical positions within and peripheral to the organisation (e.g. staff, volunteers, board, senior management) are staffed (no vacancies), or experience limited turnover or attendance problems.	Positions within and peripheral to the organisation (e.g. staff, volunteers, board, senior management) are almost all staffed (no vacancies); few turnover or attendance problems.	Positions within and peripheral to the organisation (e.g. staff, volunteers, board, senior management) are all fully staffed (no vacancies); there are no turnover or attendance problems.

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<b>4.5: Staff</b>	Staff are drawn from a narrow range of backgrounds and experiences; interest and abilities limited to present job; little ability to solve problems as they arise.	Some variety of staff backgrounds and experiences; good capabilities, including some ability to solve problems as they arise; many interested in work beyond their current jobs and the success of the organisation's mission.	Staff drawn from diverse backgrounds and experiences and bring a broad range of skills; most are highly capable and committed to mission and strategy; eager to learn and develop and assume increased responsibility.	Staff are drawn from diverse backgrounds and experiences and bring a broad range of skills; most staff are highly capable in multiple roles, committed both to the mission/strategy and continuous learning. Most staff are eager and able to take on special projects and collaborate across divisional lines; staff are a frequent source of ideas and momentum for improvement and innovation.

## 5. Information Technology

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>5.1: Communications technology</b>	Lack of sophistication or limited communications technology facilities is an obstacle to day-to-day effectiveness and efficiency.	Adequate basic communications technology is accessible to most staff; moderately reliable or user-friendly but may lack certain features that would increase effectiveness and efficiency, or may not be readily available to some staff.	Robust basic communications technology is accessible to the entire staff (in office and at the front line); caters to day-to-day communication needs with mainly no problems; includes additional features contributing to increased effectiveness and efficiency.	Sophisticated and reliable communications technology is accessible by all staff (in office and at the frontline); effective and essential in increasing staff effectiveness and efficiency.
<b>5.2: Information technology</b>	Limited or no use of computers and other technology in day-to-day activity; little or no of existing information technology by staff.	Well-equipped at a central level, but incomplete/limited at locations aside from central offices; equipment sharing may be present; satisfactory use information technology by staff.	Robust hardware and software infrastructure accessible by central and local staff; staff are issued with appropriate information technology equipment; limited accessibility for frontline programme deliverers; high use information technology by staff; information technology contributes to increased efficiency.	State-of-the-art, fully connected information technology with a comprehensive range of modern software applications; all staff have appropriate information technology equipment; accessible by frontline programme deliverers. Information technology is regularly used by staff and is effective and essential in increasing staff efficiency.

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<b>5.3 Databases and management reporting systems</b>	There are no systems for tracking clients, staff volunteers, program outcomes and financial information.	Electronic databases and practice management systems exist only in few areas; systems have only basic features, are awkward to use or are used only occasionally by staff.	Electronic database and practice management systems exist in most areas for tracking clients, staff, volunteers, program outcomes and financial information; commonly used and help increase information sharing and efficiency.	Sophisticated, comprehensive electronic database and practice management reporting systems exist for tracking clients, staff, volunteers, program outcomes and financial information; widely used and essential in increasing information sharing and efficiency.

## 6. Financial management

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>6.1: Financial position</b>	Funds available to pay bills on time, but not to support an operating reserve (funds set aside to be used to offset possible losses due to unexpectedly low-income situations).	Funds available for timely payment of all obligations; governance board has not designated an operating reserve, but periodic surpluses could begin to support a reserve.	Funds are sufficient to meet obligations and take advantage of investment opportunities; governance board has established or is developing an operating reserve of at least three months of expenses.	Funds available to meet all obligations and investment needs; governance board designated operating reserve appropriate to the budget size of at least six months of expenses.
<b>6.2: Accounting system and procedures</b>	Basic system in place to ensure that revenue is receipted, and bills are paid; major accounts reconciled periodically, though not necessarily monthly. Supporting documentation for all transactions is retained, but a chart of accounts not necessarily in use; the system does not track joint/indirect costs.	In addition to the previous level, accounting practices conform to accounting standards to ensure that reporting requirements and tax payments are met. Records closed monthly; financial activities are documented through a general ledger; the system can track and allocate joint/indirect costs to individual programs.	In addition to previous levels, accounting systems provide the information needed to make sound financial decisions. All accounts reconciled during monthly closing; financial activities fully tracked, supported, and reported through a general ledger system; chart of accounts provides accurate tracking of most financial activities. Processes exist to allocate indirect costs, including general, management, and fundraising expenses.	Robust systems in place governing all financial operations; documented procedures ensure that all accounts are reconciled each month; all internal and external accounting functions are fully integrated with budgeting, decision making, and organisational goals. A comprehensive chart of accounts tracks the full range of financial activities; documented procedures in place for allocation of all joint/indirect costs.

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<b>6.3: Financial planning and analysis</b>	Limited or no financial planning; limited governance board oversight of financial performance; no or little cash flow monitoring or tracking of program unit costs. Trend analysis not utilised as a planning method; financial planning capacity could be improved with more training.	Limited financial plans with ad hoc updates; governance board reviews financial information at least quarterly; cash flow projections prepared periodically and used for planning. Some trend analysis is conducted, and some, but not all joint/indirect costs allocated to individual programs. Training on financial and accounting topics is made available to staff and governance board members.	Robust financial plans, regularly updated; governance board reviews financial information at each meeting; cash flow projections regularly updated and monitored closely. Trends including year-end revenue and expense projections are monitored to assist in making sound management decisions; program unit costs monitored through documentation of staff time and other joint expenses; governance board and staff encouraged to pursue financial training.	Robust financial plans, continuously updated; financial performance indicators clearly identified and monitored by the governance board at least monthly; cash flow routinely monitored and reviewed in conjunction with other financial statements. Current year and multi-year trend data collected, actively monitored, and used for ongoing planning purposes; cost centre data accurately tracked, analysed, and incorporated into financial plans. Governance board and staff financial training is prioritised and fully funded.

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<b>6.4: Internal controls</b>	There are limited internal controls regarding disbursement, receipts, or assets, and they are not in writing; accounting system lacks sufficient security controls.	A basic security system is in place to safeguard the integrity of the accounting system; internal controls include some of these policies: <ul style="list-style-type: none"> <li>• independent financial delegations</li> <li>• payment approval processes</li> <li>• bank reconciliation</li> <li>• fixed asset reconciliation</li> <li>• annual plan and annual report reconciliation</li> <li>• banking system access and security controls.</li> </ul>	Accounting system security measures include password protection and periodic system data back-ups; internal controls include most of the policies listed in level two.	Fully secure accounting data storage and retrieval systems are in place; internal controls include all of the policies listed in level two.



## 7. Governance and leadership

Capacity Elements	<b>LEVEL ONE: Clear need for increased capacity</b>	<b>LEVEL TWO: Basic level of capacity in place</b>	<b>LEVEL THREE: Moderate level of capacity in place</b>	<b>LEVEL FOUR: High level of capacity in place</b>
<b>7.1: Core financial and legal responsibilities of the governance body</b>	Governance body does not carry out or lacks a clear understanding of basic legal and responsibilities (including complying with legal obligations and financial reporting requirements and IRD payments); little input on budgeting; financial oversight delegated to the treasurer.	Governance body carries out and understands its basic legal and other responsibilities (including complying with legal obligations and financial reporting requirements and IRD payments). Beyond basic requirements, the governance body is involved in budget preparation and reviews financial statements regularly; the chief executive's performance reviews are conducted periodically.	Governance body carries out and clearly understands its basic legal and responsibilities (including complying with legal obligations and financial reporting requirements and IRD payments). Beyond basic requirements, the governance body is involved in financial planning, reviews financial statements at every meeting, and co-defines and monitors the chief executive's performance targets.	Governance body's role extends far beyond basic legal and responsibilities. In addition, the governance body is actively involved in preparing and reviewing multi-year financial plans, reviews financial statements at least monthly, defines and monitors the chief executive's performance targets, reviews salary for appropriateness, and is attentive to the chief executive's professional development.

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<b>7.2: Governance body strategic direction</b>	Overall lack of understanding of or disagreement over the Māori organisation's mission/vision; there is no formal process for reviewing the mission/vision, strategic planning, or monitoring programme performance against the mission.	General agreement on the mission, but vision may not be formalised; infrequent discussion of mission/vision or program performance against mission; there is little active involvement in mission/vision review or strategic planning beyond approving periodic staff-driven plans.	Governance body members share a common understanding of the mission/vision, which they frequently refer to during strategic discussions. There are formal processes for the governance body's active involvement in reviewing the mission/vision, strategic planning, and setting goals for monitoring programme performance against the mission.	Complete buy-in on mission/vision, which drives major strategic discussions; well-documented process to facilitate the governance body's regular review of the mission/vision, active involvement in strategic planning, and cooperation with staff to set goals for monitoring programme performance against the mission.
<b>7.3: Governance body composition and commitment</b>	Limited diversity of skills and expertise; not reflective of the Māori community served; little or no relevant business or governance experience; low commitment to the Māori organisation's success, vision and mission.	There is some diversity in skills and expertise including some of the skills and experience needed by the Māori organisation; some representation of the Māori community served; moderate commitment to the Māori organisation's success, vision, and mission.	Good diversity in skills and expertise including most of the skills and experience needed by the organisation; make-up generally reflects requirements of the Māori organisation's stakeholders and community; solid commitment to the Māori organisation's success, vision, and mission.	There is a broad variety of skills and expertise. The make-up closely reflects the Māori organisation's stakeholders and community and includes functional and program content-related expertise and high-profile names. A proven track record in the Māori community; outstanding commitment to the Māori organisation's success, mission, and vision.

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>7.4: Governance body development and self-evaluation</b>	Ad hoc process for recruiting and nominating new members; there is little or no attention to the governance body's composition. There is no official orientation or training for new members; no policy on member tenure; little or no ongoing training and skill development. The governance body does not set goals for itself; little or no discussion about its performance; lack of assessment of individual members results in the retention of low performing members.	A committee to recruit new members meets occasionally; some attention paid to governance body composition, but no formal assessment is done. An informal orientation of new members; loosely followed policy on member tenure; some ongoing training and skill development. Informal Governance body self-evaluation on some objectives, but no formal structure for setting goals and evaluating performance against them; informal assessment of individual members may result in retention of low performing members.	A development committee meets regularly to assess the governance body's composition and to identify and recruit new members to fill specific gaps in needed skills or attributes. Orientation is held for new members; there is a well-understood policy on member tenure; the organisation conducts ongoing governance training and skill development. Regular performance evaluations against established goals but results are not well utilised to formulate plans for improvement; governance body assesses individual member performance at the time of re-nomination.	A development committee meets year-round; annual assessment of the governance body's composition results in targeted recruiting of new members with specific skills and attributes. There is a formal process for new member orientation; written policy on member tenure; high level of commitment to ongoing governance training and skill development. There is a formal process for performance evaluation against goals set by the governance body; results are used to make improvements. There is a formal process for evaluating individual members; there is no collective tolerance for low performing members.

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>7.5: Governance body infrastructure</b>	The governance body is either too small or too large for the Māori organisation's needs; lack of communication about or incomplete understanding of the governance body's member's roles and responsibilities. Meetings are infrequent, called at the last minute or poorly attended; meetings not always well-planned or productive; inconsistent use of agendas and minutes. Some meetings start or end late, and there is little or no use of sub-committees.	The governance body is working to find the number of members that best meet the organisation's needs; governance body member roles and responsibilities generally understood, but not written. Attendance is typically good at regular, purposeful meetings; established calendar of meetings publicised but not necessarily adhered to; agendas prepared and minutes recorded for most meetings. Most meetings start and end on time; occasional meetings of ad hoc subcommittees support work of the full governance body.	The governance body's size is appropriate for the Māori organisation's needs, and there are written member job descriptions. Attendance is consistently good at regular, purposeful, well-planned meetings; meeting calendar set and publicised in advance; agendas prepared and minutes recorded for every meeting. Meetings generally start and end on time; committee system in place with a generally understood division of roles and responsibilities between full governance body and subcommittees; regular committee meetings support work of the full governance body.	An appropriately sized governance body holds regular, productive meetings following agendas agreed upon by governance body chair. A yearly meeting calendar is set and distributed in advance; meeting agendas and materials are sent in advance. All meetings start and end on time; consistent attendance is highly valued; decisions are recorded in official meeting minutes. Members sign a written contract detailing roles and responsibilities; a formal committee structure designates governance body-level versus committee-level decisions; there are written descriptions of committee roles and responsibilities. Focused committees result in more efficient governance body meetings.

## 8. Communications and external relations

Capacity Elements	<b>LEVEL ONE:</b> <b>Clear need for increased capacity</b>	<b>LEVEL TWO:</b> <b>Basic level of capacity in place</b>	<b>LEVEL THREE:</b> <b>Moderate level of capacity in place</b>	<b>LEVEL FOUR:</b> <b>High level of capacity in place</b>
<b>8.1: Communications and outreach effectiveness</b>	The organisation does not have promotional materials, or materials that it has are outdated. The organisation is strictly internally-focused and does little to no outreach to stakeholders; any materials that exist are unprofessional in their presentation.	The organisation has a loose collection of materials it uses for promotion; documents are generic and not updated to reflect new programs and organisational results; materials have a minimal degree of professionalism or consistent look and feel.	The organisation has a packet of promotional material that it uses consistently. Information contained in the material is up to date and reflects new programs, activities and outcomes. Materials are reasonably professional in presentation and aligned with established standards for font, colour, logo placement, etc.	The organisation has a packet of promotional materials that it uses consistently and is easy to update regularly; materials are extremely professional in appearance and appeal to a variety of stakeholders; materials adhere to clear "branding" standards for font, colour, logo placement, etc.
<b>8.2: Communications strategy</b>	The organisation does not have any communications plan or articulated communications strategy in place; key messages are not defined or articulated; stakeholders are not identified; information messages about the organisation are inconsistent.	The organisation does not have any communications plan or articulated communications strategy in place, but key messages are defined, and stakeholders are identified; communications to stakeholders are fairly inconsistent.	The organisation has a communications plan and strategy in place; key messages are defined, and stakeholders are identified; communications to stakeholders are generally consistent and coordinated.	The organisation has a communications plan and strategy and updates it frequently; knows not only who its stakeholders are, but what they value; customises communications to each of those stakeholders; communications always carry consistent and powerful messages.

<b>Capacity Elements</b>	<b>LEVEL ONE: Clear need for increased capacity</b>	<b>LEVEL TWO: Basic level of capacity in place</b>	<b>LEVEL THREE: Moderate level of capacity in place</b>	<b>LEVEL FOUR: High level of capacity in place</b>
<b>8.3: Public relations and promotional</b>	The organisation makes no or limited use of PR/promotion; general lack of PR/promotional skills and expertise (either internal or accessible external).	The organisation takes opportunities to engage in PR/promotion as they arise; there are some PR/promotional skills and experience within staff or via external assistance.	The organisation considers PR/promotion to be useful, and actively seeks opportunities to engage in these activities; a critical mass of internal expertise and experience in PR/promotional or access to relevant external assistance.	The organisation fully aware of the power of PR/promotional activities, and continually and actively conducts them; a broad pool of nonprofit PR/promotional expertise and experience within the organisation or efficient use made of external, sustainable, highly qualified resources.
<b>8.4: Presence and involvement in local community</b>	Organisation's presence either not recognised or generally not regarded as positive; few members of the local community (e.g. Māori community leaders) constructively involved in the organisation.	Organisation's presence somewhat recognised, and generally regarded as positive within the Māori community; some members of the broader Māori community constructively engaged with the organisation.	Organisation reasonably well-known within the Māori community, and perceived as open and responsive to Māori community needs; members of the broader Māori community (including a few prominent leaders) constructively involved in the organisation.	Organisation widely known within the broader Māori community, and perceived as actively engaged with and extremely responsive to it; many members of the broader Māori community (including many prominent leaders) actively and constructively involved in the organisation (e.g. board, fund-raising).

<b>Capacity Elements</b>	<b>LEVEL ONE: Clear need for increased capacity</b>	<b>LEVEL TWO: Basic level of capacity in place</b>	<b>LEVEL THREE: Moderate level of capacity in place</b>	<b>LEVEL FOUR: High level of capacity in place</b>
<b>8.5: Māori networks and relations</b>	There is limited use of networks and alliances with other providers, the Māori community and the health sector.	Early stages of building relationships and collaborating with other providers, the Māori community and the health sector.	The organisation has effectively built and leveraged some key relationships with other providers, the Māori community and the health sector. Some relations may be precarious or not fully “win-win.”	The organisation has built, leveraged, and maintained strong, high- impact, relationships with a variety of other providers, the Māori community and the health sector. Relationships deeply anchored in stable, long-term, mutually beneficial collaboration.
<b>8.6: DHB relationship</b>	Limited relations and use of networks and alliances within DHBs.	Early stages of building relationships and collaborating with DHBs.	The organisation has effectively built and leveraged some key relationships within DHBs, some relations may be precarious or not fully “win-win”.	The organisation has built, leveraged, and maintained strong, high-impact, relationships within DHBs, relationships deeply anchored in a stable, long- term, mutually beneficial collaboration.
<b>8.7: Influence on policy-making</b>	The organisation does not have the ability or is unaware of possibilities for influencing Māori health policy-making; never called in on substantive policy discussions.	The organisation is aware of its possibilities in influencing Māori health policy-making; some readiness and skill to participate in policy discussion, but rarely invited to substantive policy discussions.	The organisation is fully aware of its possibilities in influencing Māori health policy-making and is one of several organisations active in policy discussions in the region or at a national level.	The organisation proactively and reactively influences Māori health policy-making, in a highly effective manner, at regional or national levels; always ready for and often called on to participate in substantive policy discussion and at times initiates discussions.