



National Council Māori Nurses

# Te Rautaki o Te Kaunihera o Ngā Neehi Māori o Aotearoa

National Council of Māori Nurses  
Strategic Plan 2017 – 2020



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## Ngā Rārangi Kaupapa

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## Mihi

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*E ngā mana, e ngā reo, e ngā rau rangatira mā  
Tēnā koutou, tēnā koutou, tēnā koutou katoa  
Tainui te waka  
Ko Taupiri te maunga,  
Ko Waikato te awa,  
Ngaati Pou te Hapū, Ngāti Hauā te iwi.  
Ko Pirongia te maunga, Kawhia te moana,  
Ngaati Mahuta (Ki te Hauaauru),  
Waikato taniwharau, he piko, he taniwha, he piko, he taniwha.  
Ko Donna Foxall ahau*

*I would like to acknowledge the leadership in our people who had the foresight to create such an organisation over 30 years ago. Our first Patroness, the late Whaea Putiputi O'Brien's passion and commitment to nursing set the direction for Māori nursing and the Council. To the many Presidents who stood at the helm – ngā mihi. Your courage is testament to our place in history and provides us with inspiration to rise above adversity and to develop a new path forward and to create a strong Māori nursing leadership workforce to contribute to positive health outcomes for whānau, hapu iwi.*

*Tēnei te mihi nui kia koutou katoa*



Figure 1: Current President – Donna Foxall  
(Photo courtesy of Counties Manukau Health)



## Te whāinga hua me te tika o ngā mahi

The strategic goals (ngā whainga) and objectives of this plan are summarised in Table 1 and Appendix 1. The plan identifies 3 key goals and 9 strategic priorities. The outcomes or ‘hua’ of the strategy are based on the Results Based Accountability™ (RBA) framework which has been adopted as a way of measuring the contribution the strategy makes to key outcomes.<sup>1</sup>

| Ngā whāinga | <b>Whaia te oranga</b><br>Clearing the way to wellbeing  | <b>Whai rangatiratanga</b><br>Leadership and workforce development  | <b>Whai mana motuhake</b><br>Sustainability  |
|-------------|--|---|--|
| Ngā rautaki | <b>Reo Hauora</b><br>Te Kaunihera will advocate for actions and approaches to achieve health equity for Māori in the development of national health policy       | <b>Kia Tipu</b><br>Te Kaunihera will provide leadership in the development, planning and implementation of Māori nursing workforce initiatives                                  | <b>Kia Whakapakari</b><br>Te Kaunihera will continue to build and strengthen regional branches and grow Māori nursing and taura membership                             |
|             | <b>Whānau Ora</b><br>Te Kaunihera will promote best practice in terms of whānau-centred and indigenous models of care and service delivery                       | <b>Kawa Whakaruruhau</b><br>Te Kaunihera will advocate for quality teaching in the delivery of kawa whakaruruhau in nursing curricula   | <b>Whiwhinga mahi</b><br>Te Kaunihera will seek service development opportunities that align with our kaupapa to grow the capacity and capability of the organisation  |
|             | <b>Kotahitanga</b><br>Te Kaunihera will work with other Māori professional organisations and Māori health providers to achieve better health outcomes for whānau | <b>Ngā Manukura</b><br>Te Kaunihera will support the development of more Māori nursing leaders into positions where they are able to influence models of care and system change | <b>Kaitiakitanga</b><br>Te Kaunihera will adopt governance and administration practices and processes consistent with our values to improve organisational performance |
| Ngā hua     | <b>Health Equity for Māori</b>   | <b>More Māori nurses and nursing leaders</b>  | <b>Continuation of the legacy of Te Kaunihera o Ngāi Tahu</b>  |

Table 1: NCMN Strategic goals and objectives

More detail on actions and measures over the next 3 years are outlined in the Implementation Plan (Appendix 2). It should be noted that the implementation plan is a ‘working document’ and actions (and timeframes) should be prioritised and reviewed periodically.

<sup>1</sup> Results Based Accountability™ was developed by Mark Friedman, author of Trying Hard Is Not Good Enough.



## Kupu whakamarama

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*Good strategy is a mix of policy and action designed to accomplish a significant challenge.<sup>1</sup> A strategy is dependent on a good understanding of the of the challenge, how to approach the problem and action. Strategy is about making choices (including what not to do) and allocating resources to align with achievement of those choices.<sup>2</sup> Strategy is about having a clear vision that can be implemented to meet the interests of all stakeholders.*

This strategy outlines the choices and actions to be taken in response to the challenge of achieving equitable health outcomes for Māori. This strategy is about responding to persistent health inequalities by advocating for effective health policy, providing leadership in the design of effective models of care for whānau and by growing the Māori registered nursing workforce from 7 to 17% to match the projected increase in the Māori population by 2028. To put this into context, this will mean a further 850 Māori registered nurses will be required annually over the next decade.<sup>2</sup>

Despite the desire to increase the Māori nursing workforce, the majority of nursing care in Aotearoa will be provided by non-Māori nurses, with over 25% of the current workforce having trained overseas.<sup>3</sup> This means that the setting, refining and the ongoing assessment of standards for culturally safe practice to ensure all people are cared for *regardful* of those things that make unique, remains a challenge.

The concept of cultural safety arose from the experience of Māori in the health care system, from the unnecessary loss of whānau members; reduced life expectancies and impaired quality of life.<sup>4</sup> Decades later, these inequalities persist. Cultural safety is an educational process that prepares nurses to understand their own values and beliefs and recognise that people from other cultures may not share them. It means being non-judgemental and respectful in relationships with people whose culture and worldview is different from your own; and being flexible and skillful in responding and adapting to different cultural contexts and circumstances. Cultural safety practice is about improving trust in a system that consistently delivers inequitable health outcomes to Māori.

Setting standards for clinical competence, cultural competence [safety], and ethical conduct to be observed by nurses is the role of the Nursing Council of New Zealand.<sup>5</sup> These standards are not static and should be regularly reviewed. The seminal report by Dr Irihapeti Ramsden - *Kawa Whakaruruhau: Cultural Safety in Nursing Education*<sup>6</sup> strongly recommended that teachers of cultural safety meet regularly to review and improve national teaching standards for cultural safety. Therefore, for the purposes of this strategy, Kawa Whakaruruhau is defined as the protection of cultural safety standards and teaching practices in nursing curricula.

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<sup>2</sup> The number of RNs who identify as Māori has increased from 3,224 in 2011 to 3,709 (an increase of 15 percent) in 2017.

<sup>3</sup> Nursing Council of New Zealand. (2015). *The New Zealand Nursing Workforce: A profile of Nurse Practitioners, Registered Nurses and Enrolled Nurses 2014–2015*. Wellington.

<sup>4</sup> Ramsden, I. *Cultural Safety: Implementing the Concept*. The social force of nursing and midwifery. In *Mai i Rangiātea – Māori Wellbeing and Development*. (Auckland: Auckland University Press, 1997). p 113 – 125.

<sup>5</sup> s118 (i) Health Practitioners Competence Assurance Act (2003).

<sup>6</sup> Ramsden, I. (1990) *Kawa Whakaruruhau: Cultural Safety in Nursing Education in Aotearoa*. Wellington



## Kupu whakataki

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*The first national hui was held in February 1984 at the Te Paea Memorial Marae in Mangere with Te Arikinui Dame Te Ātairangikaahu in attendance, along with the then – Department of Health director of nursing Dame Margaret Bazley and Health Minister Aussie Malcolm. At that hui, it was decided that the Māori nurses group would be called the National Council of Māori Nurses - Te Kaunihera o Ngā Neehi Māori o Aotearoa, and the council's kaupapa was to be Waerea te ara ki te ora – Clearing the way towards total health and wellbeing.*

Te Kaunihera o Ngā Neehi Māori o Aotearoa was established in 1983 and became an Incorporated Society in 1984. Te Kaunihera has a constitution that outlines the rules and processes that the organisation is required to comply with. The constitution has been revised periodically and is administered by the Executive Committee.

Te Kaunihera is led by an Executive Committee made up of representatives from regional branches based on the Maori electoral districts. Regional branch committees work at a local level to support the objectives of Te Kaunihera and disseminate information to members. Te Kaunihera elects a President every three years as part of the Annual General Meeting (AGM). The Executive Committee is supported by a small secretariat that is outsourced. The Executive Committee are responsible for the development of a strategic plan, the annual plan (to deliver the strategy) and the budget.



## Kaupapa kōrero

*Waerea te ara ki te ora*

*Clearing the way toward total health and wellbeing*

Our kaupapa captures our hopes and aspirations and provides direction for setting goals and actions. To the extent that we wish to:

- Promote whānau ora and ensure we provide energetic leadership in preserving and promoting the unique position Māori nurses have in achieving outcomes through our health and nursing contributions.
- Ensure that the values of the collective of Māori nurses are maintained, practised and supported in every aspect of our activities.
- Re-build and maintain communication with all Te Kaunihera o Ngā Neehi Māori o Aotearoa Branches and stakeholders by actively engaging their input at all levels of branch and regional activities to provide opportunities for their contributions towards hauora Māori / whānau ora in the wider health, nursing, education and social sectors.
- Develop greater capacity within Te Kaunihera o Ngā Neehi Māori o Aotearoa in terms of human, technical and financial resources.
- Ensure effective development and integration of our programmes and projects with an efficient infrastructure to meet demands and future growth.

Our values guide the way we operate and influence all of our actions. They are inter-related and inter-dependent. These values are:

|                       |  |
|-----------------------|--|
| <b>Tika</b>           | We value actions that are fair and just, brought about by having proper processes in place. We respect and apply the learning's of our tupuna.   |
| <b>Pono</b>           | We believe in acting with integrity when making our decisions, particularly those that impact whānau wellbeing and potential.  |
| <b>Aroha</b>          | We value our resourcefulness and ability to care. Therefore we treat ourselves and others with respect and compassion, especially those affected by inequalities and inequities that limit their life's potential. |
| <b>Whanaungatanga</b> | We believe in fostering kinship and whakapapa. We want to link with other like-minded stakeholders for meaningful interactions of common interests in order to meet outcomes that we both accept and agree to.     |
| <b>Kaitiakitanga</b>  | We care for our people and our environment. We believe in the importance of practices that preserve best (cultural) practices and respect the resources that sustain us.   |
| <b>Kotahitanga</b>    | We value working together with others of like-mind to achieve good health and wellbeing.   |
| <b>Manaakitanga</b>   | We value the ability to express love, caring and hospitality towards people. We believe in showing concern and respect for the rights of others.   |

Table 2: Values of Te Kaunihera o Ngā Neehi Māori o Aotearoa



## Whakatakoto kaupapa

The development of a 3-year strategy has been largely organised around three key questions: *Where are we now? Where do we need to go? How do we get there?*

To answer these questions, key documents and reports from the last few years were reviewed. The documents included the current constitution, previous strategic plans; business plans and annual reports. From these previous plans, key themes such as supporting Māori nursing workforce development and fostering organisational sustainability were identified.

These key themes were tested with the Executive Committee in terms of alignment with the kaupapa and a short analysis of the strengths, weaknesses, opportunities and threats to Te Kaunihera o Ngā Neehi Māori o Aotearoa was presented to determine what areas of development Te Kaunihera o Ngā Neehi Māori o Aotearoa should continue to build on – such as strengthening regional branches and growing the membership – and what activities were less achievable – such as auditing and monitoring cultural safety standards in undergraduate nursing curricula.

### Strengths

- Long standing **history** and contribution to nursing and health care in Aotearoa
- **Indigenous** nursing organisation
- Leadership of kawa whakaruruhau in nursing education
- Long standing support for nursing tauirā
- National and regional branches
- Relationships with a large network of stakeholders
- Energetic Māori nursing leadership

### Weaknesses

- Small non-government organisation
- Limited membership base
- Limited capacity to implement strategic objectives
- Lack of information and market presence

### Opportunities

- Alliances and relationships with other professional organisations
- Leadership of health equity for whānau
- Greater membership benefits
- Social media and technology for communication
- New funding opportunities
- Promotion of Whānau Ora models of care

### Threats

- Changes to MPDS funding policy
- Lack of credibility and understanding of role in the sector
- Tauirā and Māori nurses have choices in nursing organisation membership

Figure 2: NCMN SWOT analysis

Executive Committee members were also asked to consider the format for a strategic plan which would succinctly outline the strategic objectives of Te Kaunihera o Ngā Neehi Māori o Aotearoa to the membership and key stakeholders. This resulted in a 'plan on a page' as the preferred option (Appendix 1). The strategy is supported by an implementation plan which outlines actions to be taken over the next three years (Appendix 2). Progress against the strategy will be reported to members annually.

## Appendix 1: Te Rautaki o Te Kaunihera o Ngā Neehi Māori: 2017-2020



Te Kaunihera O Nga Neehi Maori O Aotearoa  
National Council of Maori Nurses  
est 1983

### Te Kaunihera o Ngā Neehi Māori Strategic Plan 2017 – 2020

*Kaupapa: Waerea Te Ara Ki Te Ora - Clearing the way toward total health and wellbeing*

*Ngā take: To contribute to the pursuit of hauora for Māori*

Ngā whanonga pono | Tika | Pono | Aroha | Whānaungatanga | Kaitiakitanga | Kotahitanga | Manaakitanga

| Ngā whāinga  | Ngā rautaki   |  |  | Ngā hua   |
|--|---|--|--|---|
| <b>Whaia te oranga</b><br>Clearing the way to wellbeing            | <b>Karanga Hauora</b> <ul style="list-style-type: none"> <li>Te Kaunihera will advocate for actions and approaches to achieve health equity for Maori in the development of national health policy</li> </ul> | <b>Whānau Ora</b> <ul style="list-style-type: none"> <li>Te Kaunihera will promote best practice in terms of whanau-centred and indigenous models of care and service delivery</li> </ul>                            | <b>Kotahitanga</b> <ul style="list-style-type: none"> <li>Te Kaunihera will work with other Māori professional organisations and Māori health providers to achieve better health outcomes for whānau</li> </ul>                | <i>Health equity for whānau</i>   |
| <b>Whai rangatiratanga</b><br>Leadership and workforce development | <b>Kia Tīpu</b> <ul style="list-style-type: none"> <li>Te Kaunihera will provide leadership in the development, planning and implementation of Māori nursing workforce initiatives</li> </ul>                 | <b>Kawa Whakaruruhau</b> <ul style="list-style-type: none"> <li>Te Kaunihera will advocate for quality teaching in the delivery of kawa whakaruruhau in nursing curricula</li> </ul>                                 | <b>Ngā Manukura</b> <ul style="list-style-type: none"> <li>Te Kaunihera will support the development of more Māori nursing leaders into positions where they are able to influence models of care and system change</li> </ul> | <i>More Māori nurses and nursing leaders</i>                                |
| <b>Whai mana motuhake</b><br>Sustainability                        | <b>Kia Whakapakari</b> <ul style="list-style-type: none"> <li>Te Kaunihera will continue to build and strengthen regional branches and grow Māori nursing and taura membership</li> </ul>                     | <b>Whiwhinga mahi</b> <ul style="list-style-type: none"> <li>Te Kaunihera will seek service development opportunities that align with our kaupapa to grow the capacity and capability of the organisation</li> </ul> | <b>Kaitiakitanga</b> <ul style="list-style-type: none"> <li>Te Kaunihera will adopt governance and administration practices and processes consistent with our values to improve organisational performance</li> </ul>          | <i>Continuation of the 30-year legacy of Te Kaunihera o Ngā Neehi Māori</i> |

□

## Appendix 2: Whakamahi Kaupapa: Te Kaunihera o Ngā Neehi Māori o Aotearoa Implementation Plan

| 1. Whaia te oranga   |  | <i>Clearing the way to wellbeing</i> |  |
|--|--|--------------------------------------|--|
| <p><b>Rationale:</b> Equity is a key foundation of New Zealand social policy, including health policy.<sup>7</sup> Despite this high-level goal, ethnic disparities in health remain entrenched with Māori experiencing poorer health and shorter life expectancies than non-Māori.<sup>8</sup> The conditions contributing to and maintaining health inequities in New Zealand are in direct contravention of the Treaty of Waitangi,<sup>9</sup> as well as being a breach of human rights and indigenous rights.<sup>10</sup></p> |  |                                      |  |
| This will be achieved by:  | Key Actions:   | By when                              | Success measures   |
| i. Advocating for actions and approaches to achieve equity for Māori.  | a) Develop skills database of Te Kaunihera o Ngā Neehi Māori o Aotearoa members who can represent the organisation on national working parties and/or contribute to policy submissions.<br>b) Te Kaunihera representatives participate at regional/ national and international nursing / Māori health and indigenous forums. | Dec 2017<br><br>Ongoing              | <ul style="list-style-type: none"> <li>Media statements/ interviews</li> <li>Submissions made</li> <li>100% attendance at NNO<sup>11</sup> and agreed national nursing/ Maori health forum.</li> </ul> |
| ii. Promoting best practice in terms of whānau-centred and indigenous models of care and service delivery.   | c) Whānau ora resources; evaluations and research findings are disseminated<br>d) Promote the integration of whānau ora principles and models of care in undergraduate curricula and clinical practice.  |                                      | <ul style="list-style-type: none"> <li>Research literature and data upload to website</li> <li>Conference presentations</li> <li>Articles published</li> </ul>   |
| iii. Working with other Māori professional organisations and Māori health providers to achieve better health outcomes for whānau.  | e) Identify opportunities for collaboration with other Māori health professional organisations, providers or stakeholders.<br>f) Explore options for co-hosting the national taura hui with other Maori organisations/providers.   | Ongoing<br><br>Jan 2018-20           | <ul style="list-style-type: none"> <li>Collaborative initiatives with key stakeholders and/or organisation.</li> <li>Joint media statements made.</li> </ul>   |

<sup>7</sup> Minister of Health. 2016. New Zealand Health Strategy: Roadmap of actions 2016. Wellington: Ministry of Health

<sup>8</sup> Blakely T, Ajwani S, Robson B, et al. Decades of disparity: widening ethnic mortality gaps from 1980 to 1999. NZ Med J. 2004;117.

<sup>9</sup> Reid P, Robson B, Jones CP. Disparities in health: common myths and uncommon truths. Pac Health Dialog. 2000; 7:38-47.

<sup>10</sup> Human Rights Act. In: The statutes of New Zealand, 1993; U.N. United Nations Declaration on the Rights of Indigenous Peoples. Geneva: United Nations; 2007; U.N. Implementation of General Assembly Resolution 60/251 of 15 March 2006 Entitled "Human Rights Council". Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Paul Hunt. Geneva: United Nations; 2007.

<sup>11</sup> National Nurses Organisation (NNO) is the forum that represented by all the national nursing organisations including the Chief Nurse, Ministry of Health.

| <b>2. Whai rangatiratanga</b>   |  | <b>Leadership and workforce development</b> |   |
|---|--|---|---|
| <b>Rationale:</b> Māori [clinical] leadership will facilitate wider acceptance of Māori thinking, frameworks and ideologies as well as integration of these into institutions and New Zealand's health system. <sup>12</sup> Leadership combined with more Māori nurses who are more likely to understand the needs of whānau is likely to lead to more culturally appropriate services for Māori and in the longer term, perhaps even more equitable care. |  |   |   |
| <b>This will be achieved by:</b>  | <b>Key Actions:</b>  | <b>By when</b>                              | <b>Success measures</b>   |
| i. Providing leadership in the development, planning and implementation of Māori nursing workforce initiatives.   | a) Support the development of a national Māori nursing workforce development plan.<br>b) Market and promote nursing as a career and nursing undergraduate programmes, (including scholarships) to Māori communities and stakeholders in partnership with Māori workforce programmes, organisations and key stakeholders.<br>c) Monitor workforce trends including the employment of Māori new graduate nurses. | June 2018<br><br>Ongoing<br><br>Dec/ June   | <ul style="list-style-type: none"> <li>National Māori nursing workforce strategy developed</li> <li>National workforce targets are achieved</li> <li>100% of Māori new graduates are employed per annum.</li> </ul> |
| ii. Advocating for quality teaching in the delivery of kawa whakaruruhau in nursing curricula.  | d) Scope options to review the delivery of kawa whakaruruhau in undergraduate curricula and implement the preferred option.<br>e) Work with Wharangi Ruamano to identify the standards and competencies for teaching kawa whakaruruhau.  | June 2018<br><br>June 2018                  | <ul style="list-style-type: none"> <li>Literature review developed</li> <li>Options paper submitted and preferred option approved and implemented.</li> <li>Competencies identified.</li> </ul>                     |
| iii. Supporting the development of more Māori nursing leaders into positions where they are able to influence models of care and system change.   | f) Promote leadership training programme to members and stakeholders.<br>g) Disseminate nursing/ leadership role vacancies to members.<br>h) Promote Health Workforce New Zealand funded post – entry/ post graduate clinical training opportunities to membership.  | Ongoing                                     | <ul style="list-style-type: none"> <li># members who complete training</li> <li># of members appointed to senior roles; DHB or similar boards/ committees</li> <li># of members in post-graduate study.</li> </ul>  |

<sup>12</sup> Burrell, M., Moore, D., & Cumming, J. (2005). The economic and social benefits of increasing the professional Māori health workforce. Wellington: The Health Workforce Advisory Committee.

| 3. Whai mana motuhake  |  | Sustainability            |   |
|--|--|---------------------------|---|
| <p><b>Rationale:</b> <i>Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He nui rawa ou mahi, kia kore e mahi tonu.</i> You have come too far, not to go further. You have done too much, not to do more (Ta James Henare). Te Kaunihera was established in 1983 in response to a lack of Māori nursing and health leadership in the sector. Thirty years later the need for Māori health leadership remains unchanged. This means having robust accounting and financial practices, achieving agreed business objectives within budget and ensuring there is good governance in place to continue the legacy for the next 30 years.</p> |  |                           |   |
| This will be achieved by:  | Key Actions:   | By when                   | Measures  |
| i. Continue to build and strengthen regional branches and grow Māori nursing and taura membership.   | a) Develop and implement communication and social marketing plan to raise the profile of Te Kaunihera o Ngā Neehi Māori o Aotearoa and promote the benefits of membership. | December 2017 and ongoing | <ul style="list-style-type: none"> <li>• 10% new members</li> <li>• 80% of current members re-subscribe online.</li> <li>• 50% response rate to survey</li> <li>• 50% of membership attend one or more hui</li> <li>• &lt;50 taura attend hui-a-tau</li> </ul>      |
|  | b) Establish database to support communication with members that interfaces with web-based functions (including financial software application).                           | March 2018                |   |
|  | c) Undertake annual consultation process (including face to face; online survey) to identify membership requirements and inform strategic planning.                        | March 2018 - 20           |   |
|  | d) Review membership fee structure and online payment options.   | March 2018                |   |
| ii. Seek service development opportunities that align with our kaupapa to grow the capacity and capability of the organisation.  | e) Business cases to secure funding to implement strategic objectives developed.   | Ongoing                   | <ul style="list-style-type: none"> <li>• 1 successful proposal / per annum</li> <li>• % revenue growth</li> <li>• Contract deliverables met</li> </ul>  |
|  | f) Seek sponsorship and grants for specific events and activities.   | Ongoing                   |   |
|  | g) Explore new web-based professional development initiatives for members.   | June 2018                 |   |
| iii. Adopt governance and administration practices and processes consistent with our values to improve organisational performance  | h) Utilise Maori Provider Capacity Assessment Tool (MPCAT) to identify strengths and challenges and establish capacity building goals.                                     | December 2017             | <ul style="list-style-type: none"> <li>• Fiduciary obligations met</li> <li>• Remits approved</li> <li>• Office bearers retained</li> <li>• Current Ratio (CA/CL) or the 'can you pay your bills' ratio</li> <li>• Breakeven budget (or better) achieved</li> </ul> |
|  | i) Develop 3-year Organisational Development Plan (ODP) based on MPCAT assessment and integrate into annual planning processes.  | June 2018                 |   |
|  | j) Review governance policies and processes to ensure alignment with current standards.  | June 2018                 |   |
|  | k) Provide governance training for EC members and regional office holders to ensure a comprehensive understanding of fiduciary duties every other year.                    | June 2018                 |   |
|  | l) Review constitution to align with strategic objectives and develop remits for ratification at AGM.  | March 2018;               |   |
|  |  | 2020                      |   |