



### **Trustee Recruitment Information**

Thank you for your interest in joining the board of Sepsis Trust NZ.

Please find attached background information and reasons for change, and details on the skills being sought for the Trust.

To apply for the role of trustee (and/or the role of Chair and/or Treasurer), please send your application in the first instance to Michelle Crook at [michelle@sepsis.org.nz](mailto:michelle@sepsis.org.nz)

The deadline for applications is 25 February, with interviews to be conducted in the following two week period.

It is intended that appointments be made mid-March and that new trustees join for their first online meeting on Thursday April 16 at 6pm.

*Four vacancies are available. However, not all roles will be filled if suitable candidates are not forthcoming. This will leave scope for the new board to make appointments as and when required, or as and when suitable candidates are identified.*

## Background on the Trust

The New Zealand Sepsis Trust was established in 2017 as a registered NZ charity. It was initiated by three founding (and current) Clinical Trustees with a passion to raise awareness of sepsis in New Zealand and to reduce the harm it causes through early identification and treatment plans.

The registered purpose of the Trust is:

- to provide education and support for all persons resident in New Zealand in respect of sepsis
- to promote and protect the physical and mental health of sufferers of sepsis in New Zealand through the provision of support, education, and practical advice
- to provide training of healthcare professionals in New Zealand in diagnosis and treatment of sepsis

You can read more about the Trust [here](#) on the Charities Register. This listing includes past Annual Reports, Financial Statements and summaries of activities.

## Operational Activities of the Trust

The day-to-day activities of the Trust are broken down under four key pillars of activity:

1. Public Awareness and Education.
2. Healthcare Education and Training.
3. Support for Survivors of Sepsis and their Whānau.
4. Advocacy/Research/Data Collection and Collation

Over the past decade, all activities have been advanced, however, there was a prioritisation of Pillar 2 as this was regarded as fundamental to improved and sustainable health outcomes (i.e. an educated healthcare environment optimises outcomes when patients present with signs of sepsis).

Key highlights for the Trust over the past decade have included:

1. The coordination of over 20 plus entities resulting in the publication of a [National Sepsis Action Plan Consultation Document](#) in 2021.
2. The trial of a sepsis quality improvement programme in Taranaki Hospital based on successful UK trials, overseen by trustees.
3. The appointment of dedicated Support personnel including New Zealand's only dedicated sepsis Clinical Nurse Specialist.
4. Publication of the Sepsis Quality Improvement Programme in 2025/2026 for in-hospital and pre-hospital environments, created and delivered by the Trust in partnership with HQSC (Health Quality & Safety Commission)

Underpinning these activities, the Trust is heavily focused on its own financial sustainability, with current funds to hand (~\$100,000) sufficient for one full year of activity at current levels.

## **Contractual Obligations**

As at January 2026, the Trust has two contracts in place. One for a contracted CEO to year end 2026 (with a two month notice period by either party) and one for a contracted Facebook Support Coordinator (to June 2026).

*Ally Hossain, CEO*

[Global Sepsis Alliance Board Member 2025-2028](#)

Ally is a communications & community engagement specialist, bringing more than 25 years of experience to the Trust. As a former journalist and communications educator in the UK, Australia & New Zealand, she has a wealth of knowledge in understanding what matters to people.

Ally also brings firsthand experience to this position after her son had sepsis in 2024 and she is fiercely passionate about her role as a result.

Ally is responsible for overseeing the day to day activities of the Trust, formulating the public & health clinician awareness campaigns around sepsis, our media outreach, and our advocacy for better sepsis prevention and treatment in Aotearoa New Zealand.

*Carol Goldie-Anderson, Survivor Support and Connection Facebook Moderator*

Carol is a support and education specialist in the field of change, loss and grief. She has spent the last 30 years facilitating programmes and groups with people seeking support following life-changing events.

As a sepsis survivor herself, Carol has firsthand experience in the recovery journey, and now brings her skills, understanding and knowledge to this newly enhanced role.

Carol has an MA in Human Services, and a depth of involvement in the not-for-profit sector from volunteer to training and senior management roles.

Her focus is on fostering conversations and outreach with sepsis survivors and whānau.

You can find out more about the Trust's current activities here:

[www.sepsis.org.nz](http://www.sepsis.org.nz)

<https://www.facebook.com/sepsistrust.nz>

<https://www.facebook.com/groups/sepsissupportnz>

The Annual WorkPlan for 2026/2027 is being led by the CEO and is currently under development. It is to be presented to Trustees at the April meeting (when it is anticipated that new trustees will be appointed and on-board).

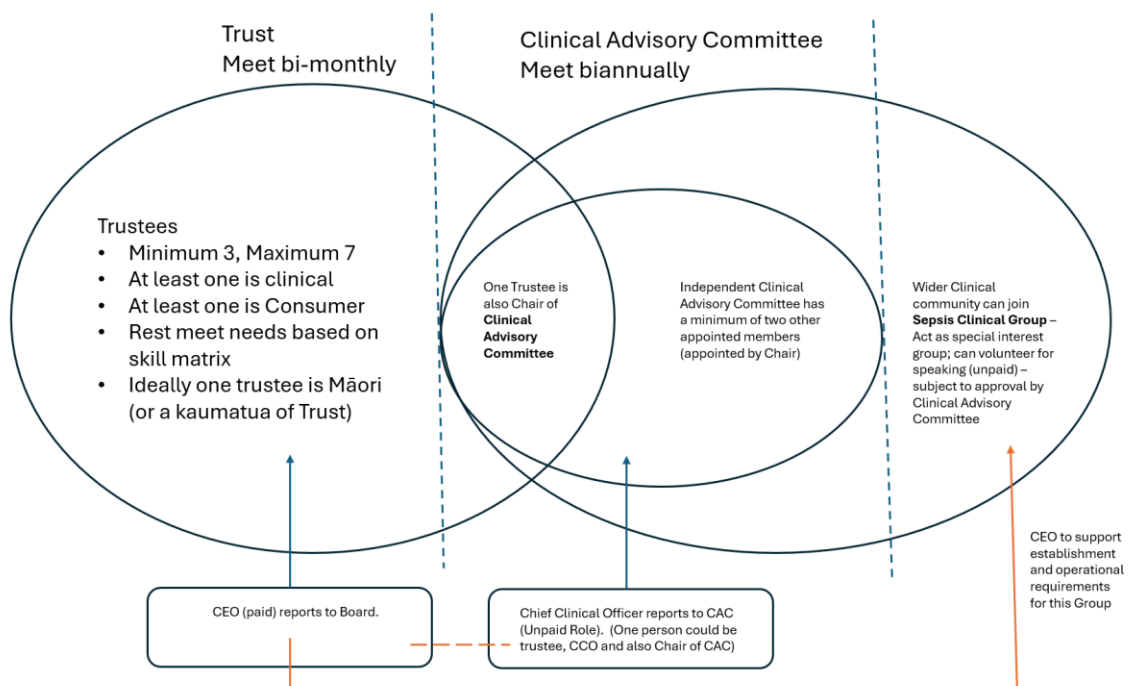
## Background on Governance Changes

In the latter part of 2025, Trustees resolved to change its structure by way of adding an independent Clinical Advisory Committee (CAC) to be filled by the three founding trustees, with one to be appointed as Chair.

Additionally, the Chair would take one of the seven available seats on the Trust and act as the conduit between the Trust and the committee.

Over and above this, for operational purposes, the CAC was to be tasked with appointing a Chief Clinical Officer who would act in a voluntary capacity to support the CEO.

## Proposed Structure



## Proposed activities of CAC

- Provides clinical expertise.
- Reviews and decides on clinical matters referred by the Trust Board.
- Provides guidance on clinical safety, quality, and best practice
- Advises on clinical aspects of programmes, advocacy, and partnerships
- The Trust Board retains ultimate accountability but will rely on the CAB for clinical determinations.
  - i.e the CAC does not hold fiduciary responsibility.
- Tenure and renewal process to be developed with the Chair of the CAC and Trust to allow for new committee members, and retention of IP as part of succession planning.

## Implications of this Decision

- Current trustees have been given first opportunity to continue in their roles, with their start date determining the maximum duration of their tenure based on a new rotation plan to be implemented 1 April 2026 (see below). Three trustees have elected to continue on this basis (one, Paul Huggan as CAC Chair)
- This leaves vacancies for a maximum of four additional trustees to be appointed based on skills matrix and Trust's current and future needs.

## Proposed Tenure (Rotation Policy)

It is intended that Trustees be appointed for a term of three years and may serve a maximum of two consecutive terms. Trustees who reach the maximum term must step down for a minimum of one year before being eligible for reappointment. Trustee terms shall be staggered to ensure continuity of governance and retention of institutional knowledge.

Name	Appointment Date	Last Date for Service (72 months)
Ashvindev Singh (incumbent) Previous Chair	1 August 2021	31 July 2027
Chris Green (incumbent and Consumer Rep)	24 June 2025	23 June 2031
Dr Paul Huggan (Proposed Chair CAC and Chief Clinical Officer)	1 April 2026	At the discretion of the CAC.
Trustee 4 – position held open for Kaumatua or Māori appointee	1 April 2026	31 March 2032
Trustee 5	1 April 2026	31 March 2032
Trustee 6	1 April 2026	31 March 2032
Trustee 7	1 April 2026	31 March 2032

## *Exiting (Founding) Trustees to serve on CAC*

Daniel Raymond Dobbins (appointment date 26/09/2017)

Robert Adam Martynoga (appointment date 26/09/2017)

## Remuneration

These are voluntary trustee roles. Reimbursement of pre-approved expenses is provided for.

## Timeline

- January 2026 – advertise roles (close 25 February)
- Late February / Early March 2026 – interviews
- Mid March 2026 – make appointments and begin exit of clinical trustees and on-boarding of new trustees.
- First meeting FY26 – April 16 at 6pm (online meetings are held on the third Thursday every second month, but this may be reviewed by the incoming board).
- Subsequent meetings are scheduled for June, August, October, December, February (2027).

## **Vacancies**

### **Chair – Board of Trustees, Sepsis NZ Trust**

#### About the role

The Chair provides leadership to the Board, supports effective governance, and works in partnership with the Chief Executive and trustees to ensure the Trust is well governed, strategic, and sustainable.

#### Key responsibilities

- Lead and facilitate effective Board meetings and decision-making
- Provide governance leadership and ensure trustees meet their fiduciary duties
- Support strategic planning, risk oversight, and organisational performance
- Act as an ambassador for Sepsis NZ Trust with key stakeholders
- Foster a respectful, inclusive, and high-functioning Board culture

#### Essential criteria

- Proven governance or leadership experience (board, committee, or senior leadership)
- Strong understanding of trustee and Chair responsibilities
- Ability to lead complex discussions and build consensus
- High integrity, sound judgement, and strategic thinking capability
- Commitment to the kaupapa and values of Sepsis NZ Trust

#### Highly desirable

- Experience in the health, charity, or public sector
- Understanding of the New Zealand funding or not-for-profit landscape
- Experience working with diverse boards, including lived-experience and Māori voices

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### **Treasurer – Board of Trustees, Sepsis NZ Trust**

#### About the role

The Treasurer works closely with fellow trustees and management to ensure sound financial governance, transparency, and compliance.

#### Key responsibilities

- Oversee financial reporting, budgeting, and cashflow monitoring
- Support the Board to understand financial risks and opportunities
- Support annual reporting requirements
- Contribute to funding sustainability and financial planning discussions

- Ensure financial practices align with charity sector best practice

#### Essential criteria

- Strong financial literacy and confidence interpreting financial reports
- Experience in finance, accounting, budgeting, or financial oversight
- Understanding of governance responsibilities in a charitable trust context
- Ability to explain financial information clearly to non-financial trustees

#### Highly desirable

- Experience in the New Zealand charity or not-for-profit sector
- Knowledge of the NZ funding landscape (grants, philanthropy, contracts)
- Previous experience as a treasurer or finance-focused board member

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### **General Trustee, Sepsis NZ Trust**

Noting, we are particularly interested in candidates who bring lived experience, health system knowledge, Māori, Pasifika and other culturally grounded community leadership, or community and funding expertise.

#### About the role

Trustees contribute to the strategic direction, governance, and oversight of the Trust, working collectively to advance better sepsis outcomes in Aotearoa New Zealand.

#### Essential criteria

- Commitment to the purpose and values of Sepsis NZ Trust
- Willingness to learn and uphold trustee responsibilities
- Ability to contribute constructively to governance discussions
- Collaborative and respectful approach to decision-making
- Time and capacity to actively participate in Board meetings

We are especially keen to hear from people with:

- Lived experience of sepsis (survivors or family/whānau members)
- Clinical or health system experience (primary or secondary care)
- Māori governance, health, or community leadership experience
- Knowledge of the NZ charity or funding landscape
- Experience in advocacy, community engagement, or partnerships

*(Previous governance experience is welcome but not essential for all trustee roles.)*





## **FAQs**

### **What is the incidence of Sepsis in New Zealand?**

Sepsis is a common and potentially fatal consequence of infection that affects large numbers of New Zealanders - with an estimated 50,000 people developing sepsis each year in Aotearoa.

Approximately 80% of these cases originate outside hospital settings (community-acquired), meaning early recognition and timely escalation of care in the community is critical.

### **What do we know about Equity?**

Māori and Pacifica experience disproportionately higher rates of sepsis and sepsis-related mortality, representing around 34 % of identified sepsis cases in hospital settings despite being a smaller share of the population, and are more likely to be affected at younger ages and with greater comorbidity. Yet despite this documented excess burden, community awareness and recognition of sepsis symptoms remain low, contributing to delays in presentation and treatment.

### **Why is Change Required at a Governance and Clinical Leadership Level?**

- The Sepsis Trust's work increasingly intersects with complex clinical guidance, sector partnerships, public awareness, healthcare education, support for survivors and public-facing advocacy.
- As the Trust grows, there is a need to strengthen both governance and clinical oversight, allowing trustees to focus on governance, strategy, and fiduciary responsibilities and clinicians to focus on clinical matters and networks.

### **What systems does the Sepsis Trust use to administer the organisation?**

- Sharepoint
- Xero
- Rocketspark website
- Mailchimp
- Raisely
- CRM to be determined