

Trustee position description

Background

The Midlands Regional Health Network Charitable Trust (the Trust) was established to bring together a number of key health providers together in the Midlands Region. The region covers areas of Gisborne/Tairāwhiti, Lakes, Waikato and Taranaki, and encompasses the responsibility for the primary care of almost 500,000 New Zealand's lives.

The key founding partners that have come together to form the Trust, include:

- Pinnacle Incorporated
- Tui Ora Limited
- Te Hauora o Turanganui a Kiwa.

Trust objectives

The objectives of the Trust, as set out in the Trust Deed are as follows:

- (a) To achieve equitable health outcomes for the Enrolled Patients and all communities within the Midlands Regional Health Network, including working with Māori, Pacific peoples, and other priority populations guided by the Te Tiriti o Waitangi/Treaty of Waitangi principles of:
 - (i) Tino Rangatiratanga/self determination
 - (ii) ManaTaurite/equity
 - (iii) Whakamarumarutia/active protection
 - (iv) Kōwhiringa/options
 - (v) Pātuitanga/partnership;
- (b) To enable and support Tino Rangatiratanga through meaningful partnership with iwi, hapū, Māori and other communities within the Midlands Regional Health Network, in the design, delivery, and monitoring of health services, including ensuring culturally safe and appropriate healthcare that recognizes te ao Māori models of care. Te Tiriti o Waitangi also recognises as part of the broader Tiriti partnerships, Pasifika, with their shared understanding of Te Tiriti principles and its potential healthcare relevance for Pasifika communities;
- (c) To plan, develop and implement a community-based collaborative approach to healthcare that:
 - (i) Responds to the diverse needs of all communities including rural populations
 - (ii) Actively protects and promotes Māori health interests and outcomes
 - (iii) Supports both Enrolled Patients and eligible unenrolled populations
 - (iv) Recognises and responds to changing health sector needs including aging and other changing demographics;

- (d) To foster and support collaboration between mainstream and Māori health providers to:
- (i) Deliver services effectively and equitably
 - (ii) Enable different ways of service delivery that respects cultural preferences
 - (iii) Ensure active protection of Māori rights and interests in health care
- (e) To do all such lawful acts, matters and things that are charitable under the law of New Zealand as are incidental or conducive to the attainment of any or all of the purposes and objects of the Trust.

Te Tiriti o Waitangi / Treaty of Waitangi

In attaining its purposes, the Trust shall recognise and honour the principles of Te Tiriti o Waitangi and in particular:

Partnership: working together with iwi, hapu, whanau and Māori communities to develop strategies for Māori health gain and appropriate health and disability services;

Participation: involving Māori at all levels of the health care sector including, in decision-making, planning, development and delivery of health and disability services;

Protection: working to ensure Māori have at least the same level of health as non-Māori and safeguarding Māori cultural concepts, value and practices.

Major Board responsibilities include:

- (a) Oversight of long-range strategic direction for the enterprise, goals, and policies to guide service provision.
- (b) Oversight of the Trust's financial performance.
- (c) Oversight of quality performance for all contracted services, which includes clinical quality, service, and safety performance.
- (d) Oversight and approval of member governance documents, policies, and procedures.
- (e) Evaluate Board performance.
- (f) Establish a Board committee structure and delegate the Board's work to committees as appropriate.
- (g) Monitor ethical, legal, and audit compliance and assess business risks.
- (h) Work to identify opportunities to strengthen the relationships and working opportunities between the founding partners and the communities.

Trust structure

The Trust Board is made up of eight (8) members:

- Three (3) Clinical Representatives from Founding GP Provider Networks;
- Two (2) Founding Māori Partner Representatives;
- Two (2) Community Representatives; and
- One (1) Independent Trustee to act as Chair.

Community representative eligibility

Trustees must be enrolled in a Pinnacle Midlands Health Network (Pinnacle MHN) practice.

Trustees cannot be employees of Pinnacle MHN or of any entity providing professional services on behalf of or to Pinnacle MHN.

Trustee qualifications include:

- (a) Ability to provide wise, strategic, ethical, and independent counsel on a range of complex business issues and decisions even when it means taking a tough position.
- (b) Proven leadership, facilitation, and collaboration skills with a demonstrated capacity to serve in a Board leadership role.
- (c) Strong team player with excellent interpersonal and communication skills.
- (d) Cultural competency – strong understanding of te ao Māori and Pasifika worldviews in healthcare.
- (e) Sufficient time and interest for full engagement as a significant contributor to the Board.
- (f) Financial/business acumen.
- (g) Community knowledge – experience in rural health challenges, aging populations or priority populations needs.
- (h) Experience monitoring and supporting organisational change.
- (i) Ability to function well as part of a group; be an effective team member and ask well thought-out, tough questions.
- (j) Previous governance experience.
- (k) Knowledge of health care issues, health care delivery systems.
- (l) Other exceptional knowledge/background that will allow the candidate to make a special contribution to the Trust Board.

Conduct of trustees

Ensuring that all persons associated with the Trust are of the highest integrity is vital to our long-term success as an organisation, and to our reputation in the communities we serve.

All Trustees will therefore ensure that they:

- (a) At all times act with honesty and integrity;
- (b) At all times act in good faith and in the interests of the Trust without preference to their own interests or the interests of another organisation;
- (c) Disclose any actual or potential conflicts of interest as soon as they are aware of the conflict(s) which will then be managed by the Board on a case by case basis;
- (d) At all times exercise due care and diligence, attend meetings and devote sufficient time to preparations to allow for full and appropriate participation in the Board's decision making;
- (e) Not disclose any confidential information to any persons other than as agreed by the Board or required by law;
- (f) At all times abide by the Board's decisions once reached;
- (g) At all times act in accordance with their fiduciary duties, complying with the spirit and letter of the law, recognising the moral and legal duties of the role.

Length of term

Each appointment to the Trust Board will be two years, which may be renewed up to a maximum of three consecutive terms.

Meetings and time commitment

The board meets at such times and places as it determines but have a minimum of four meetings annually. Meetings can be held in each of the districts or online.

Fees and expenses

Trustees receive a per meeting attendance fee; with all other reasonable trustee expenses (such as travel to and from board meetings) shall be reimbursed upon production of receipts and following approval by the Chair.