

Uganda Episcopal Conference
HEALTH COMMISSION
Uganda Catholic Medical Bureau



CATHOLIC HOSPITALS' CHARTER

[STANDARD FORMAT]

March 2003

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1. NAME AND IDENTITY OF THE HOSPITAL

The Hospital belongs to the network of Catholic Health Institutions in Uganda and is called ----- Hospital (*and Nurse Training Institute*¹) .

2. OWNERSHIP

2.1. The Legal and Registered Owner of the Hospital is the Roman Catholic Diocese of ----- in the person of the Board of Trustees of the diocese.

2.2. If not otherwise specified in this text, its annexes and in the Hospital bylaws, powers of signatory for the hospital are held by its Board of Trustees².

3. BRIEF HISTORY OF THE HOSPITAL

to be completed by each hospital

4. MISSION STATEMENT

This Mission Statement follows from the Mission Statement of the Uganda Episcopal Conference, which has been integrally adopted by the diocese of -----.

4.1. The Mission of ----- Hospital is, based on the imitation of Christ and His deeds, to promote life to the full and to heal. The hospital is therefore committed to a holistic, integrated and sustainable action in health. This includes treatment, prevention, health promotion, and training of health workers.

4.2. The hospital will aim to promote access to health care for the less privileged and vulnerable social groups, like women, children, the financially destitute, and the chronically ill. To this purpose the hospital is a non-profit making institution of the Church.

4.3. Since the person is at the centre of all activities of the hospital, a basic attitude of respect for the human dignity will be the guidance for all and no distinctions of ethnic origin, social status, religious or political affiliation will be made.

The principle of subsidiarity will therefore be applied with equity in all relationships within the hospital network.

4.4. Justice, universality and equality will mark the work of all the officers and staff members of ----- hospital. Their work will be done in a professional way and in a spirit of total dedication and transparency in accordance with the catholic ethical code. Human life being sacred, the basic attitude of all personnel will be the healing of the person with total respect for life.

¹ For hospitals which have a Nurse or other Paramedical Training text proposals are in *Italic*

² Whenever the Term “Bishop” is mentioned in this text, its annexes, and the hospital bylaws and regulation, it is intended the person of the Bishop of the Diocese, even when and if he is not the Chairman of the Board of Trustees.

5. HEALTH POLICY

----- Hospital is committed to - and shall implement the Policies of the Ministry of Health (*and Ministry of Education and Sport*) of Uganda and the relevant international health policies when these are not contradictory to the RCC ethical codes. It works in close collaboration with the Health Co-ordination Office of Diocese -----and the Uganda Catholic Medical Bureau (UCMB).

The hospital (*and school*) will adapt the policies to the situation of the population it is responsible for, and develop a plan of implementation at least every five years.

6. GOALS

In order to implement its mission and policy as stated above, ----- Hospital will strive towards the following goals:

6.1. Holistic approach

The hospital will endeavour to take the psychological, social and dimensions of the person into account in all its services.

In this perspective the hospital considers promotion of health and prevention of disease as integral part of its mission. It will allocate adequate time and resources to these services for its established catchment population. The active involvement of the communities, the political and religious leaders, church organisations and catholic schools, will be pursued in the promotion of health of the population.

6.2. Equity and sustainability

The hospital will actively pursue access to all services for the entire population, of its established area of responsibility, especially for the less privileged and vulnerable.

The hospital recognises that sustaining accessible and high quality services requires:

- Good management and continuous efficiency gains;
- Gaining reputation for quality, friendly, and compassionate service;
- Strict application of the not for profit rationale;
- Accountability and transparency;
- Specific skills, well founded arguments, and proven performance to access public and other funding sources.

6.3. Integration in the national and district health system

The hospital will operate as part of the national and -----district health system. (*To this effect it accepts the responsibilities attached to heading the Health Sub-district (HSD) of-----.*) The package of curative, preventive and promotional services, activities and support actions will be in accordance with the responsibilities for the hospital's catchment population (*and to the HSD functions*)³.

The hospital will pursue sound working relationship with the district health authorities and all the health units in the sub-district. Advocacy for the (*HSD*) population and full partnership will be based on the extent and quality of the

³ If applicable.

services provided, community participation and thorough knowledge of the community needs.

6.4. Professionalism, quality care and training

The hospital will pursue the highest professional level in carrying out its services, activities, planning and reporting. Quality care and compassionate, friendly attitude shall be the rule in the hospital. Formal training shall be promoted when needed, but emphasis shall be put on in-service training through the utilisation of existing resources in the catholic and national network. Development of human resources for the preventive and promotive actions as well as to strengthen the co-operation with the district will be emphasised.

6.5. Professional Training

The School will pursue high standards of training according to the national curriculum and the Hospital Mission and the RCC Ethical Code. The training and mentoring of students will aim at the development of the person as a self-responsible professional with a moral standard consistent with the RCC Mission in Health.

7. OBJECTIVES

The hospital aims at providing a healing environment for the sick, their families and communities, inspired by the example of Jesus Christ and guided by the Catholic Social and Ethical teachings.

For this reason the Hospital shall endeavour to achieve the following objectives:

- 7.1. To provide the curative services, as described for a HSD referral hospital, to the population of the established catchment area, to patients referred by other health units, and those requesting assistance;
- 7.2. To provide integrated preventive and promotive health care services to the people of the established catchment area in accordance with the stated national and catholic health policies;
- 7.3. To secure the presence in the Hospital of an Apostolic Community composed by Religious, Clergy and Catholic Lay-christians to animate the people of God gathered in the hospital.
- 7.4. To ensure that the services are financially accessible for the vulnerable and less privileged;
- 7.5. To plan, budget and manage the services in a cost effective and sustainable manner;
- 7.6. To collect, compile, analyse and use service provision and management information in view of improving the effectiveness of the health actions and the efficiency of the hospital;
- 7.7. To perform the duties related to the leadership of the Health Sub-district of ----
----- assigned by the ----- District Health Authorities. This will be done in close co-operation with the District Health Team, the ----- Local Council and with all the Lower Level Health Units, under the decentralised sub district health system. To this effect a Memorandum of Understanding will be negotiated and signed between the Hospital and the District Authorities, at least every 5 years, and / or at occurrence of strategic changes. Annually a work plan and budget will be agreed upon.

The duties will mainly consist of:

- i. being member of the DHMT;

- ii. planning, implementing, monitoring and evaluating the HSD health care services based on the national and district health and service delivery targets;
 - iii. support and supervise the Lower Level Health Units aiming to improve their performance;
 - iv. collecting, compiling and analysing HMIS data from the HSD and using the data to promote effective services and improved health;
 - v. *using the HSD budget according to the agreed HSD plan.*
- 7.8. To ensure that the hospital complies, each year, with the accreditation criteria set by the Archdiocesan Health Co-ordination and the UCMB.
- 7.9. *To select and train the students in accordance with the national curriculum and prepare for national examinations well ahead of time;*
- 7.10. *To plan, budget and manage the school in a cost effective way and sustainable way.*

8. GOVERNANCE AND ACCOUNTABILITY

The Owner of the hospital will be the Custodian of the Mission and maintain continuity of the hospital by assigning and delegating functions as follows.

8.1. The Board of Governors (BOG)

This is the supreme policymaking, governing and controlling organ for the internal and external actions of the Hospital. It is appointed by the Bishop. The functions and composition of the Board of Governors are in the Appendix -----

8.2. Hospital Management Team (HMT)

The HMT will be the top management in the hospital and is charged with the day to day running of the hospital, implementing the policies set up by the BOG, and providing the BOG with all the information required to determine the policies, monitor implementation and take strategic decisions. The HMT will assure the same day-to-day duties towards the District Health Authorities.

The officers of the hospital and their functions are detailed in Appendix -----

IN ALTERNATIVE

8.2. The Managing Organisation (MO)

IF THE HOSPITAL MANAGEMENT IS ENTRUSTED TO A MANAGING ORGANISATION CAPABLE OF PROVIDING ALL THE HEAD OF DEPARTMENTS THE CHARTER NEEDS TO GIVE SPECIFIC MENTION OF THIS.

8.3. Committees

Committees composed of members of the two organs and co-opted members when necessary will assist the two above bodies. Additional committees can be instated if developments indicate the need.

8.3.1. Executive Committee (Standing or Financial Committee)

The Executive Committee is charged with assisting the management team with developing sound financial policies and plans, monitoring and adapting implementation. The details regarding composition and functions are in Appendix -----

8.3.2. The Quality Assurance, Discipline & Grievance Committee

The Quality Assurance, Discipline & Grievance committee is charged with enabling the hospital bodies and staff to continuously improve the quality of the health services and to assure impartial management of discipline and grievances. The details on composition and functions are in Appendix---

8.3.3. The Pastoral, Social and Ethical Committee

The Pastoral, Social and Ethical Committee is charged with enabling the hospital bodies and workers to uphold the highest holistic care standards for health services as determined by the RCC in Uganda. The composition and functions are in Appendix----

8.3.4. The Recruitment and Training Committee

The Recruitment and Training Committee is charged with enabling the hospital bodies and workers to uphold transparent personnel development and promotion standards as determined by the RCC in Uganda, the hospital Charter and the human resource establishment and development plan.

8.3.5. Other Committees

Additional committees can and will be initiated when specific issues require more in-depth and speedy reactions.
Possible others are: Housing, practical research and regular evaluations, etc.

8.4. The Advisory Assembly

The Bishop and the hospital board will call an advisory assembly of representatives of all the stakeholders each year in view of accounting for the past year and to receive advisory inputs for the next year. The composition and functions of the Advisory Assembly are in the Appendix ----

9. MANAGEMENT OF FINANCIAL AND MATERIAL RESOURCES

9.1. The hospital is a Not for Profit organisation. The financial management will be ruled by the principles of accessibility for the poor, cost effectiveness, long-term sustainability and transparency.
To this purpose the officers of the Hospital shall manage the financial and material resources professionally.

9.2. The Hospital shall ensure that books of accounts are kept with respect to all financial and material resources received and expended as well as maintain an inventory of the fixed and other assets of the Hospital. The accounts will be audited externally at the end of each fiscal year by an auditor appointed by the Board of Governors in agreement with the Bishop.

9.3. *The same principles of financial management apply to the school. To this effect the school will have separate books and accounts to ensure full accountability and transparency.*

In case of financial and / or material exchanges between the hospital and school both set of accounts will reflect them clearly as income or expenditures (in case of in kind exchanges these will be valued at the going market rates).

The school will maintain its own fixed and other assets registers. The school accounts will also be audited externally at the end of each financial.

10. PARTNERSHIP

The Hospital will enter into partnerships, with Government and NGOs, for purposes of promoting health and the provision of effective health care services. These partnerships will only be undertaken with the approval of the BOG and the Diocesan Authorities and when the partner is willing to respect the identity and autonomy of the hospital.

11. DAILY IMPLEMENTATION OF THIS CHARTER

11.1. The principles and aims of this Charter will be translated in to guidelines and tools for implementation, which will be updated regularly in order to adapt to health service and hospital management needs. These instrument will at least consist in:

- The Code of Conduct
- The Code of Ethics of Catholic Health Services
- The Management Manual including
 - The Employment Manual/Human Resources Management manual
 - The Financial Management manual
 - The Material Resources Management manual

11.2. The BOG will install specific bylaws and regulations when the need arises. The HMT, committees and staff representatives will be consulted during the process of adapting existing instruments or devising new ones. Once adopted the instruments will be made known to all relevant internal and external stakeholders.

12. ORGANISATION OF THE HOSPITAL

12.1 The Hospital will be organised in departments, each of which will be headed by a professional with adequate qualifications, as specified in the hospital establishment and related job-description. The Head of each department will be Member of the Management Team

12.2. The Departments of the Hospitals will be:
Medical, headed by a doctor who will take the title of Medical Director⁴

⁴ The title of Director is reserved for those employees who have all the qualifications for the post as from Job Description. When the post is occupied by an employee who does not have all the necessary qualification the title of Head will be used. For example: a Senior Medical Officer without diploma (or Master) in HSM will be Head of Medical department. In practice this corresponds to an acting (Ag.) Medical Director. Although in theory any of the Directors could be appointed CEO, in practice it is

Nursing, headed by a nurse who will take the title of Nursing Director
Administration, headed by professional in administration/accounting/management
who will take the title of Administrative Director
Public Health, headed by doctor who will take the title of Public Health Director
Nurses training, headed by a Tutor who will take the title of Nursing Training Director
.....
.....

12.3. The HMT will be headed by a Chief Executive proposed by the Board of Governors and appointed by the Bishop from among the Members of the Team on the basis of professional profile, managerial skills, personal authority and loyalty to the Mission of the Hospital.

IN ALTERNATIVE

The HMT will be headed by a General Manager who will not be Head of department, appointed by the Bishop on the basis of professional profile, managerial skills, personal authority and loyalty to the Mission of the Hospital.

13. POWERS OF SIGNATORY

The powers of committing the Hospital and its assets pertain to the Owner who will, at his discretion, delegate them according to need within the frame of the existing laws.

14. AMENDMENT OF THIS CHARTER

This Charter and/or its annexes will be amended by the Bishop at any time changes in the internal and external environment will make it necessary, by own initiative or on proposal of the Board of Governors.

DATE:

LOCATION:

Signatories:

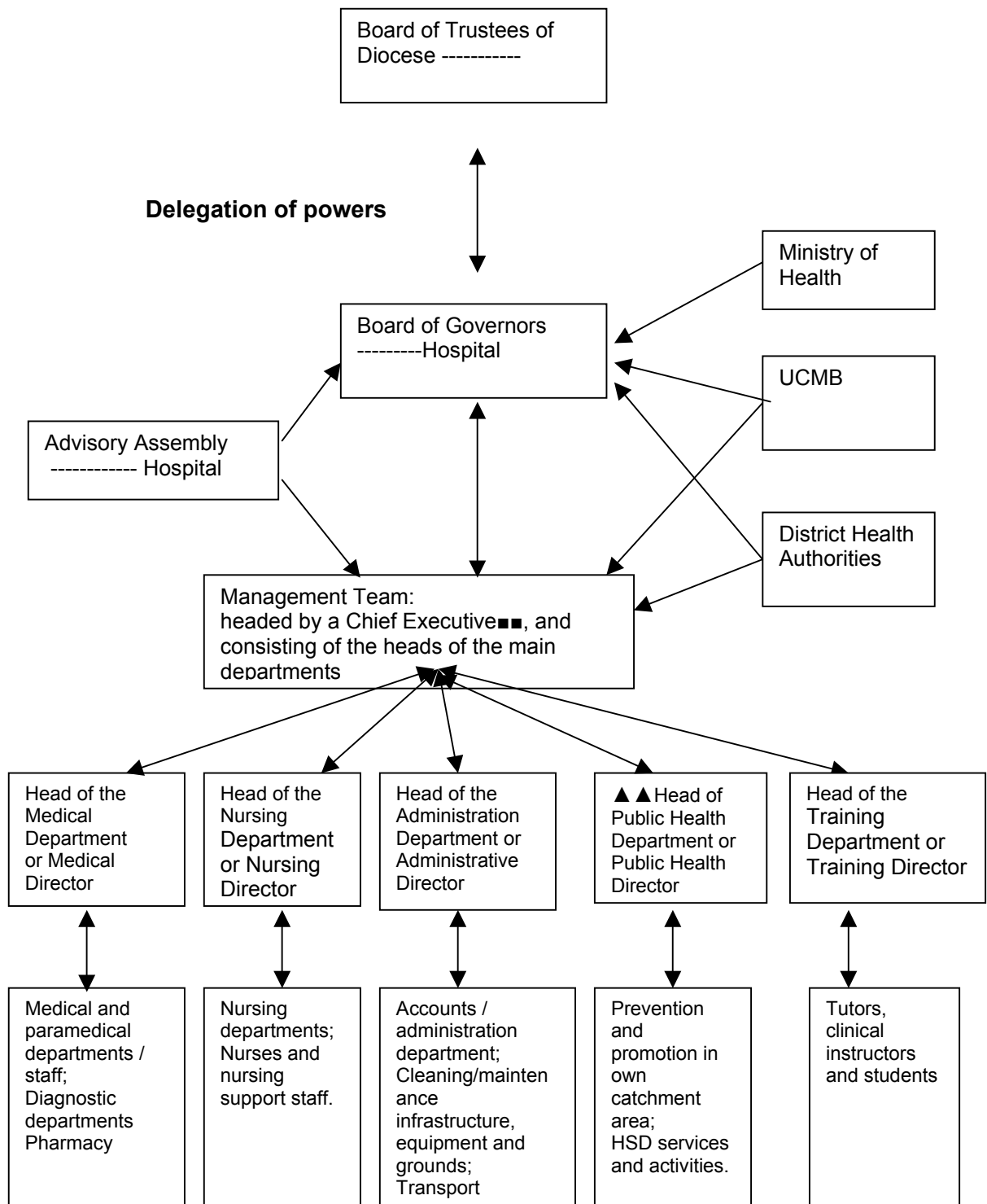
.....
**CHAIRPERSON
OF THE BOARD OF
TRUSTEES OF
DIOCESE-----**

.....
**CHAIRPERSON OF
----- BOARD OF
GOVERNORS**

.....
**SECRETARY OF ----- BOARD
OF GOVERNORS**

advisable that the CEO should be the Medical Director, the Administrative Director and, in the last instance, the Nursing Director

----- HOSPITAL ORGANOGRAM



Legend:

- Hierarchical authority and communication line =
- Advisory authority and communication lines =

▲▲ If deemed necessary in the best interest of the Hospital, responsibilities for the Public Health department may be placed under the Medical department.

■■ If the Chief executive is not a Head of department s/he will take the Title of General Manager and be appointed directly by the Bishop

APPENDIX I

ADVISORY ASSEMBLY

The parties interested in the effective functioning of the Hospital are:

- a.) the communities of the ----- administrative and catholic parish;
- b.) the community based organisations of the sub-county of -----
(women groups, youth groups, associations of agriculturists and disabled persons, etc)
- c.) the Health Unit Management Committees of the health units in the Health Sub-district of -----;
- d.) the ----- District Health Authorities;
- e.) the political authorities of ----- Sub-county and ----- District;
- f.) the authorities and population of the (farm / business / institute of higher education);
- g.) the authorities and population of the -----;
- h.) the authorities of the Diocese of -----.

The purposes, of an Advisory Assembly of representatives of all the above stakeholders, are:

- 1. to inform the representatives about the activities and concerns of the hospital;
- 2. to account for the utilisation of the resources provided to the hospital;
- 3. to enable the representatives of the stakeholders to present their expectations and opinions regarding the functioning of the hospital;
- 4. to consult these parties regarding the future direction and feasible improvements for the hospital.

Frequency and timing of the Assembly:

The Assembly will be held once a year in the period preceding the development of the new annual plans.

Initiator:

The Board of Governors will convene the Assembly with the assistance of the hospital management team.

APPENDIX II

<p style="text-align: center;">TERMS OF REFERENCE FOR THE BOARD OF GOVERNORS</p> <p style="text-align: center;">OF ----- HOSPITAL</p>

The Hospital Board of Governors is the supreme governing body of the hospital. As such it receives from the Owner the delegated function of custodian of the Mission of the Hospital and shall ensure compliance to the Charter of the Hospital.

Article 1. FUNCTIONS OF THE BOARD⁵

1.1. Policy and Planning:

- Provide a strategic vision and direction for the hospital;
- Define and ensure implementation of the general policy of the hospital;
- Ensure regular updating of the direction and policy of the hospital in answer to internal and external developments and the outcome of continuing monitoring and evaluation of the hospital performance;
- Amend and adopt the staff establishment, terms and conditions of service, codes of conduct, human resource management and development plan presented by the management team;
- Amend and adopt manuals for financial and material resource management.

1.2. Stewardship:

- Examine, direct and approve the annual activity plan and budget for the hospital and HSD, proposed by the management team;
- Fix ceilings of expenditure within which the Hospital Management Team can decide without prior consultation with the BOG, on single item expenditures;
- Monitor implementation of the annual plans and budgets and re-direct when necessary;
- Examine and approve the hospital and HSD annual statement of accounts presented by the management team;
- Examine and approve the hospital and HSD annual report presented by the management team;
- Appoint (or confirm) the external auditor and receive and act on the annual external audit of the hospital accounts;
- Determine selection and recruitment procedures for senior hospital (i.e.: Hospital Management Team Members/Head of Departments) and approve the selection and recruitment procedures for junior staff to be appointed by the management team;
- Appoint the Management Team member who shall exercise the function of chief executive of the HMT, *(after consultation with the Bishop, if the Bishop representative in the Board is not the Bishop himself)*;
- Appraise annually performance for the Management Team members and ensure that performance appraisal of employees is carried out.

⁵ If the hospital has a training institute, every time the hospital and HSD are mentioned the training institute (or school) should be added as the same functions apply.

- Appoint or dismiss Senior Hospital Staff, determine terms of reference, appointment letters, employment contracts and job-descriptions for them;
- Appoint committees and or co-opt members to carry out some specific duties of the board as required to ensure timely and adequate implementation of hospital responsibilities;
- Assist the HMT with resolution of internal and/or external issues, problems, and conflicts that affect management, service delivery and /or external co-operation.

1.3. External relations:

- Ensure the strategic relations, co-operation and dialogue with the -----
--- district health authorities, political authorities, and other stakeholders;
- Account for - and promote transparency of - the hospital actions and resources to all partners and stakeholders while safeguarding the identity and autonomy of the hospital;
- Ensure that the annual Advisory Assembly is held and the views of the stakeholders are weighed and acted upon if required and when feasible within the Charter of the hospital;
- Act as a public relationship agent for the hospital.
- Provide guidance to the Chief Executive (or General Manager) of the Hospital on the scope within which s/he can act as Hospital spokesperson.

Article 2 COMPOSITION OF THE BOARD:

2.1. In order to be able to fulfil the above functions the Board will be composed of members representing the owner, the communities directly concerned, and the principle external partners. Members will be selected on the basis of their ability to safeguard the identity and mission of the hospital, their specific expertise in general and / or financial governance, and their ability to assist in improving internal and external co-operation.

2.2. It is hereby understood that members, representing other organisations or the local administration, have dual responsibilities: 1) upholding the Charter of the hospital, and 2) facilitating co-operation, between the hospital and their organisation or administrative constituency. In view of the primary responsibility the representative members will first and fore mostly act as individuals pursuing the identity, mission and sound governance of the hospital. For the second responsibility they will focus on providing information and insight into the policies and views, of the body they represent, to enable the board to weigh all relevant positions.

2.3. Members with voting powers

Representatives

- A.) Bishop's Personal Representative as representative of the Owner;
- B.) Representative⁶ of the Employees;
- C.) Representative of the ----- Catholic Parish;
- D.) Representative of the Sub-county Administration;
- E.) Representative of the Congregation (*or Managing Organisation*);

⁶ By representative it is intended here a member appointed by the Bishop from among those proposed by the intended constituency through a consultative process between the Bishop and the constituency. See also art 3 of this document.

- F.) Representative of the Local Community;
- G.) Representative of one or two Health Unit Management Committees of the HSD;

Ex-officio members

- H.) District Director of Health Services (DDDHS);
- I.) Diocesan Health Co-ordinator (DHC);
- J.) The CEO of sister Hospital of the diocese or a neighbouring diocese.

The Bishop's Personal Representative holds a casting vote and the right of veto.

2.4. Members without voting powers (to inform / report / propose, without voting powers)

- a.) The Chief Executive (*or General Manager*)

For those cases that the Chief Executive is unable to attend, the Hospital Administrator, or another member selected by the HMT, will be called upon to act as deputy.

- b.) Co-opted members

The Board can nominate co-opted members to assist them for specific subjects.

Article 3. APPOINTMENT AND PERIOD OF SERVICE OF BOARD MEMBERS

3.1. The Bishop shall appoint the members in writing, providing them with the Terms of reference of the Board, the code of Conduct, and requesting their acceptance of Office to be expressed in writing. The Appointment will become effective on acceptance.

3.2. The bodies that are requested to delegate a representative member will propose three names amongst which the Ordinary of the Diocese of ----- in consultation with the former Board office bearers will select and nominate the member. Exception is made for the representative of the Bishop, who is directly nominated by the Ordinary.

3.3. The members of the Board will hold office for the period of three years, with the exception of ex-officio members. The members will be eligible for reappointment once (maximum period of service 6 years) subject to the provisions in article 4.

3.4. When a new Member takes office, that Chairperson will ensure that the Code of Conduct of the Catholic Health Services, third section, is read in formal session

Article 4. TERMINATION OF MEMBERSHIP

4.1. Membership of the Board shall cease if:

- the member fails to attend meetings without justification for three times;
- the member becomes physically or mentally unfit to perform the duties related to membership of the Board;
- the member resigns by giving notice in writing to this effect to the secretary of the Board;
- the member is expelled by the Board.

4.2. In case at the time of selection of members or if during the period of membership a situation of incompatibility of interests between membership of the BOG and other duties of the person (f.i. blood relationship with a member of staff, provision of services or goods to the hospital, etc) exists or arises the (intended) member will declare these forthwith. The selectors or the other Board members will then decide

whether the degree of incompatibility represents a major obstacle to the membership and which action is most appropriate.

Article 5. EXPULSION OF BOARD MEMBERS

Reasons for expulsion of a member of the Board are:

- wilful disobedience of any of the articles ruling the functions and actions of the Board;
- disclosure of confidential information without explicit agreement within the board;
- failure to declare a conflict of interest between the duties as Board member and other personal duties or interests;
- conviction by a Court of Law. During the trial of the accused member will refrain from / be excluded from board meetings until the verdict is known.

In case expulsion of a member is to be considered, a special board meeting will be called. The offending member will first be given the opportunity to defend himself. For the decision a quorum is required.

Article 6. OFFICERS OF THE BOARD

6.1. The Board will have the following office bearers:

- A.) The Chairperson;
- B.) The Vice-Chairperson;
- C.) The Secretary;
- D.) The Vice-Secretary.

The Chairperson is the Bishop's Representative in the Board. The Board shall elect the other office bearers by secret ballot.

6.2. Duties of the Chairperson:

- a.) to preside over and maintain order during the meetings of the Board at which he is present;
- b.) prepare the agenda of the meetings together with the secretary and the management team;
- c.) sign the minutes after they have been read and approved by the board;
- d.) maintain regular contacts with the management team and the authorities;
- e.) propose actions / measures required to ensure that the hospital complies to the Charter and maintains the policy directions, etc;
- f.) sign contracts on behalf of the Board;
- g.) cast the decisive vote if a tie of votes arises in the board, or a veto is the result of a vote is in contradiction with the identity and mission of the hospital;
- h.) consult the Board of Trustees and/or the Ordinary in case a decision to be taken represents a deviation from the Charter.

6.3. Duties of the Secretary:

- a.) give notice of all meetings to the members;
- b.) record the proceedings of the meetings of the Board and of its committees and distribute the minutes and other relevant documents to all board members;

- c.) draw up and circulate the agenda for the meetings after consultation with the chairperson and the management team;
- d.) read the minutes of the previous meeting and ensure that the required amendments are made and the minutes formally approved;
- e.) conduct all correspondence decided upon during board meetings or initiated by the chairperson;
- f.) maintain the archive of the board;
- g.) ensure efficient functioning of the secretariat.

6.4. Duties of the Vice Chairperson and Vice Secretary:

The officers will carry out the respective duties in absence of the chairperson and the secretary.

Article 7. ORDINARY MEETINGS

The Board meets four times a year in the Hospital Board Room of the Hospital. Notification of the date of the meeting, with copies of the minutes of the previous meeting and the agenda are sent by the Secretary to all the members not less than 21 days before the date for which the meeting is called.

Article 8. EXTRAORDINARY MEETINGS

The Board can convene extraordinary meetings at the request of the Chairperson and the Secretary or at the written request of three Members of the Board. Notice of the extraordinary meeting, with the business to be considered, is delivered to the members not less than seven days before the date for which the meeting is called.

Article 9. PROCEEDINGS, VOTING, AND QUORUM

9.1. Every member shall speak during the meetings and every member can raise issues requiring voting. Ex-officio members shall not vote.

Eight voting members (or 50% plus one of the number of members) form the quorum at both Ordinary and Extraordinary Meetings for the purpose of transacting business.

9.2. In general, voting will take place by show of hands. In case of equality of votes the vote of the chairperson will be decisive. In accordance the chairperson declares the motion carried or rejected and the declaration is recorded in the minute book.

9.3. The chairperson or the quorum of the members, present, can decide to hold a secret ballot. In this case the ballot will be held forthwith. Each voting member has one vote. The result of the ballot will be recorded in the minute book. In case of equality of votes the members, present, shall decide whether the vote of the chairperson will be decisive or whether the Board of Trustees needs to be consulted. In the latter case the chairperson will consult the BOT chairperson and report the outcome at the next meeting.

9.4. In the event the Chairman finds the result of a vote contradictory to the identity and mission of the hospital he has the right of veto. If this right is invoked the matter will be presented to the Board of Trustees, at the earliest opportunity, by the Chairman and one of the members holding a different stand on the matter discussed.

Article 10. “AD HOC” COMMITTEES OF THE BOARD

For practical reasons and purposes the Board can decide to appoint committees to handle specific issues that may arise. In doing so the Board will define the terms of reference of the Committee, the scope of their authority and the time-frame of their existence.

11. CONFIDENTIALITY

11.1. All members shall respect the confidentiality of the proceedings and discussions of the meetings. The minutes and decisions shall be public.

In the event a member disagrees with a decision taken and wishes this to be recorded in the minutes, he / she will clearly indicate this. Otherwise once decisions have been taken all members will adhere to these in their actions and communications.

11.2. In the event that the resolution of a matter at hand requires disclosing confidential information to third parties the board members will instruct and mandate the chairperson or another member for this purpose.

APPENDIX III

TERMS OF REFERENCE OF THE HOSPITAL MANAGEMENT TEAM

The ----- Hospital Management Team (HMT) will be the top management in the hospital and is charged with the day to day running of the hospital, implementing the policies set up by the BOG, and providing the BOG with all the information required to determine the policies, monitor implementation and take strategic decisions. The HMT will assure the same day-to-day duties towards the District Health Authorities.

Article 1. FUNCTIONS⁷

1.1. Implementation of services and activity plans:

- Ensure the smooth day to day running of the Hospital;
- Ensure the implementation of the hospital annual activity plan;
- Ensure the daily implementation and administration of the HSD activities;

1.2. Management of resources:

- Decide on current expenditures within the limits posed by the budget approved by the Board;
- Ensure efficient and timely procurement of supplies;
- Ensure daily management of the human resources and staff welfare as decided with the BOG and the Quality Assurance, Discipline and Grievances Committee;
- Ensure open communication between heads of departments and HMT, between staff of the departments and their heads, and between staff and the HMT;
- Implement the human resource development plan approved by the BOG;
- Appoint and dismiss junior hospital staff working under contract or permanent terms of service in accordance with the approved recruitment procedures, establishment and human resource development plan;
- Ensure the correct use, management and maintenance of the infrastructure and equipment of the hospital;
- Appraise performance of employees at the established time.

1.3. Management of information:

- Keep the management information system up to date and monitoring the progress of activities and financial performance at least monthly;
- Collect, compile and analyse the Health Information data (HMIS) in such a manner that monthly reports can be sent to the DDHS office in time and quarterly reports to the BOG;
- Ensure that the results of the monthly HMIS analysis is used to adapt the hospital and HSD activities and/or alert the BOG and the District Health Authorities regarding problem areas;
- Maintain an up to date hospital and HSD documentation system and archive;

⁷ If the hospital has a training institute, every time the hospital and HSD are mentioned the training institute (or school) should be added as the same functions apply.

- Select and appoint a member of the HMT, or another staff member, to ensure the smooth flow of communication within the hospital and between the hospital and the external environment (District, UCMB, ...);
- 1.4. Preparing decisions by the BOG:
- Prepare the annual plan and budget for the hospital and the HSD in accordance with the indications of the BOG and the district authorities and present these for approval to the BOG. The annual plan and budget proposals will be accompanied by objective explanations and arguments to enable the BOG to take well weighed decisions. When a proposal has considerable consequences (with regards to policies, human, material or financial resources) the implications will be clearly spelt out. Where alternatives exist they will be presented together with the arguments in favour or against;
 - Report the alterations to the HSD plan and budget requested / determined by the district health authorities;
 - Prepare quarterly hospital and HSD progress reports for the BOG consideration, including explanations for variations with respect to targets and outcomes and any relevant information as well proposals to redress where necessary;
 - Prepare the annual statement of accounts and activity reports, together with explanations for variations and proposal for redress, for evaluation and approval by the Board of Governors;
 - Prepare proposals for the staff establishment of the hospital and a plan for the development of the human resources in view of implementing the policy and long terms plans decided by the BOG;
 - Propose to the Board of Governors the appointment/dismissal of Senior Staff;
 - Suspend Senior Hospital Staff pending consideration of the Board of Governors;
 - Call for Meetings of one of the Committees or Extraordinary Board of Governors on urgent matters. The call will be accompanied by clear written information, illustrating the problem, and presentation of the questions, requiring resolution, and the course of action/alternatives proposed by the management team;
- 1.5. Health District relations and information:
- Present the hospital and HSD plans, approved by the BOG, to the District Health Authorities and negotiate the annual budget and agreement;
 - Provide monthly HMIS reports, including financial reports, to the District Health Office accompanied by proposals / recommendations for corrections / alterations to ensure that the targets set for the year will be achieved;
 - Attend and contribute to District health planning, monitoring and evaluation meetings.

Article 2. COMPOSITION OF THE TEAM

2.1. Members of the Team

- A. Head of Medical department
- B. Head of Administration department
- C. Head of Nursing Department
- D. Head of the Public Health Department

E. Head of the Nurses' Training Department

.....
2.2. This team is referred to as the hospital management team (HMT). The Bishop in consultation with the BOG will appoint one of these heads to exercise the function of Chief Executive official internal and external spokesperson of the HMT.

If the Head of the HMT is selected outside the department head s/he will take the title of General Manager. This option may be necessary in case of large Hospitals, with complex services and/or by emerging situations of transition.

2.3. The HMT members select their Secretary. If required another hospital staff member can be appointed as secretary to the HMT. In this case he/she has no right of vote.

2.4. The HMT can appoint co-opted members if specific subjects and actions call for additional expertise or to improve communication between the hospital staff and HMT. Co-opted members will not have a vote in the decisions of the HMT.

2.4. To ensure smooth internal communications in the Hospital and within the Catholic Health Network, the HMT will select a 'Communication contact person' from within the HMT or another hospital staff member. If the latter is the case this person will attend the HMT meetings, at least every second week, to report and receive follow-up instructions. The Communication contact person will also always report on issues raised through the suggestion boxes in the hospital in order to enable the HMT to take action as soon as possible.

2.5. External communications and official public relations will be entertained by the Chief Executive (General Manager) within the scope of the delegation received by the Board of Governors.

Article 3. ORDINARY MEETINGS

3.1. The HMT meets formally once a week in the Hospital Board Room on a fixed day. The agenda, prepared by the Chief Executive (General Manager) and the Secretary, and the minutes of the previous meeting will be circulated at least two days ahead of the meeting.

3.2. Daily Board: daily the HMT members will meet briefly to exchange progress and consult each other on ad-hoc issues.

Article 4. EXTRAORDINARY MEETINGS

The HMT can convene extraordinary meetings at the request of the Chief Executive or of two of the members. Notice of the extraordinary meeting, with the business to be considered, can be given verbally by the secretary the very day the meeting is called if necessary.

Article 5. DECISION TAKING AND QUORUM

5.1. The decisions of the Hospital Management Team are taken by consensus. In case no consensus can be achieved, the Chief Executive (General Manager) has the

casting vote and the right of veto. If the latter right is invoked the matter will be presented to the BOG at the earliest opportunity.

5.2. Three members form the quorum at both Ordinary and Extraordinary Meetings for the purpose of transacting business.

5.3. In between meetings of the HMT the Daily Board decides on routine organisational matters and expenditures up to the maximum amount (ceiling) set by the BOG.

5.4. In the event an urgent matter requires a decision at a moment the full HMT cannot be convened, the MT member available takes a temporary decision. This decision is subject to confirmation by the full HMT at the next HMT meeting. Hospital staff will be informed accordingly.

Article 6. EXTERNAL RELATIONS

In the event that an internal problem or conflict affects the execution of the HSD responsibilities or the co-operation with other external partners and it cannot be resolved by the HMT itself, the Executive Committee or BOG will be consulted to mediate, rule or provide for directives for the dialogue with the external party involved. The same applies if an external problem or party affects the management or service delivery of the hospital.

Article 7. COMMUNICATION WITHIN THE HOSPITAL

7.1. The HMT will ensure that regular department staff meetings are held. The minutes of these meetings will be discussed at the next HMT meeting. In case HMT members have questions, or if corrective actions are required, a meeting with the department staff will be organised at the earliest opportunity. Once every three months a meeting of the HMT with all the department heads will be held to review progress, adapt activity plans and discuss staff issues. Twice a year general staff meeting will be held.

7.2. The HMT will appoint a staff member (f.i. the communication contact person) to empty the patient and staff suggestion boxes at least once every two weeks. The person in charge will compile a report of the suggestions received and present this to the HMT and the wards / departments concerned for action and or follow-up.

Article 8. CONFIDENTIALITY

8.1. The HMT meeting proceedings and discussions are in principle confidential. Each member will respect this rule. If an HMT member disagrees with a decision taken and wishes this to be recorded in the minutes he/she will clearly request for this.

8.2. A summary of the decisions taken at the HMT that, by their nature, are of public interest will be published on the hospital notice boards.

8.3. In case resolution of a problem requires disclosing confidential information to external parties, the BOG will be consulted and its directives implemented.

APPENDIX IV

COMMITTEES

1. EXECUTIVE COMMITTEE (STANDING OR FINANCIAL COMMITTEE)

The Executive Committee is charged with assisting the management team with developing sound financial policies and plans, monitoring and adapting implementation.

1.1. FUNCTIONS

- a. Assist the HMT in determining sound resource management procedures;
- b. Adapt the user fee structures and levels in accordance with Charter and directives of the BOG and the agreements with the District Health Authorities;
- c. Ensure that the salary structures and levels promote staff motivation and progress towards harmonisation with the GOU levels within the limits of the financial means of the hospital;
- d. Monitor expenditures on a monthly basis to facilitate timely corrections in order to achieve the hospital and HSD targets, advising the BOG in accordance and when necessary;
- e. Assist the HMT with drawing up quarterly and annual activity reports and financial statements and advise the BOG on possible conclusions and actions;
- f. Assist the HMT with preparing annual plans and budgets;
- g. Assist the HMT with the preparations of procurement plans and with the management of procurement in general; assistance to the HMT for drugs' and medical supplies procurement will be provided in collaboration with the Quality Assurance Discipline and Grievance Committee;
- h. Ensure speedy implementation of the recommendations of the external auditor;
- i. Evaluate all the plans of the hospital with respect to their medium and long-term effect on accessibility for the poor and vulnerable and the financial sustainability of the hospital;
- j. Assist the HMT to ensure transparent relations and working arrangements with external partners.

1.2. COMPOSITION OF THE COMMITTEE

- a.) The Chief Executive (General Manager)
- b.) The Head of Administration Department (if different from the above)
- c.) The hospital accountant;
- d.) An expert of finance and planning;
- e.) Two members of the BOG;
- f.) *School accountant.*

1.3. MEETINGS AND PROCEEDINGS

The meetings will be held monthly on a fixed day. The members will elect a chairperson and the HA will be the secretary. The secretary will send an agenda, prepared in consultation with the chairperson and HMT, one week before the meeting.

Minutes of the meetings and procedures, decided upon, will be circulated to the HMT and the BOG.

In case members of either body have questions or objections they will communicate these in writing and/ or bring them at the next BOG or HMT meeting.

In the event a specific decision of the full BOG is required, the secretary will write a request to be tabled at the next BOG meeting.

Directions of the BOG will be implemented forthwith by the Committee.

2. THE QUALITY ASSURANCE, DISCIPLINE & GRIEVANCE COMMITTEE:
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The Quality Assurance, Discipline & Grievance committee is charged with enabling the hospital bodies and staff to continuously improve the quality of the health services and to increase the confidence in - and satisfaction with - the health facility of the internal and external communities. The latter includes assuring impartial management of discipline and grievances. To these purposes the Committee will advise staff, department heads, HMT and the BOG with respect to all matters pertaining to quality improvement, handling of complaints and grievances of patients, and / or their attendants, staff members, and external stakeholders.

2.1. FUNCTIONS

- a. Ensure that quality assurance and pursuance of user / partner satisfaction become constant features of staff and management actions;
- b. Assist the Management in establishing and sustaining compliance with practices of quality assurance and in particular in the audit of critical events (e.g. clinical audits, death audits etc...)
- c. Ensure impartial investigation and settlement of formal suggestions, complaints, and grievances of patients, attendants, staff members, and / or any external parties;
- d. Assist the Board, Management Team, and all staff members with determining which quality improvement measures enable them to avoid similar complaints and grievances and improve quality of services continuously;
- e. Advise the Management Team on procurement issues that affect quality (e.g. drugs and medical items procurement);
- f. Assist the Management Team in deciding on correct and fair disciplinary measures which may arise regarding junior staff behaviour;
- g. Advise the Board of Governors regarding disciplinary issues concerning Senior Staff members;
- h. Advise the Board and Management Team on policy issues that may arise from the investigations and consideration of best practices to assure future quality of services and user satisfaction.

2.2. COMPOSITION OF THE COMMITTEE

- a) Chair person: an Independent Diocesan Representative (medical)
- b) One member of the Hospital Management Team;
- c) One Head of Department;
- d) One representative of the Medical Staff;
- e) One member of the Paramedical Staff;
- f) One representative of the Nursing Staff;
- g) Parish Priest or chaplain;
- h) One Representative of the Board of Governors;
- i) *One representative of the NTI.*

2.3. MEETINGS AND PROCEEDINGS

- 2.3.1. The Committee will elect a secretary. The Committee meets every two months and / or when an extra ordinary meeting is called by the chairperson in view of an urgent complaint / grievance or suggestion received. The chairperson

- can also call an extra ordinary meeting when a request is received from the BOG, HMT, or at least five staff members.
- 2.3.2. The secretary together with the chairperson or one of the members collects the contents of all the suggestion boxes in the hospital once a week. The suggestions / complaints / grievances are registered and circulated in confidence to the members prior to the next meeting.
- 2.3.3. During the meeting the members will study the presented suggestions / complaints / grievances and determine which other information of interviews are required to assess the issues and determine the solution / recommendation to be given to the relevant hospital authority. Once all the information is analysed a factual / objective conclusion will be drawn up and recommendations formulated. The findings and recommendations will be presented to the Management Team and / or the BOG.
- 2.3.4. In case of a disciplinary problem: The requesting party hands the chairperson a file with written evidence of misbehaviour of the offending staff member (notes of verbal warnings, copies of written warnings and any other written proof).
- 2.3.5. The offending staff member will be given the opportunity to defend her/himself before a decision is taken and measure selected. The decision / selected measure will be forwarded to the full HMT for implementation.
- 2.3.6. In the event that the offending staff member is a member of the HMT and / or of the Quality Assurance, Discipline & Grievance Committee s/he will be suspended from his/her functions. The normal proceedings will be followed and based on the outcome recommendation letter will be addressed to the BOG. The final decision of the BOG will be communicated to the HMT and Quality Assurance, Discipline & Grievance Committee and will be adhered to by all.
- 2.3.7. The Quality Assurance, Discipline & Grievance Committee will transmit suggestions / complaints that fall under the jurisdiction of the Pastoral, Social and Ethical Committee or the Recruitment and Training Committee to these committees. For issues that require combined actions the three committees will meet together and prepare a proposal to the BOG.

3. PASTORAL, SOCIAL AND ETHICAL COMMITTEE

The Pastoral, Social and Ethical Committee is charged with enabling the hospital bodies and workers to uphold the highest holistic care standards for health services as determined by the RCC in Uganda. The Committee therefore firstly assists the BOG, HMT, and hospital staff in detecting pastoral, social, ethical, deontological and human rights issues arising from clinical practice and management processes. Next the Committee assists these hospital fora in determining the correct answers in the light of the RCC pastoral care and social welfare teachings, RCC ethics, the guidelines of the Health Commission and the codes of conduct.

A prerequisite is that matters arising are brought to the fore. For this an atmosphere of frank dialogue and openness in all the statutory bodies and meeting fora of the hospital has to be assured. It is also important to learn and analyse the complaints of clients/patients, staff, and students (suggestion boxes and good listening skills).

3.1. FUNCTIONS

- a. Ensure that the voice of clients /patients are heard and their rights promoted and upheld in the hospital practices;
- b. Ensure that the hospital staff has clear guidelines regarding pastoral care for patients and workers, including the role of the pastoral care worker and how this worker will be involved in the individual care process;
- c. Ensure that the hospital staff has clear guidelines for social care for patients and workers, including the role of social worker and how this worker will be involved in the individual care processes;
- d. Facilitate adherence to the above guidelines by making them well known and understood;
- e. Improve knowledge of - and compliance with - medical ethics in the hospital;
- f. Facilitate the exercise of Catholic Apostolate in the Hospital
- g. Examine proposals for research, to be carried out in the hospital, and advise the BOG and HMT on:
 - the appropriateness of the protocol;
 - the protection of patient rights and confidentiality;
 - ethical principles to be safeguarded;
 - consistency between the procedures and staff participation and the hospital code of conduct.
- h. Examine issues arising in the light of the Catholic ethics, Code of Conduct and guidelines, Catholic Pastoral and Social teachings and the Catholic tradition in view of advising the BOG, HMT and staff. The main fields are:
 - clinical and therapeutical practices;
 - management practice;
 - respect of confidentiality;
 - research (in the area or hospital, at national or international level);
 - apostolate
- i. Provide individual advise to staff members following examination of concerns brought forward by them;
- j. Adapting the guidelines and the code of conduct in accordance with generally applicable conclusions from the examination of new issues.

3.2. COMPOSITION OF THE COMMITTEE

- a. An appointee from the Bishop's with experience in and training in ethics;
- b. One representative of the HMT;
- c. Hospital chaplain or pastoral care worker;
- d. Hospital social worker (or person appointed to follow up patients' social affairs)
- e. A representative of the (para) medical staff;
- f. A representative of the nursing staff;
- g. If there is a nurse training school: NTS tutor;

The Committee can invite an expert as co-opted member or as permanent member of the Pastoral, Social and Ethical Committee.

3.3. MEETINGS & PROCEEDINGS

- 3.3.1. The Pastoral, Social and Ethical committee shall meet, at least, four times a year to review the pastoral and social care guidelines, and ethical standards of the Hospital, review research proposals and issues emerging from the various hospital bodies, committees, and suggestion boxes. For the latter the Committee will liaise with the Quality Assurance, Discipline & Grievance Committee.
- 3.3.2. The members will elect a chairperson and secretary.
- 3.3.3. The Committee will present the proposals for guidelines and procedures to the HMT and BOG for endorsement. Adopted guidelines and the minutes of the meetings will be published on the notice boards of the departments and will be discussed during the next department meeting. Confidential matters will be excluded from these public minutes. If necessary the department teams will be briefed during their department meeting.
- 3.3.4. The chairperson will be the contact person for all hospital staff members.
- 3.3.5. The Pastoral, Social and Ethical committee may meet when need arises and two or more members request it. Staff members (5 or more) may also request for an extra meeting to advise them regarding a specific issue via the chairperson.
- 3.3.6. The chairperson will convene an extraordinary meeting by notifying the members of this committee three weeks in advance. If needed the requesting staff members will join the meeting to explain their questions the research proposal.
- 3.3.7. When the Pastoral, Social and Ethical Committee has developed new guidelines or adapted existing ones the Committee will call for a general staff meeting to explain the new guidelines and / or adjustments and the reasons for them.
- 3.3.8. In case the Committee finds that it needs more insight or a larger range of opinions to be able to advise on a new issue it can organise a meeting with a larger group of staff members and / or invite experts to assist them.
- 3.3.9. The Committee will also organise training sessions for groups of staff members, whenever required, to assist them in understanding the issues and how the teachings can improve their holistic care for patients and their relatives.
- 3.3.10. The Pastoral, Social, and Ethical Committee will liaise with the Quality Assurance, Discipline & Grievances Committee to learn which issues arise from the Suggestions Boxes and which issues should be taken up by the Pastoral, Social, and Ethical Committee and / or which issues should be taken together.

4. RECRUITMENT AND TRAINING COMMITTEE
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The Recruitment and Training Committee is charged with enabling the hospital bodies and workers to uphold transparent personnel development and promotion standards as determined by the RCC in Uganda, the hospital Charter and the human resource establishment and development plan. To this purpose the Committee will advise department heads, personnel office, HMT and the BOG with respect to general and individual principles and procedures for staff recruitment and training. It will also act as the training sponsorship award committee. (If the hospital has a Training School this committee will also act as first selection committee)

4.1. FUNCTIONS

- a. Assess need of personnel and training needs;
- b. Develop/adapt guidelines for staff recruitment and selection procedures, facilitate implementation, and ensure adherence in the hospital;
- c. Advise the HMT regarding recruitment and selection for vacancies (determining the profile of the candidates in line with the requirements for the post and the mission of the hospital, necessary adaptations to the recruitment and selection procedure, short listing of candidates, participation in the interview panel);
- d. Ensure annual performance appraisals of personnel and propose promotion of junior staff;
- e. Identify needs of in-service training (IST), advice management on how best can IST be secured and monitor IST initiatives;
- f. Develop criteria for the allocation of training sponsorships aiming to realise the human resource development plan of the hospital;
- g. Develop criteria to determine the sponsorship budget to be allocated to students, on full or part, sponsorship of the hospital;
- h. Develop the annual training plan for the hospital, based on the human resource development plan, the available budget, and the possibilities of departments to free candidates;
- i. Review twice annually all applications for sponsorship, in accordance with the criteria set and the annual training plan. Propose the candidates, found eligible, and a budgeted plan of implementation to the HMT. In the case of Senior Staff the eligible candidates will be proposed to the BOG;
- j. Develop, and regularly adjust, the bondage contract for hospital staff on part or full time training sponsorship;
- k. Follow the training performance and bondage adherence of students on a hospital sponsorship and propose, when necessary, remedial actions to the HMT and / or BOG;
- l. Review needs, proposals, and possibilities for additional training of specific groups in the hospitals, via short tailored courses, in view of improving quality of care and services. Include appropriate and budgeted proposals in the annual training plan to the HMT and BOG;
- m. If NTI:
 - o Develop criteria for the selection of students in line with the Mission and Charter of hospital and the school;
 - o Short list candidates and participate in the interview panel;

- Develop, and ensure adherence to, a monitoring and evaluation plan for students admitted but not fully complying with the entry criteria;
- Develop objective assessment criteria to facilitate decisions regarding continuation or termination of the above student's enrolment.

4.2. COMPOSITION OF THE COMMITTEE

- a. A representative of the Diocese (preferably a diocesan personnel officer, a teacher, or a person with expertise in training & education)
- b. One representative of the HMT;
- c. The hospital personnel officer (*if in place*);
- d. Hospital social or pastoral care worker;
- e. A representative of the (para) medical staff;
- f. A representative of the nursing staff;
- g. *If there is a nurse training school: the Principal Tutor*

The Committee can invite an expert as co-opted member or as permanent member of the Recruitment and Training Committee.

4.3. MEETINGS & PROCEEDINGS

- 4.3.1. The Recruitment and Training Committee shall meet, at least, every quarter to develop and review the criteria, review vacancies and training applications / needs, as well as follow up on recruitment and student matters.
- 4.3.2. The members will elect a chairperson and secretary.
- 4.3.3. The Committee will present the plans, proposals and guidelines developed to the HMT and BOG. Once they have been endorsed the plans and decisions will be posted on the on the notice boards of the departments and will be discussed during the next department meeting. The departments can invite a committee member to explain the plans and decisions and the reasons behind them to their department meeting.
- 4.3.4. The chairperson will be the contact person for all hospital staff members.
- 4.3.5. The Recruitment and Training Committee may meet when need arises and two or more members request it. Staff members (5 or more) may also request for an extra meeting, via the chairperson, to advise them regarding a specific issue.
- 4.3.6. The chairperson will convene an extraordinary meeting by notifying the members of the committee three weeks in advance. If needed the requesting staff members will join the meeting to explain their questions.
- 4.3.7. In case the Committee finds that it needs more insight or a larger range of opinions to be able to advise on a specific recruitment issue or training need it can organise a meeting with a larger group of staff members and / or invite experts to assist them.
- 4.3.8. The Recruitment and Training Committee will liaise with the Quality Assurance, Discipline & Grievances Committee and Pastoral, Social and Ethical Committee, and vice - versa in case the need arises or one of the committees learns about an issue, which belongs to the jurisdiction of the other committee.