



THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

GUIDELINES FOR REGIONAL REFERRAL HOSPITAL MANAGEMENT BOARDS

2018

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Foreword

Hospital Management Boards are the key governance structures. The Boards promote participation and ownership of health services by the community, advocate for improved quality of service delivery, promote transparency in management of human, material and financial resources.

I am therefore delighted to present to you the revised guidelines for the Regional Referral Hospital Management Boards, which I believe, is a step to realize our vision for creating accountable and well-governed hospitals, capable of taking decisions and competent enough to operate in a rapidly changing sector. It is indeed a starting point for stimulating ambition in expanding the notion of good governance in the entire health sector aimed at reaching more effectiveness and efficiency in serving the people of Uganda.

The guidelines lay a credible and hard-edged foundation for sustainable community participation in matters pertaining to their health. The guidelines outline the composition, roles, responsibilities, management of the proceedings of the Board and provide clear guidance to members in executing their roles.

I would like to extend my appreciation to the senior management team of Ministries of Health, Public Service, Local Government and Health Development Partners, specifically IntraHealth International for their contribution towards the development of these guidelines.

I call upon all key stakeholders to use these guidelines in the governance, management and delivery of health services in Regional Referral Hospitals.



Dr. Aceng Jane Ruth
Minister of Health

1.0 Introduction

Hospital Management Boards are the key governance structures. The Boards promote participation and ownership of health services by the community, advocate for improved quality of service delivery, promote transparency in management of human, material and financial resources. The establishment of the Boards is in pursuit of one of the policy objectives of the Second National Health Policy which is to ensure that communities are empowered to play their role, take responsibility for their own health and ensure that they actively participate in the design, planning and management of health services.

These guidelines outline the composition, roles, responsibilities, and management of the proceedings of the Management Boards for Regional Referral Hospitals in Uganda.

1.1 Regional Referral Hospitals

Regional Referral Hospitals fall under the direct supervision of the Ministry of Health. They offer specialized clinical services such as medicine, surgery, paediatric, and obstetrics and gynaecology. In addition, they offer psychiatry; ear, nose and throat; ophthalmology and clinical support services (laboratory, medical imaging and pathology). They are also involved in promotive, preventive and rehabilitative services in addition to teaching, research and technical support supervision to lower level units.

1.2 Purpose of Management Boards

To strengthen the management and governance of the Regional Referral Hospitals for improved service delivery in their catchment area.

1.3 Objectives

The objectives of the Hospital Boards are to:

- 1.3.1 Strengthen the hospital through community participation in decision making and management.
- 1.3.2 Promote transparency in management of human, material and financial resources of the hospital.
- 1.3.3 Advocate for improved quality of service delivery in the Regional Referral Hospital.

2.0 Composition of the Board

2.1 The Management Board for Regional Referral Hospitals shall have nine members, four of whom shall be women, with a minimum academic qualification of a university degree. The Board shall consist of the following persons:

- i) A public figure of high integrity not holding a political position with a minimum education of a University Degree and with a medical background (Chairperson).
- II. A practicing lawyer (Member).
- III. Health professional not in government employment (Member).
- IV. A registered engineer (preferably civil) (Member).
- V. An entrepreneur with financial management skills (Member).
- VI. A representative of the Ministry of Health at a level of Assistant Commissioner (Member).
- VII. The Chief Administrative Officer of one of the districts served by the Regional Referral Hospital (Member).
- VIII. Head of nursing (Member).
- IX. The Hospital Director (Secretary).

2.2 Ex-Officio

- I. The District Health Officer of one of the districts served by the hospital
 - II. One head of a licensed government health training school/ institution within the region.
 - III. The Principal Hospital Administrator shall be the minute secretary.
 - IV. Head of pharmacy
- NB: Ex-officio members do not have voting rights

3.0 Nomination and formation of Hospital Management Boards

- 3.1 Regional Referral Hospital Board Members, including the Chairperson shall be appointed by the Minister of Health.
- 3.2 The process of sourcing for new members of the Hospital Board should start six months before the expiry of the term of office of the Board.
- 3.3 The Hospital Director initiates the process for the formation of the Hospital Board by writing to the Permanent Secretary, Ministry of Health, giving the date of the expiry of the current Hospital Board.
- 3.4 The expiry date of the Hospital Board shall be drawn to the attention of the Minister of Health by the Permanent Secretary.
- 3.5 The Minister of Health shall write to the Chairpersons of the districts within that region requesting them to recommend at least three nominees for the designated positions on the Hospital Board.
- 3.6 The nominees shall be selected and approved by the District Council.
- 3.7 Each Chairperson shall forward the names of the nominees with their curriculum vitae to the Minister of Health for consideration.
- 3.8 The minimum academic qualification of the members shall be a university degree.
- 3.9 The Board shall co-opt hospital members of staff as and when required but not more than two members.
- 3.10 Appointed members to the Board shall take an oath of service and oath of secrecy before assuming office.
- 3.11 Appointed members of the Board shall be inducted before they commence duty.

4.0 Roles of the Hospital Board

- 4.1 Provide strategic direction for the Hospital within the framework of the Health Policy.
- 4.2 Review and approve the strategic plans, annual recurrent and development work plans, budget and any necessary reallocations within the budget as presented by management, for submission to Ministry of Health.
- 4.3 Discuss and approve the hospital annual report before it is submitted to the Permanent Secretary, Ministry of Health.
- 4.4 Oversee the procurement, storage and utilization of all hospital goods and services as well as essential medicines and health supplies.
- 4.5 Provide oversight in the management of human resources for health including: attraction, development, motivation, attendance to duty, performance, retention, and exit.
- 4.6 Oversee proper sanitation and good hospital environment for effective health services delivery.
- 4.7 Monitor the proper security of all the hospital assets including land.
- 4.8 Promote and improve communication between Regional Referral Hospital and the public and foster community participation in hospital activities.
- 4.9 Mobilize resources for the Regional Referral Hospital.
- 4.10 Receive the internal and external audit reports.

5.0 Sub committees of the Board

- 5.1 The Board shall form the following committees to carry out specific duties:
- I. Human Resources Committee (to include welfare, rewards and sanctions);
 - II. Finance and Development Committee; and
 - III. Quality Assurance Committee.
- 5.2 The Board shall have authority to appoint ad hoc committees as necessary.

6.0 Proceedings of Board Meetings

- 6.1 The Chairperson shall preside over all meetings and in his/her absence the members shall elect a Chairperson from among themselves to preside over the meeting.
- 6.2 The medium of communication shall be the english language.
- 6.3 The Secretary shall call all Board and Committee meetings in consultation with the Chairperson.
- 6.4 Two-thirds of the members (excluding ex-officials) shall form the desired quorum for any meeting.
- 6.5 The Hospital Board shall meet quarterly to conduct hospital Board business.
- 6.6 There shall be provisions for extra ordinary meetings not exceeding two in one financial year if necessary.
- 6.7 The meetings of the Board shall as much as possible be held at the hospital premises.
- 6.8 The Chairperson, in consultation with the Secretary, may at any time convene a special meeting of the Board to consider a special subject on his/her own initiative or if requested in writing by not less than three members of the Board.

- 6.9 Contentious issues discussed shall be decided upon by a simple majority of the members present through voting by show of hands. The Chairperson shall have a deliberative and casting vote.
- 6.10 A minimum of fourteen days' notice (including the agenda, minutes of the previous meeting and all the requisite documents) shall be required to call members for a regular meeting.
- 6.11 A minimum of five days' notice (including the agenda and requisite documents) shall be required to call members for special meetings.
- 6.12 In the event of an emergency however, the Chairperson shall have powers to waive this time limit as he/she sees it necessary.
- 6.13 The minutes of the proceedings shall be recorded by the Secretary and shall be reviewed in the next meeting.
- 6.14 All minutes will be carefully stored by the Minute Secretary for future reference.

7.0 Tenure of office

- 7.1 Members appointed to the Board including the Chairperson shall hold office for a term of three years and will be eligible for renewal for only one more term.
- 7.2 If a position falls vacant on the Board, the appointing authority shall fill in the vacancy by appointing another member to that vacancy within two months. The due selection process will be followed. The new member shall hold office for the remaining term of office for that Board.
- 7.3 The Chairperson or any member may by notice in writing under his/her hand addressed to the Minister responsible for Health with a copy to the Chairperson of the Board, resign his/her membership respectively. In either case a notice of one month is required.
- 7.4 The Minister responsible for Health may at any time remove a Member of the Board if he/she is convinced that the member:
- I. is incapacitated by physical or mental illness;
 - II. has been absent for 3 consecutive meetings without good reasons in writing;
 - III. has been convicted of a criminal offence in a court of law, and
 - IV. Is involved directly or indirectly with the hospital in a business transaction as a trader, supplier or contractor.

8.0 Emoluments for Board Members

The emoluments for the board members shall be as per the guidelines below:

- 8.1 Members will be paid a sitting allowance, per diem and transport refund as per Ministry of Public Service Circular Standing Instructions.
- 8.2 Per diem shall be paid based on the number of days of the Hospital Management Board conducts business.
- 8.3 Sub committee members shall be paid honoraria.
- 8.4 The details of the payments will be specified in the individual appointment letters.
- 8.5 The allowances will be paid from the hospital funds.
- 8.6 Any humanitarian assistance to a board member may be provided as appropriate; depending on availability of resources.

9.0 Powers and limitations

The powers of the board are limited to the roles provided under these guidelines.

10. Review of the guidelines of the Hospital Boards

These guidelines shall be revised at least every after five years or as and when need arises.

11. Dissolution of the Hospital Board

The appointing authority may dissolve the Board under the following circumstances:

- a) Where board members have acted in a manner that is illegal, oppressive or fraudulent;
- b) The hospital assets are being misapplied or wasted;
- c) Gross conflict of interest and abuse of office prejudicial to the efficient operations of the Board; or
- d) The Board is incompetent to effectively execute its roles as provided for under section 4 of these guidelines.

12. Monitoring and evaluation of Board activities

- 12.1 The Board shall make annual work plans with clear performance indicators and targets and submit to the appointing authority.
- 12.2 The Board shall be monitored by the appointing authority and assessed annually based on their work plans.
- 12.3 The Board shall submit annual reports to the Minister of Health. The report shall comprise of board activities, hospital performance, strategic direction and challenges.

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