



Global Surgery Policy Unit

BOARD

TERMS OF REFERENCE

1. Introduction

- 1.1 The Global Surgery Policy Unit ('the Unit') is a strategic collaboration between the Royal College of Surgeons of England (RCS England) and the London School of Economics and Political Science (LSE) ('the Parties'). The Unit aims to advance global surgery and anaesthesia-related health economics, systems strengthening capacity development, research, public health policy, advocacy and engagement.
- 1.2 The Unit will be:
 - 1.2.1 hosted by the LSE at its main campus in London and within the Department of Health Policy/ LSE Health.
 - 1.2.2 led by two Co-Directors who will be responsible for the day-to-day operations, management and development of the Unit.
 - 1.2.3 supported by two seconded staff (one from each Party) who together with the Co-Directors shall make up the Senior Management Team of the Unit.
- 1.3 Governance and accountability of the Unit will be the responsibility of the Unit Board ('the Board').

2. Purpose

- 2.1 The Board shall:
 - 2.1.1 provide oversight, guidance and decision making to support the successful operation and delivery of the Unit's objectives, targets, outputs and impact.
 - 2.1.2 consider all issues that it deems to be essential to ensuring delivery of the Unit's activities and achieving long-term sustainability. This includes receiving status reports from Unit staff, monitoring risks, quality and timelines, making policy, resourcing and fundraising decisions and assessing requests for changes to the scope of projects, partnerships and collaborations.
 - 2.1.3 assess the performance of the Unit against agreed milestones and targets, making recommendations as to what actions should be implemented by Unit staff.
 - 2.1.4 produce an annual report summarising the activities of the Unit and its impact.



3. Membership

3.1 The Board shall comprise of a maximum of nine members in total:

3.1.1 Each Party shall appoint three (3) representatives to the Board, one of whom shall be appointed as Board Co-Chair.

3.1.2 Three (3) members shall be appointed by the Parties following open competition and/ or call for expressions of interest from suitably qualified and/or experienced individuals.

3.1.3 The Parties shall ensure that at least one of the Co-Chairs shall be female.

3.2 The Parties undertake to ensure that membership of the Board shall be diverse, inclusive and representative of the wider global health, global surgery and international development community.

4. Term

Board members shall serve a term of three (3) years in the first instance, which may be renewed for a further term of two (2) years.

5. Meetings

5.1 The Board shall meet at least three (3) times per year.

5.2 The quorum for a meeting of the Board shall be not less than 40% of the members (or their proxies).

5.3 The Board will meet at venues to be agreed or at any time when reasonably considered necessary at the request of any of the Parties and/or Board members. Meetings shall be convened with at least twenty-one (21) days' prior written notice, which notice shall include an agenda.

5.4 Minutes of the meetings of the Board shall be drafted by the Co-Directors and agreed by the Co-Chairs before being transmitted to Board members within twenty (20) days of the meeting. The minutes shall be considered as accepted by all Board members if, within thirty (30) days from receipt, no Board member has objected in writing to either the Co-Directors and/or the Co-Chairs.

5.5 The Co-Directors shall prepare progress reports as required by the Board and a draft of each report will be circulated to each member of the Board along with the written notice for the relevant meeting.

5.6 Each member of the Board shall have one vote. Decisions will be taken by a majority vote of a meeting of the Board except for those decisions specified elsewhere in this Agreement. In the event of a tied vote under this Clause, the presiding Co-Chair of the meeting shall have the casting vote.

5.7 Meetings may also occur by telephone, video and/or online conferencing as well as by e-mail correspondence.



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6. Secretariat

Administrative support to the Board shall be provided by the Co-Directors of the Unit.

7. Revisions

These terms of reference shall be reviewed by the Board annually and revised or amended as required.