

## Terms of Reference

### PCRS Service Development Committee

#### Definition

The Service Development Committee is a sub-committee of the Primary Care Respiratory Society UK Executive and is responsible for advising on, developing and implementing the respiratory service development activities of the charity. The purpose of the Service Development Committee is to support primary care clinicians to drive improved practice and system change by equipping them with the knowledge and confidence to work across and influence the healthcare system locally, regionally and nationally. The Service Development Committee is accountable through the Executive to the PCRS Trustees.

#### Composition of the Committee

The Committee shall consist of between 6 and 10 members who shall be appointed by the Executive and shall include representation from at least 2/4 of the 4 UK nations and from the different professional disciplines involved in influencing respiratory service development and commissioning. The Committee will be chaired by the PCRS Service Development Lead. A vice-chair will also be appointed.

All members of the committee must be formal members of PCRS. Only the formal PCRS members will have voting rights on the committee. Up to two members of the patient reference group will be invited to sit on the Service Development Committee to help ensure a patient centred approach is adopted in all activities. Other members will be invited according to expertise and relevant experience to the current work programme.

The committee shall appoint an Equality, Diversity, and Inclusion Champion.

A representative of the Service Development Committee will sit on the Education Committee and vice versa.

A representative of the Service Development Committee will sit on the Conference Organising Committee

The Chief Executive (or designated deputy) will act as secretary to the Committee, supported by the PCRS Operations Team, but will not have voting rights.

The PCRS Executive Chair may attend Committee meetings and participate in Committee proceedings as he / she sees fit.

#### Powers and Responsibilities

The Committee shall be responsible for:

- Translating and disseminating relevant national respiratory and NHS policy for and to PCRS members and others so they so know how to use national policy (as levers) to bring about change (service improvement) across a population (whole locality and/or one team or practice)
- Providing practical guidance and tools (agreed as part of the annual business plan) to support PCRS members and others to bring about service improvement to achieve the agreed PCRS standards for respiratory in primary care
- Ensuring that the work (aims/outputs) of the Service Development Committee is appropriately used and supported through all relevant PCRS campaigns, programmes and media, including respiratory leaders, conference and affiliated groups
- Making recommendations to PCRS Executive on how PCRS can most appropriately use its expertise/resources to bring about 'system change' to improve respiratory care, including opportunities for partnering and collaboration with others
- Supporting the CE to secure the funding and other resources required to deliver Service Development Committee plans and activities (agreed as part of the annual business plan)
- Responding to and acting upon tasks allocated to them by PCRS Executive
- Identifying and recommending to the Executive suitable candidates for membership of the Service Development Committee and managing the appointment process
- Allocating responsibilities within the Committee and for associated projects/activities

- Establishing working groups as required to develop and conduct the respiratory service development activities of the Charity, ensuring terms of reference are in place and approved by the Executive
- Succession planning for the Committee and its working groups
- Contributing to the performance appraisal of the Service Development lead
- Ensuring all PCRS Service Development Committee activities are conducted in line with agreed PCRS strategic direction and policies/procedures.

All members of the Committee are expected to abide by the PCRS code of conduct and other policies including but not limited to the Equality Diversity and Inclusion Policy, Declarations of Interest Policy and Wellbeing and Safeguarding Policy.

### **Committee Proceedings**

The Committee shall meet three times per year – twice by teleconference and COVID19 restrictions allowing face to face once per year.

A meeting of the Committee may be held in person or by suitable electronic means agreed by the members in which all participants may communicate simultaneously with all other participants.

A quorum of the Committee shall be three.

Decisions made by the Committee shall be by simple majority verdict unless otherwise specified in these terms of reference. All Committee Members shall have equal voting rights. In the event of there being a tied vote, the Chair will have an additional casting vote.

Conflicts of interest will be declared at the start of each meeting in line with PCRS conflict of interest policy.

All Committee Meetings are to be minuted, with the minutes to be presented at the next Committee Meeting, and ratified by the Committee as agreed, and then signed by the Chair. Draft minutes approved by the Chair and CE are to be circulated to Executive within 2 weeks of a Committee meeting and presented at the next Executive meeting. Any changes to the minutes are to be communicated to the Executive within two weeks of the minutes being ratified.

### **Committee Chair**

The Chair (or Co Chairs) of the Committee shall be appointed by the Executive. The Chair's term of office shall be three years from the date of his / her appointment as Chair. The Chair shall not normally serve more than two terms of office, unless otherwise approved by the trustees.

[Standard clauses for committee terms of reference](#)

**Agreed by PCRS Executive:** May 2021

**Approved by Trustees:** July 2021

**Next Review Date:** **May 2023**