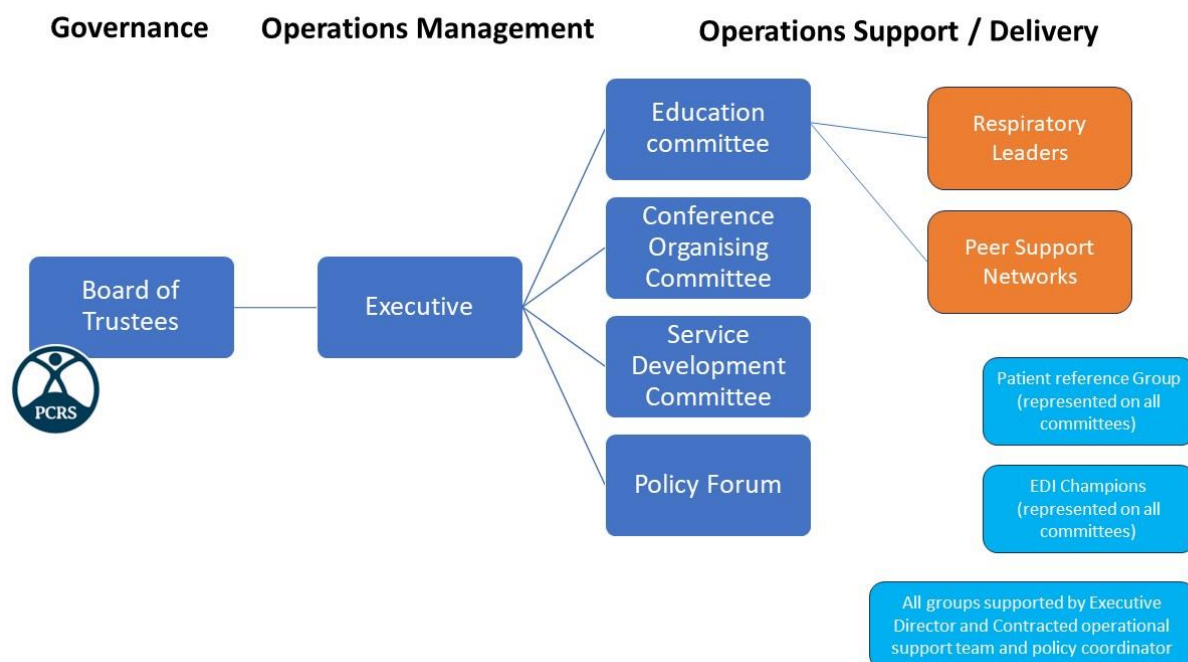




Primary Care Respiratory Society

Terms of Reference for all PCRS Committees

Organisational Structure



The PCRS is governed by a board of trustees. The Trustees are responsible for providing the financial, governance and performance management framework within which the PCRS Executive operates. The trustees, in accordance with the Charities Act, are 'the people responsible under the charity's memorandum and articles of association for controlling the management and administration of the charity'.

An Executive committee, accountable to the board of trustees, leads on the development and implementation of the activities of the charity. The Executive Committee is supported by the following core sub-committees who report to Executive Committee:

- Conference Organising Committee
- Education Committee
- Policy Forum
- Patient Reference Group
- Service Development Committee

Additional task and finish groups may be created subject to funding and the agreed business objectives of the organisation.

The Board of Trustees and all committees are supported by the Executive Director and a contracted operations team (Red Hot Irons) who support the operational and business activities of the organisation.

The Executive Director is invited and expected to attend PCRS Executive meetings as an ex officio member. The Executive Director will act as secretary to the Executive, supported by the PCRS Operations Team. The Executive Director is directly accountable to the Trustees and is responsible for advising the Trustees based on their professional judgment, which may not necessarily concur with the views of PCRS Executive.

The PCRS Executive Chair may attend any sub-committee meetings and participate in proceedings.

A Patient Reference Group (PRG) supports all the committees of the PCRS ensuring the patient voice is represented in our work. The PRG is co-chaired by both a member of the group itself and the Executive Director. The Executive Chair (or designated deputies) will attend the Patient Reference group at least once per annum to participate in discussions, provide points of clarification on the activity of the organisation, and offer advice, but shall have no voting rights.

Composition of the Board of Trustees PCRS Executive and Sub-committees

The composition of the Board of Trustees, Executive Committee and each of the individual sub-committees is outlined in [appendix 1](#).

The Executive Committee and each of the individual sub-committees shall have an Equality, Diversity, and Inclusion Champion. Up to two members of the patient reference group are invited to sit on the Executive Committee and each of the individual sub-committees to help ensure a patient centred approach is adopted in all PCRS activities.

Co-opted Trustees

The trustees may, at any time, co-opt an individual who is qualified to be appointed as a trustee to fill a vacancy on the board or as an additional trustee. A trustee so appointed shall hold office only until the next following annual general meeting and shall not be taken into account in determining the trustees who are to retire by rotation at the next meeting, if not reappointed at such annual general meeting, they shall vacate their office thereof.

Co-opted Executive Committee and sub-committee members:

All sub-committees have the power to co-opt additional members as appropriate to give support, expertise, and advice on specific area(s) of activity for the duration of their role for a period of up to three years. The Executive Committee shall have the power to co-opt up to 4 additional members as it sees fit for a period of up to three years. This may include the immediate past Chair plus any additional experts that the PCRS Executive Committee deem necessary. The elected members (and the Chair if they are not an elected member) shall be the only members of PCRS Executive with voting rights.

PCRS Board of Trustees, Executive Committee and sub-committee Powers and Responsibilities

The **Board of Trustees**, Executive Committee and each of the individual sub-committees has its own specific roles and responsibilities which are highlighted in [appendix 2](#).

Trustees and members of all committees 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, Code of Conduct, Wellbeing and Safeguarding Policy.

Terms of Office for Trustees, Executive Committee, and sub-committee members

The terms of office for a trustee is three years from the date of appointment, trustees are co-opted onto the board until their appointment is ratified at the next annual general meeting. A trustee and may stand for re-election upon completion of their term of office. At every annual general meeting one-third of the trustees who are subject to retirement by rotation or, if their number is not three or a multiple of three, the number nearest to one third shall retire from office; but only if there is only one trustee who is subject to retirement by rotation, then they shall retire.

Membership of the Executive Committee and each of the individual sub-committees shall be for three years, with terms of office ending in December, whether appointed part way through the year or not.

Thereafter, the member is entitled to reapply for Committee or sub-committee membership but shall not serve more than 3 consecutive terms of office (in exceptional circumstances, the PCRS Executive may authorise election for a further term to a sub-committee or in the case of the Executive Committee a resolution is passed by the trustees authorising election for a further term).

Appointment of Trustees.

When a trustee vacancy occurs, either by resignation or completion of a term of office, a job posting is made on a relevant website such as Reach Volunteering, asking applicants to submit their CV along with a statement explaining their desire to join the board and how they meet the requirements. Applications are then shortlisted by the board of trustees and interviews conducted to identify the most suitable appointments.

Appointment of Executive Committee Members

When an Executive Committee vacancy occurs, either by resignation or completion of a term of office, nominations for Executive membership will be requested from PCRS members by the Chair. Nominations are requested in October of each year to allow for the election process to be carried out before the end of the December and appointments to start from 1st January. Dependent on the vacancy arising, nominations will be sought for GP, nurse, or any other health professional members. The list of nominees will be circulated to the trustees who will approve the final list to be distributed to all the PCRS membership. If the number of nominees corresponds to the number and nature of Executive vacancies, then those nominees will be elected automatically to the Executive without recourse to a vote. If the number of nominees exceeds the number of places available, members will be invited to vote online for as many candidates as they wish up to a maximum corresponding to the number of available vacancies. No voting preference will be required. Votes not submitted by the closing date will be invalid. The appropriate number of nominees with the highest votes cast will be elected to the available places on the Executive. In the event of a tied number of votes for the final position, PCRS executive elected members and any co-opted PCRS leads (defined as senior management personnel) will be asked to vote between the candidates. In the event of a tied result, the Chair PCRS executive will cast the deciding vote.

All Executive members must read and adhere to the Committee Terms of Appointment outlined in [appendix 3](#) upon acceptance of a committee position.

Appointment of sub-committee members

The composition each of the individual sub-committees committee shall be reviewed on an annual basis by the sub-committee chair considering the equality and diversity of the committee alongside the business plan and priorities. A plan for recruitment, including specification to fill the forthcoming vacancies, shall be agreed with the committee or sub-committee, and approved by PCRS Executive Chair and/or the Executive Director. Vacancies will usually be advertised in the Autumn in time for positions to be taken up in the new year.

Vacancies shall be advertised to the PCRS membership. Candidates will be asked to provide a supporting statement (and where it is considered appropriate a CV) confirming their interest in the role. Candidates will be shortlisted by the sub-committee Chair and agreed appointment panel (where appropriate to include a patient representative), and interviews conducted to identify the most suitable appointments. Recommended candidate(s) with supporting rationale shall be put to PCRS Executive Committee for approval.

Candidates shall normally be formal members of the PCRS: however, the need for specific skills or experience may require candidates from outside the PCRS membership. Such candidates would be appointed in an 'advisory capacity' and shall not have voting rights on the sub-committee.

Members of the Patient Reference Group will be recruited through a mixture of channels, via the PCRS membership and any other relevant organisations. Persons interested in joining the group will be asked to provide a supporting statement explaining why they are interested, which will be reviewed by the Co-Chairs

of the group and interviewed by two other Patient Reference Group members who will make the final recommendation on appointments, with the Executive Committee approving final recommendations.

All committee members must read and adhere to the Committee Terms of Appointment outlined in [appendix 3](#) upon acceptance of a sub-committee position.

Appointment of Chair of the Board of Trustees

A chair shall be appointed from within the Board of Trustees elected members.

The Chair's term of office shall be up to three years from the date of their appointment as Chair. The Chair may serve a maximum of two consecutive terms of office. The responsibilities of the Chair shall be specified in a role description approved by the trustees.

Appointment of Executive Chair and Vice Chair

A chair shall be elected from within the PCRS Executive elected members.

The Chair's term of office shall be up to three years from the date of their appointment as Chair. The Chair shall be an ex officio member once their elected term is complete. The Chair may serve a maximum of two consecutive terms of office. The responsibilities of the Chair shall be specified in a role description approved by the trustees. The Chair shall receive an honorarium at a level determined by the PCRS Executive and approved by the trustees.

A Chair 'designate' will be appointed 12 months in advance of the end of the Chair's term of office. The chair designate shall be a practising healthcare professional experienced in primary, community and/or integrated care.

Nominations for the Chair-ship shall be requested by, and shall be presented in writing to, the current Chair (or their nominee) 3 months before the chair elect is to be appointed.

Following receipt of nominations, an unopposed nominee for Chair-ship will be presented to the Trustees for their approval and consequent to that, elected as Chair. In the event of there being more than one nominee, the Chair will write to all Executive Members informing them of such; an online vote will be taken whereby each elected Executive Member (excluding the nominees) shall have one vote each. The nominee with the highest number of votes cast will be presented to the trustees for their approval and consequent to that, elected as Chair. In the event of a tied vote the current Chair will have the casting vote as to which candidate is presented to the trustees. The current Chair (or their nominee) will notify the Executive of the outcome of the process.

A Vice Chair shall be appointed by the Executive from within the Executive. The Vice Chair's term of office shall be up to three years from the date of their appointment as Vice Chair. The responsibilities of the Vice Chair shall be specified in a role description agreed by the Executive. The Vice Chair shall receive an honorarium at a level determined by the PCRS Executive and approved by the trustees.

The Chair/Vice-chair may serve a maximum of two consecutive terms of office. Nothing in these terms of reference prevent the vice chair from applying to be chair-designate and serving as both chair-designate and vice chair subject to successful election as per the processes outlined above.

Appointment of Chair and Vice Chairs of sub-committees

The Chair (or Co Chairs) and Vice Chair of all sub-committees (except for the Patient Reference Group) shall be elected by the sub-committee members, with appointments being approved by Executive Committee. The Chair and Vice Chair's term of office shall be three years from the date of their appointment. The Chair and Vice Chair shall not normally serve more than two terms of office, unless otherwise approved by the Executive Committee and Trustees. The Chair and Vice Chair roles are separate appointments, and it should not be assumed that the Vice Chair shall become the next Chair of the Committee. Elections should take place every three years for both roles or sooner should either Chair or Vice Chair position become vacant.

The Patient Reference Group shall nominate its chair from the membership of the group, who shall be appointed for a period of 2 years (renewable for up to 3 terms).

Removal of Executive Committee or Sub-committee Members

Any member of any PCRS Committee or sub-committee member shall cease to hold office if they:

- Cease to be a member of PCRS.
- Become incapable due to illness.
- resign from their office by notice to the sub-committee Chair, PCRS Executive or in the case of the Executive Chair by notice to Chair of the Board of Trustees.
- Are absent without the permission of the Executive from two consecutive meetings and the Executive resolve that his/her office be vacated.
- Receive a vote of no confidence or is deemed to have brought the Charity into disrepute and is asked by a majority of the Executive to resign. The member concerned may appeal to the Trustees.

Removal of Trustees:

A trustee shall cease to hold office if they:

- become incapable due to illness.
- resign from their office by notice to the Chair of the Board of Trustees.
- Are absent without the permission is absent without the permission of the trustees from two consecutive meetings and the trustees resolve that their office be vacated.
- Receive a vote of no confidence or is deemed to have brought the Charity into disrepute and is asked by the chair of Trustees to resign.

Board of Trustees, Executive Committee and Sub-Committee Proceedings

The Board of Trustees meet at least three times a year. One meeting is usually held in London.

The Executive Committee, Education and Service Development sub-committees meet at least two or three times a year. There are usually two half day virtual meetings, and an annual one-day face to face planning meeting which typically takes place the day prior to the start of the annual conference to which all trustees and committee members from all PCRS committees and sub-committees are invited to attend and a short virtual follow-up meeting. Trustees, Executive Committee, and sub-committee members will be expected to attend at least two meetings a year.

The conference organising sub-committee meet shortly after the conference has taken place to prepare for the next annual conference. This involves several half day virtual meetings and one face-to-face meeting. Additional shorter meetings, as well as regular correspondence, are required throughout the year to support the planning and delivery of the conference.

The Patient Reference Group meet twice a year via video conference to review progress, comment on current and future plans for the Society and debate key issues. The group may also meet at Annual Conference informally.

A meeting of the Policy Forum is typically held in person once per year with additional regular shorter virtual meetings throughout the year as required. Additional regular correspondence is required throughout the year for policy forum members to review consultation documents and materials and input to position statements and policy documents.

A quorum of each sub-committee meeting shall be 3 members. For the Executive Committee the quorum is 4 full members. For Board of Trustee meetings, the quorum shall not be less than one third of their number or two trustees, whichever is the greater.

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

Decisions made by the Board of Trustees, Executive Committee and sub-committees shall be by simple majority verdict unless otherwise specified in these terms of reference. All Executive Committee and sub-committee members shall have equal voting rights. In the event of there being a tied vote, the Chair will have an additional casting vote.

All Trustee, Executive Committee and sub-committee meetings are to be minuted, with the minutes to be presented at the next meeting and ratified, and then signed by the Chair. Any changes to the minutes are to be communicated within two weeks of the minutes being ratified.

All Trustees, Executive Committee and sub-committee members are invited to join and engage with the Project Management Software Monday.com. This helps to facilitate efficient management and communications for all programmes of work.

Trustee, Executive Committee and Sub-Committee Member's Expenses

Trustees may be paid all reasonable travelling, hotel and other expenses properly incurred by them in connection with their attendance at trustee meetings, general meetings, or otherwise in connection with the discharge of their duties but shall otherwise be paid no remuneration.

Travel costs payable to the individual and locum costs payable to the practice will be reimbursed for Executive Committee or sub-committee members attending meetings of their committee or sub-committee. Expenses will be paid upon presentation of a completed PCRS expenses claim form. Car travel costs will be reimbursed at a rate of 45p per mile and rail or air fares will be refunded at standard class upon presentation of a valid receipt. Locum costs will be paid upon receipt of an invoice from the practice.

Individuals may claim up to a total of £400 (£200 for a half day zoom committee meeting) in respect of loss of earnings if attendance would not be possible without reimbursement or if individual would experience hardship without claiming. Alternatively, backfill expenses can be reimbursed to Executive committee or sub-committee members' host organisations at the same rates. Childcare costs (or other care costs related to a dependent) may be claimed as an expense in lieu of 'loss of earnings', backfill or a locum fee.

PCRS are keen to ensure that no member of the Patient Reference Group Member is worse off because of contributing their time to PCRS. PCRS will therefore reimburse such costs incurred during their activity as a member of the Patient Reference Group. This includes reasonable travel and accommodation costs payable in line with PCRS Expenses policy.

Agreed by PCRS Executive: 5th February 2024
Approved by Trustees: 3rd July 2024
Next Review Date: July 2027

Appendix 1: Committee Composition

Committee Name	Minimum Number of members	Maximum Number of Members	Maximum number of co-opted Members	Composition
Board of Trustees	3	8	-	At least two of these trustees should be members of PCRS and at least one shall be a general practitioner at the time of their appointment.
Conference Organising	N/A	12	2	Shall include at least one representative from each PCRS subcommittee and a balance of new members/ previous experience and across GPs, primary care nurses, pharmacists, and respiratory specialist nurses/ physiotherapists/ others. A representative of the Education Committee will sit on the Conference Organising Committee. The Research Lead will automatically be co-opted onto the Conference Organising Committee
Education	6	10	6	Shall include representation from GPs, practice nurses, respiratory specialist nurses and allied health professionals who are directly involved with the delivery of patient care and/or are healthcare educationalists.
Executive	N/A	12	4	Should comprise a balance of doctors (GPs, and respiratory specialist doctors), nurses (primary care and community respiratory specialist nurses) and other health professionals (e.g. physiotherapist, pharmacists). At least 3 of the elected members shall be GPs active in clinical practice and at least 3 shall be nurses active in clinical practice. The elected members (and the Chair if they are not an elected member) shall be the only members of PCRS Executive with voting rights. The Executive shall have the power to co-opt up to 4 additional members as it sees fit for a period of up to three years. This may include the immediate past Chair plus any additional experts that the PCRS Executive deem necessary.

				The Research Lead will automatically be co-opted onto the Executive Committee
Committee Name	Minimum Number of members	Maximum Number of Members	Maximum number of co-opted Members	Composition
Patient Reference Group	6	8	N/A	Ideally of different genders, ages, and backgrounds with experience of a variety of respiratory problems typically seen in primary care. The PRG Co- Chair shall sit on the PCRS Executive and will liaise with other group members to encourage input and invite feedback from the wider group to help inform PCRS Executive Committee Discussions.
Policy Forum	6	10	2	The membership should include representatives from Education Committee and Service Development Committee. In addition, there should be balance of doctors (GPs, and respiratory specialist doctors), nurses (primary care and community respiratory specialist nurses) and other health professionals (e.g. physiotherapist, pharmacists) across the forum. All members of the Policy Forum must be members of PCRS. The PCRS Policy Consultant will act as secretary to the Committee. The PCRS Chief Executive and PCRS Executive Chair will attend Forum meetings and participate in Committee proceedings as he / she sees fit. The PCRS Executive Policy Lead will chair the Forum.
Service Development	6	10	2	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. A representative of the Education Committee will sit on the Service Development Committee

Appendix 2: PCRS Trustee and Committees Powers and Responsibilities

2.1 Board of Trustees

The statutory duties of a trustee

- To ensure that the organisation complies with its governing document, charity law, company law and any other relevant legislation or regulations, including providing public benefit.
- To ensure that the organisation pursues its objects as defined in its governing document.
- To ensure the organisation uses its resources exclusively in pursuance of its objects: the charity must not spend money on activities which are not included in its own objects, no matter how worthwhile or charitable those activities are.
- To contribute actively to the board of trustees' role in giving firm strategic direction to the organisation, setting overall policy, defining goals, and setting targets and evaluating performance against agreed targets.
- To safeguard the good name and values of the organisation
- To ensure the effective and efficient administration of the organisation
- To ensure the financial stability of the organisation
- To protect and manage the resources of the charity and to ensure the proper investment of the charity's funds.
- To appoint the Executive Director and monitor their performance.

Other duties:

In addition to the above statutory duties, each trustee should use any specific skills, knowledge or experience they have to help the board of trustees reach sound decisions. This will include:

- Maintaining absolute confidentiality on all aspects of the trustees' business
- Scrutinising board papers
- Ensuring robust systems are in place for internal financial control and the protection of PCRS- UK's funds and assets.
- Leading discussions, having good, independent judgement.
- Being able to think creatively.
- Be willing to speak their mind and discuss issues constructively.
- Being able to focus on the key issues.
- Providing guidance on new initiatives.
- Taking appropriate professional advice in all matters where there may be a material risk to. PCRS-UK, or where the trustees may be in breach of their duties.
- Other issues in which the trustee has special expertise.

2.2 Conference Organising Committee

The Conference Organising Committee is responsible for advising on, developing, and implementing the charity's annual conference.

Powers and Responsibilities

The Committee is responsible for:

- Preparing, in conjunction with the Executive Director a business plan for the annual conference for agreement with the Executive
- Developing the programme for the conference, and identifying and securing suitable speakers
- Ensuring the approved business plan is implemented, reporting progress and any deviations to the Executive.
- Identifying and responding to business opportunities as they arise, seeking approval from the Executive for any activity outside the agreed business plan.
- Responding to and acting upon tasks allocated to them by PCRS Executive.

- Succession planning for the Committee. Identifying and recommending to the Executive suitable candidates for the Chair and general membership of the Conference Organising Committee and managing the appointment process
- Allocating responsibilities within the Committee, including for example an overall lead for each programme stream
- Establishing a scientific committee to review/approve abstract submissions and other subgroups as required ensuring terms of reference are in place and approved by the Executive.
- Ensuring the PCRS annual conference and associated activities are conducted in line with agreed PCRS strategic direction and policies/procedures.

2.3 Education Committee

The Education Committee is responsible for advising on, developing, and implementing the educational activities of the charity. The purpose of the Education Committee is to bring about individual clinician change through education.

Powers and Responsibilities

The Committee is responsible for:

- Formulating recommendations for the Executive on the education strategy of the PCRS and short-, medium- and long-term business plans for education to include:
 - Professional development of an individual or small group of clinicians (tools and resources)
 - Clinical education updates/topics and materials for individuals and small units
 - Clinical update material (& events) suitable for different groups (responding clinically to guidelines and new evidence)
- Respiratory Leaders professional development programme
- Professional development (& clinical) support for constituent grass roots groups, up to practice leads (incl. forums/working parties as relevant):
 - Practice nurses
 - Respiratory nurse specialists
 - GPs
 - Other allied health professionals
- Educational input to PCRS conference, the Primary Care Respiratory Update and Peer Support Networks (Affiliated Groups)
- Supporting the CE to secure the funding and other resources required to deliver the agreed strategy and business plans.
- Implementing the approved annual business plan, reporting progress and any deviations to the Executive
- Identifying and responding to business opportunities as they arise, seeking approval from the Executive for any activity outside the agreed 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 Education Committee and managing the appointment process
- Allocating responsibilities within the Committee and for education projects
- Establishing working groups as required to develop and conduct the education 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 Education Lead
- Ensuring all PCRS education activities are conducted in line with agreed PCRS strategic direction and policies/procedures.

2.4 Executive Committee

The PCRS Executive is the key leadership team within PCRS upon whom it is incumbent to inspire, motivate and provide the appropriate direction to the membership and external groups to achieve the Charity's Organisational Purpose.

Powers and Responsibilities

The Executive supported by the Executive Director is responsible for:

- Formulating recommendations for the trustees on the strategic direction of the PCRS and its short, medium, and long-term business plans
- Securing the funding and other resources required to deliver the agreed strategic direction and business plans.
- Communicating the Charity's vision and plans to the membership and external stakeholders.
- Implementing the approved annual business plan, reporting progress and any deviations to the trustees
- Identifying and responding to business opportunities as they arise, seeking approval from trustees for any activity outside the agreed business plan.
- Determining and making recommendations on the PCRS membership schemes, fees, and packages of benefits to the trustees
- Managing the appointment process for its elected and co-opted members
- Identifying and recommending to the trustees' suitable candidates for Chair, PCRS Executive
- Allocating and where appropriate delegating responsibilities within the Executive, ensuring role descriptions and/or agreements are in place for each lead role (and any other delegated responsibilities) and are approved by the Trustees.
- Establishing sub committees and other working groups as required to conduct the charitable activities of the Charity and ensuring terms of reference are in place and approved by the trustee.
- Succession planning for the Executive and its sub committees.
- Contributing to the performance appraisal of the Chair and Executive Director
- Identifying the operational and other support required by the PCRS and making recommendations to the Trustees on the best means of delivering this (e.g. staff, contractors)
- Ensuring all PCRS activities are conducted in line with agreed PCRS strategic direction and policies/procedures.

2.5 Patient Reference Group

The Patient Reference Group is an advisory group responsible for providing independent advice and feedback to help inform the activities of PCRS.

The purpose of the Patient Reference Group is to help:

- Promote a patient centred approach within corporate consciousness' of PCRS and all its activities.
- Offer the patient perspective in discussion, policy and decision making throughout the organisation.
- Help to ensure PCRS is acting ultimately in patients' best interests and providing public benefit.

Roles and Responsibilities:

Involving PRG in the work of PCRS:

- The group will be invited to contribute content such as blogs, podcasts, articles, soundbites/quotes, and interviews where such content is relevant to the activity and priorities of the charity.
- Group members will be invited to contribute their expertise to PCRS research network members who would like lay input into their research proposal but who do not have ready access to patient/public involvement (PPI).

- Members of the group will be invited to attend the PCRS conference and to feedback their observations with respect to how well the sessions succeed in supporting a patient centred approach.
- Members of the group will receive all PCRS membership communications, including e alerts and Primary Care Respiratory Update with an open invitation to feedback their observations from a patient perspective.

2.6 Policy Forum

The Policy Forum is responsible for the development, prioritisation, and implementation of the PCRS influencing policy plan and is accountable to PCRS Executive and ultimately to the PCRS Trustees.

Powers and Responsibilities

- Formulating an agreed strategy and annual business plan for policy influencing in line with the overall PCRS business plan for approval by the PCRS Executive
- Ensuring PCRS has structure and processes in place agreed by PCRS Executive to operate effectively in influencing policy and has an appropriate framework in place for prioritising policy work.
- Identify and appoint individuals from within the group (and if appropriate beyond, such as topic experts) to lead and take responsibility for specific pieces of policy work and/or to attend meetings with policy makers and influencers as required on behalf of PCRS.
- Implementing the approved annual business plan reporting progress and any deviations to the PCRS Executive, in particular:
 - review priorities on a quarterly basis using the agreed framework to input to recommendations and decisions.
 - Identifying and responding to business opportunities as they arise, seeking approval from the PCRS Executive for any activity outside the agreed business plan or budget.
- Identifying and recommending to the PCRS Executive suitable candidates for membership of the policy Forum and managing the appointment process
- Ensuring all PCRS influencing activities are conducted in line with agreed PCRS strategic direction and policies/procedures.

2.7 Service Development Committee

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.

Powers and Responsibilities

The Committee is 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.

Appendix 3:

Terms of Appointment for Trustees PCRS Executive and Committee Members

Individuals will be asked to sign each time they are appointed / reappointed to a committee or other paid role. These terms below are subject to change – committee members will be informed of any changes.

In accepting your appointment to PCRS Executive or any PCRS subcommittee, you must agree to:

1. Treat as secret and confidential, and not at any time (including after termination of this Agreement) for any reason disclose, any information relating to the Charity's business affairs or finances received as a result of your appointment.
2. Duly observe all obligations under the Data Protection Act 2018 ("DPA") which may arise in connection with this appointment, and fully co-operate with the Charity (as far as may reasonably be required) in complying with the Data Protection Act and relevant PCRS policies as listed in point 5 below.
3. Ensure any locum, travel, and other costs, not specified in the terms of reference (see note on expenses below), are agreed in advance with the Executive Director. No payment for any expenses will be made in the absence of documentary evidence supporting the expenses claimed.
4. Committee members should take sole responsibility for and account to the appropriate authorities for all tax, including Value Added Tax, Income Tax, National Insurance Contributions, or similar contributions in respect of any payments made to you by the PCRS* and keep the Society fully indemnified in respect thereof.

*(except where applicable, payments made under PAYE and subject to a specific PCRS lead role agreement)

5. Take seriously your responsibilities as a trustee or committee member and in particular ensure you:
 - a) Adhere to all relevant PCRS policies & procedures, including but not limited to;
 - i. [PCRS Code of Conduct](#)
 - ii. [PCRS conflicts of interest policy](#)
 - iii. [PCRS policy on bribery](#)
 - iv. [PCRS privacy notice for staff, trustees and committee members](#)
 - v. PCRS policy [data protection](#) and on [bring your own device](#)
 - vi. PCRS Policies on [representation](#) and [media relations](#)
 - vii. PCRS policy on [Equality & Diversity](#)
 - b) Provide advanced notice to the PCRS office (via info@pcrs-uk.org) if you are unable to attend a formal trustee or committee meeting (dates for formal meetings are confirmed 12 months in advance) and notify the PCRS office of any extended absence over two weeks. The PCRS office will ensure relevant the Chair is informed.
 - c) Respond to requests for information, input or decisions from PCRS staff/contractors and other trustees or committee members by the stated deadline or within 2 weeks of the request being issued.
 - d) Read papers provided for meetings in advance of the meeting (papers are issued at least one week in advance of a formal meeting).
 - e) Act in the best interests of PCRS and as an ambassador for the Society at all times - and draw relevant issues or opportunities to the Committee Chair, Chair PCRS Executive or the Executive Director director@pcrs-uk.org

Please Note

PCRS offers free registration to PCRS Committee members for the PCRS conference; Committee members are expected to fund their own travel expenses and accommodation costs. If a committee member cannot

afford to fund their own travel / accommodation, but can get their registration funded through another source, in lieu of free registration, PCRS will reimburse them up to the cost of the lowest conference registration rate towards travel / accommodation.

In return for free registration and as part of their ambassadorial role for the Society, committee members are expected to support PCRS activities at the conference, including manning the exhibition stand and hosting the drinks reception.