**Terms of Reference**

**PCRS-UK 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-UK Trustees.

**Composition of the Committee**

The Committee shall consist of between 4 and 8 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-UK Service Development Lead. A vice-chair will also be appointed.

A minimum of 4 members of the committee must be formal members of PCRS-UK. Only the formal PCRS-UK members will have voting rights on the committee. Asthma UK and the British Lung Foundation will each be invited to nominate a patient representative 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.

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 and the Primary Care Respiratory Update editorial board.

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

The PCRS-UK 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-UK 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-UK members and others to bring about service improvement to achieve the agreed PCRS-UK standards for respiratory in primary care
* Defining and recommending PCRS-UK standards for respiratory primary care with responsibility for any associated PCRS-UK Quality Award(s) and population/practice improvement tools (incl. current EQUIP/practice improvement worksheets)
* Ensuring that the work (aims/outputs) of the Service Development Committee is appropriately used and supported through all relevant PCRS-UK campaigns, programmes and media, including respiratory leaders, conference and affiliated groups
* Making recommendations to PCRS-UK Executive on how PCRS-UK 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-UK 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-UK Service Development Committee activities are conducted in line with agreed PCRS-UK strategic direction and policies/procedures.

All members of the Committee are expected to abide by the PCRS-UK code of conduct.

**Committee Proceedings**

The Committee shall meet regularly, at least twice a 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.

**Appointment of Committee members**

The composition of the committee shall be reviewed on an annual basis by the Committee chair in light of the business plan/priorities. A plan for recruitment, including specification to fill the up & coming vacancies, shall be agreed with the committee and approved by PCRS-UK Executive Chair /CE.

Vacancies shall be advertised to the PCRS membership and candidates will be asked to provide a supporting statement (and CV) confirming their interest in the role. Candidates will be shortlisted by the Committee Chair / agreed appointment panel, and interviews conducted to identify the most suitable candidate. Recommended candidate(s) with supporting rationale shall be put to PCRS Executive for approval.

Candidates shall normally be formal members of the PCRS: however the need for specific skills / 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 Committee.

**Terms of Office for Committee members**

Membership of Committees shall be for three years. Thereafter, the Member is entitled to reapply for Committee Membership but shall not serve more than 3 consecutive terms of office (in exceptional circumstances, PCRS Executive may authorise election for a further term).

**Removal of Committee Members**

Any member of the Committee shall cease to hold office if he / she:

* Ceases to be a member of PCRS.
* Becomes incapable by reason of mental disorder, illness or injury of managing and administering his own affairs.
* Resigns his / her office by notice to the Committee Chair.
* Is absent without the permission of the Committee from two consecutive meetings and the Committee resolve that his / her office be vacated.
* Receives a vote of no confidence or is deemed to have brought the Charity into disrepute and is asked by a majority of the Committee to resign. The member concerned may appeal to the Executive.

**Committee Member’s Expenses**

Travel costs payable to the individual and locum costs payable to the practice will be reimbursed for Committee members attending Meetings of the Committee. Expenses will be paid upon presentation of a completed PCRS-UK 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.

Loss of earnings may be claimed by members who lose a day’s income as a result of attending the meeting or have to take a day’s annual leave, as follows, GPs: £400 per full day, nurses: £300 per full day or backfill expenses can if necessary be reimbursed to 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’ or a locum fee.

**Agreed by PCRS-UK Executive:** May 2015

**Approved by Trustees: June 2015**

**Next Review Date:** June 2018