

**Working together
for a safer Scotland**



**SCOTTISH
FIRE AND RESCUE SERVICE**

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SCOTTISH FIRE AND RESCUE SERVICE BOARD

CORPORATE GOVERNANCE

TERMS OF REFERENCE FOR THE SERVICE DELIVERY COMMITTEE

Original Author/Role	GM Rab Middlemiss
Date of Risk Assessment (if applicable)	N/A
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Quality Control (name)	Nick Barr, Board Member
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1. INTRODUCTION

- 1.1 The Scottish Fire and Rescue Service (SFRS) have established a Committee of the Board, known as the Service Delivery Committee (“the Committee”).
- 1.2 The overall purpose of the Committee is to scrutinise and challenge the safety, quality and performance of service delivery across Scotland, by means of papers, reports, presentations and assurance assessments provided by senior staff.
- 1.3 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these Terms of Reference (ToR).
- 1.4 Along with all staff, the Board and its Committees have a key part to play embedding and living [‘Our Values’](#) – Safety, Teamwork, Respect and Innovation.

2. MEMBERSHIP

- 2.1 The Committee will comprise five Board members including a Chair and Deputy Chair. The Committee will be supported by the Deputy Chief Officer, Director of Service Delivery, Director of Training, Safety and Assurance and other members of SFRS staff, as appropriate to the agenda.
- 2.2 The Committee may invite representatives of related partner organisations, as appropriate, to Committee meetings to assist with the work of the Committee.
- 2.3 The composition and effectiveness of the Committee will be reviewed annually by the Board. A full list of the membership is detailed in [Appendix 1](#).

3. REPORTING

- 3.1 Minutes of the meetings of the Committee will be submitted to meetings of the Board. The Committee may submit special reports to the Board as required.
- 3.2 Minutes of the meetings of the Committee will be published on the SFRS website.
- 3.3 The Chair or Deputy Chair of the Committee will provide a quarterly verbal report to the SFRS Board.
- 3.4 An Annual Statement of Assurance will be prepared by the Committee at the end of each fiscal year.

4. RESPONSIBILITIES

- 4.1 The primary responsibilities of the Committee are to effectively scrutinise, challenge and seek assurance in relation to:
- Safety and risk reduction;
 - Quality assurance, benchmarking and standards;
 - Performance and outcomes;
 - Horizon scanning.
- 4.2 The broad areas of responsibility give the Committee scope to continually monitor and review Service Delivery related matters as deemed necessary. This scope of responsibility also includes operational medically related matters, such as Clinical Governance, notwithstanding joint working arrangements with partner agencies.
- 4.3 All Committees must endeavour to avoid duplication of work of other Committees by focusing on specific delegated areas of responsibility.

Overall co-ordination of work is overseen by the Integrated Governance Forum – [Section 8.2](#).

5. RIGHTS

5.1 The Committee is authorised by the Board to make decisions within their limits of responsibilities under these ToR as detailed within [Section 4.1](#). This however is subject to ensuring that any decision made does not adversely impact on the Strategic Direction of the SFRS, which will continue to be subject to SFRS Board scrutiny and governance arrangements.

5.2 The Committee may:

- Scrutinise the delegated areas of responsibility referred to in [Section 4](#) above;
- Invite additional members for a limited period to provide specialist assistance. However, where there is associated expense, this must have prior approval from the Chair of the Board and Accountable Officer;
- Procure specialist advice at the expense of the organisation, subject to budgets agreed by the Chair of the Board and Accountable Officer;
- Approve previous Committee minutes at the next Committee meeting;
- Hold private workshop sessions, as required, for development purposes and to accommodate organisational input and support.

6.1 ACCESS

6.1 Members of the Strategic Leadership Team, as required, will have free and confidential access to the Chair of the Committee.

7. MEETINGS

7.1 The procedures for meetings of the Committee are:

- To meet formally and in public at least on a quarterly basis;
- To consider and agree, in line with the [Standing Orders](#), whether any item on the Agenda needs to be considered in private;
- For the Chair of the Committee, in consultation with Members, to request an additional meeting if considered necessary;
- A minimum of 3 Committee members will be present for the meetings to be deemed quorate;
- In the absence of the Chair, the Deputy Chair will assume the responsibilities of the Chair. In both their absence and in agreement with the remaining 3 Committee members present, any one member is authorised to assume the role of Chair for the duration of the meeting.

8. RELATIONSHIP TO OTHER COMMITTEES

8.1 The Committee will have strategic relationships with the following Committees:

- Change;
- People;
- Audit and Risk Assurance.

8.2 The Integrated Governance Forum will assist by reviewing and co-ordinating intended outcomes between Committees, to prevent duplication and ensure alignment of business, while capturing any common themes across all Committees.

9. INFORMATION REQUIREMENTS

9.1 All relevant documentation for the Committee must be provided as per the schedule for their meetings.

APPENDIX 1 – COMMITTEE MEMBERSHIP

Members

- 5 Board members;
- Chair of Board (Ex-officio Member).

Others in attendance

- Deputy Chief Officer;
- Director of Service Delivery;
- Director of Training, Safety and Assurance;
- Board Support Team;
- Other representation, as appropriate and by invite.