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INDEPENDENT ASSURANCE

PROGRAMME: COPFS Forensic Pathology and Mortuary Services

Gate 0 – Strategic Assessment

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About this report

This report is an evidence-based snapshot of the programme's/project's status at the time of the review. It reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the SRO immediately at the conclusion of the review.

This assurance review was arranged and managed by:

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1. Gateway Review Conclusion/ Stage Gate Assessment (SGA)

Stage Gate Assessment

AMBER - Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.

Crucial meetings are planned for the next few weeks, where it is hoped to advance progress on the agreement of SLAs and Costing Model and then move forward to develop the Business Cases. However, if these discussions are unsuccessful, the **SGA will move away from AMBER towards RED.**

As noted in earlier Gateway Reviews, COPFS has continually sought to improve the provision of essential Forensic Pathology and Mortuary Service to support requirements throughout Scotland. The current 'status quo' is deemed as not acceptable as the services are inconsistent, in many cases, patchy with inequality of provision across Scotland. There remains a high reputational damage risk to all key stakeholders should a public failure occur.

The Pathology, Toxicology and Mortuary Programme (PTM / Programme) has made progress with the implementation of the recommendations of the Gateway Review and the Assurance of Action Plan reports. A summary of the status is provided at ANNEX C. We encourage continuing attention is paid to progressing and resolving recommendations 4 - 6 which are related to:

- *Immediately identifying and prioritising those areas for incremental service improvements which will result in a reduction in the demand for services. Stakeholders appear to be interested in participating in this forum and have commented that there are ideas for improvements in circulation, however they do not yet seem to have been translated into implementation action.*
- *Appointing a small group of Champions for forensic pathology services to assist in stimulating interests of trainee doctors in becoming Forensic Pathologists and establishing examples of good practice.*
- *Recognising the dependency of the service for locums to carry out post-mortems, should ensure that mitigations for the consequential risk of attrition.*

Notable steps have been taken regarding governance, management support, stakeholder engagement, SLA drafting and discussions, commencing business case preparation and financial modelling, and starting consideration of operating processes and incremental improvements.

Governance arrangements have been streamlined and are focused on delivering a more strategic set of outcomes. Senior leaders come together on a regular basis, and this has helped to surface issues.

Senior level engagement and involvement across government organisations has clearly increased. As noted in earlier reviews, there is a need for:

“Clear Justice and Health Cab Sec direction and support, coupled with leadership from the Scottish Government and the NHS Executive working in close conjunction with COPFS.”

There is now more interest being shown from the Justice Committee; the Crown Agent has gained more engagement with the Director General’s responsibility for health and justice; the Chief Medical Officer has become more involved; and support continues to be provided by the Lord Advocate. This support needs to be further built in advance of submission of a new Business Case, if COPFS vision of establishing a national service delivery model is to be realised.

However, key stakeholders are unclear about the timings and current progress of work (E.g. SLAs finalisation, Costing Model and Business Cases development). They are not clear what their intended role and contributions and timings are going to be in supporting the development of sound business cases and what commitments are going to be sought from them. This could result in significant delays to work and progress, making the current timescales unachievable. This is also of concern as COPFS reports on these matters to each Stakeholder Forum meeting.

A codesign approach has been adopted. This is in line with earlier Gateway Review’s advice. It is intended that draft SLAs will be agreed by early July 2024. From what we heard from stakeholders, this timescale for confirming agreement appears to be very challenging.

The Programme is progressing the preparation of a Strategic/ Outline Business Case (OBC) for future national service delivery of a draft to be completed by mid-July 2024. The intention is to complete the Full Business Case by November 2024 and secure Scottish Government funding by the end of this financial year. These documents should follow good practice and (as intended) adhere to the Treasury Green Book Guidance.

An important part of the SOBC will be to set out the options and how their relative merits have been evaluated. One issue that must be addressed is that at present there is no shared vision - no shared view of what the desired national service would be like. This is a major weakness.

COPFS has progressed on the basis of decisions on these matters made at the initial 2 Stakeholder Forums, but a process should be rapidly developed with the key stakeholders to restate agreement on a shared vision and the strategic options to be assessed in the Business Case. A Scottish Government Policy direction could galvanise senior stakeholders to collectively work together to achieve the desired vision.

A detailed cost model has been developed by Grant Thornton on behalf of COPFS and active discussion with providers to help populate the model is underway. This will help provide improved transparency of current costs to all parties. This work is challenging and potentially complex, requiring considerably more work to be conducted before it is completed and signed off by all key stakeholders. The quality of some of the information that is being received is poor and it may be that the baseline position is not as exact or complete as initially expected.

It is intended that all senior partners will be asked to formally endorse a jointly produced Business Case before it is submitted for approvals. This could be clarified by producing a short Sign-Off approvals plan - usually described with an Integrated Assurance and Approvals Plan (IAAP). We strongly support this approach of seeking co-design, together with joint approval of business case costs and formal commitment to the Business Case.

Progress has been slow sometimes, but progress is being made and it is hoped that this can continue and that the pace of change can be increased. It is accepted that moving to the new model will take place over 3 - 5 years.

The Stage Gate Assessment RAG status should use the definitions below.

RAG	Criteria Description
Green	<p>Successful delivery of the project to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.</p> <p>Recommendation: The programme/project is ready to proceed to the next stage.</p>
Amber/ Green	<p>Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.</p> <p>Recommendation: The programme/project is ready to proceed to the next stage.</p>
Amber	<p>Successful delivery appears feasible but <u>significant issues</u> already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.</p> <p>Recommendation: This programme/project can proceed to the next stage with conditions but the programme/project must report back to the PPPA on the satisfaction of each time bound condition within an agreed timeframe.</p>
Amber/ Red	<p>Successful <u>delivery of the project is in doubt</u> with major risks or issues apparent in several key areas. Urgent action is needed to ensure these are addressed and establish whether resolution is feasible.</p> <p>Recommendation: This programme/project should not proceed to the next phase until these major risks or issues are managed to an acceptable level of risk and the viability of the project/programme has been re-confirmed.</p>
Red	<p>Successful delivery of the project appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project may need re-base lining and/or overall viability re-assessed.</p> <p>Recommendation: This programme/project should not proceed to the next phase until these major issues are managed to an acceptable level of risk and the viability of the project/programme has been re-confirmed.</p>

2. Summary of concerns, evidence and recommendations

Priority	Recommendation	Risk* and Issue Identified with Evidence	Status	Classification	Aligned with profession
(Rec 4)	A process should be rapidly developed with the key stakeholders to agree on a shared vision and the strategic options to be assessed in the Business Case.	The lack of a shared vision undermines the codesign approach and also makes objective evaluation of options impossible.	C	Justification/ Business Case	Project Delivery
(Rec 5)	Begin work on completing the known parts of the SOBC now with agreement on scope and tables of contents and agree the required path to agreement and signatories.	Leaving the work of writing the SOBC too late risks the quality.	C	Justification/ Business Case	Finance
(Rec 6)	Discussion on a one-to-one basis with providers should urgently take place to determine why they have been unable to complete their Costing Model template and then support and advice should be provided to them.	The lack of more accurate Cost Model Data will cause further delay to the development of Business Cases.	C	Justification/ Business Case	Project Delivery
(Rec 2)	Discuss and agree with each key stakeholder what their intended role and contributions and timings are going to be in supporting the development of sound business cases and what commitments are going to be sought from them / their organisation and by when.	Key stakeholders are unclear about the timings and current progress of work (E.g. SLAs finalisation, Costing Model and Business Cases development). They are not clear what their intended role and contributions and timings are going to be in supporting the development of sound business cases and what commitments	E	Stakeholders Planning	Project delivery Risk

		are going to be sought from them. This could result in significant delays to work and progress, making the current timescales achievable.			
(Rec 7)	<p>The SRO should continue to strengthen Programme capacity and resources to deliver the current work at pace.</p> <p>In addition, robust Programme Team succession planning and arrangements for training and knowledge transfer need to be established.</p>	Without the resources required to undertake facilitation and the monitoring of service improvements and other areas of programme management, there will not be the necessary focus on the management of service improvements and co-design.	E	Planning	Project Delivery
(Rec1)	The SRO should examine options to apply further resources to help evaluate and implement Service Improvement changes rapidly.	Status quo will prevail and there will be no improvements in service provision made until the future Business Cases are approved. This should be part of a business-as-usual Continuous Improvement Process which needs to be established.	E	Planning	Project Delivery
(Rec 3)	Reduce the perceived dominance of the legalistic approach and route communications through channels other than those dominated by lawyers.	Using a contracting/legal approach runs counter to the intended NHS/Clinical service SLA alternative and risks wasted legal efforts.	<u>R</u>	Stakeholders Planning	Project delivery Risk

- **Critical (Do Now):** To increase the likelihood of a successful outcome it is of the greatest importance that the programme should take action immediately.
- **Essential (Do By):** To increase the likelihood of a successful outcome the programme should take action in the near future.
- **Recommended:** The programme should benefit from the uptake of this recommendation.

ACTION PLAN - You must within three weeks of the final report provide your intended actions for addressing each recommendation. You should then share it with the relevant Scottish Government Portfolio Accountable Officer and copy it to the SG's Portfolio, Programme and Project Assurance Hub (PPPA). Thereafter, you are responsible for implementing the actions in response to the recommendations. If the review has identified serious deficiencies or difficulties (including probable failure to meet the planned budget) within the programme the appropriate Officer should inform the relevant Minister/s.

3. Blockers to delivery

Ref No:	Blocker	Describe specific nature of blocker	Consequence if not resolved
1	COPFS are not positioned to be able to design and implement a national service model to deliver an improved and consistent quality across Scotland	<p>COPFS (whilst having responsibilities based in common law to investigate all suspicious or unexplained deaths) has no powers or controls with health providers or universities to mandate Forensic Pathology and Mortuary Services to an agreed Service Level.</p> <p>In the absence of a political mandate, COPFS can only seek to take forward incremental improvements.</p> <p>This blocker needs to continue to be escalated to the Justice Committee and within the Scottish Government.</p>	<p>COPFS 'Vision' is unachievable. This vision is not yet shared across key stakeholders.</p> <p>The service quality will continue to be inconsistent and at risk.</p> <p>There is a high reputational damage risk to all key stakeholders should a public failure occur.</p>
2	Sufficient COPFS and Provider Resources with authority are not in place to manage timely facilitation and monitoring of service improvements.	<p>COPFS and key stakeholders are under-resourced and do not have sufficient capacity or capabilities to drive forward improvements in service provision. The issue is acute and impacts clinical and programme management resourcing.</p> <p>There is an inequality of provision of Forensic Pathology services across Scotland.</p>	Without increased levels of cross-sector governance and resources to manage the facilitation and monitoring of service improvements, establishing and sustaining a trajectory of improvements will not be obtainable.

4. Comments from the SRO

SRO Comments

The report's findings, content and recommendations are fair and balanced and are acceptable to COPFS in the context of the current review work.

COPFS will now consider how best to take forward the recommendations made in a timely and positive manner and accept that the Programme is now moving into a particularly crucial phase where these recommendations have considerable potential impact on successful delivery.

The Review Team has expressed concerns about the lack of clarity amongst the stakeholders around the longer term vision and the options being considered in that regard for service delivery.

I share those concerns as COPFS has given specific priority to addressing those very issues. Indeed, this very matter was raised by stakeholders at the inaugural meeting of the Stakeholder Forum in October 2023 and was discussed with them at a special Forum held in November. At that Forum the stakeholders agreed with the vision of a national service and agreed on the four-supporting delivery options to that vision.

We are now in a situation whereby the stakeholders are now expressing uncertainty about this, and this is something we need to address as a matter of some urgency given its importance to the Programmes successful delivery.

Lindsey Miller 05/06/2024

5. Review Team findings and recommendations

5.1 Introduction

The Programme is currently working on the development of both the Strategic and Outline Business (SOBC) and Full Business Case (FBC) for future service delivery. The deadlines for completion being recommended to the Programme Board are 19th July 2024 and 31st August 2024 respectively. These are very challenging timescales, and we discuss this later in this report.

The Business Cases will have 4 potential Service Delivery Models / variations as agreed by the Stakeholder Forum (SF). The content structure of both the SOBC and FBC have been agreed by the Programme Board and the planned staged completion progress process will be agreed by this Board on 23rd May.

Grant Thornton (GT) is working on the completion of a detailed, comprehensive financial model. They are working with service providers on this and are contracted to 31st July for the completion of the numbers, KPIs and sensitivity analysis that will form a significant part of the SOBC. COPFS has the option to extend the GT contract to end December for ad hoc support.

5.2 Progress since the Assurance of Action Plan Review (Oct 2023) and last Gateway Review 0 (May 2023)

COPFS has used the earlier Gateway reports to engage positively with stakeholders. We found that there has been progress made in several crucial areas. These include:

- The Northeast Mortuary Hub is now actively under construction.
- Edinburgh City Council are seeking to remedy limited faults in the Cowgate although long term that facility is not a feasible option. Consideration is being given to Edinburgh solutions COPFS understand that Edinburgh City Council have had discussion with Aberdeen City on this subject; prompted by COPFS. In addition, Mid Lothian Council is considering a Mortuary Hub for the area.
- All service providers have received draft SLAs for their consideration and feedback is now being received. There are both organisational specific issues and several common themes emerging but not surprising. The intention remains to have broadly standard terms and conditions with variations only for justifiable geographic or operational reasons. The Programme is seeking to agree SLAs within the next 4-6 weeks.
- Commissioning Grant Thornton to support the modelling and building of a strategic costing model. The model is now built and awaiting accurate data to be produced from the providers. Glasgow and NHS Lothian have already responded but the remaining providers have been slow to provide their respective inputs.
- Building an improved co-design approach with service providers to build support and commitment across all key stakeholders.

The Review Team's assessment of progress against the AAP and previous Gateway Review is provided in ANNEX C. The Review Team is working under the understanding that COPFS still intends to follow through each of these recommendations to achieve satisfactory closure.

We encourage continuing attention is paid to progressing and resolving Recommendations 4 - 6 which are related to:

- *Immediately identifying and prioritising those areas for incremental service improvements which will result in a reduction in the demand for services.*
- *Appointing a small group of Champions for forensic pathology services to assist in stimulating interests of trainee doctors in becoming Forensic Pathologists and establishing examples of good practice.*
- Recognising the dependency of the service for locums to carry out post-mortems, should ensure that mitigations for the consequential risk of attrition.

5.3. Governance Arrangements

As recommended by the earlier Gateway Review, the structure and agenda of the Programme Board has been reviewed and its membership has been adjusted and slimmed down and the items covered have been restructured to increase the focus on strategic matters and operational, management matters and risk items of particular importance. We heard that this Board is working well and providing active engagement and challenge.

An Operational Management Board has been established. This sits beneath the Programme Board in the governance structure. It consists of senior COPFS managers and deals with the key operational and risk matters delegated on an ongoing basis by the Programme Board.

A Stakeholder Forum Mortuary Sub-Group is being established to consider strategic mortuary service delivery and has confirmed its Terms of Reference. There is a need to increase the pace of progress of the work being led by this group if the desired outcomes are to be included with the Business Cases.

In response to key recommendations within the earlier Gateway Review Report concerning the need to capture and implement incremental service improvements COPFS has established the Stakeholder Demand Management and Operating Standards Forum (SDM&OSF) consisting of a mix of COPFS managers and key operational stakeholders to investigate operational management issues and potential incremental improvements to this to facilitate a more efficient and effective service, irrespective of the codesign process for future service delivery. The SDM&OSF reports to the Programme Board. This Forum has met and agreed terms of reference and topics to be covered. The primary objectives of this Forum are to:

1. To consider and develop proposals to facilitate the efficient and effective implementation of service improvements that minimise unnecessary and avoidable demand on the service consistent with meeting all agreed performance measures and standards and to facilitate continuous improvement of service delivery.

2. To consider and develop proposals to standardise key operating standards across the Forensic and Non-Forensic Pathology and Mortuary services to enhance service quality and continuous improvement, ensure consistency of approach and to facilitate the delivery of efficient and effective incremental service improvements.

This group has the potential to create improved national services, however, at the last Gateway Review it was anticipated that there should be a clear pipeline of improvements identified and underway. There is a need to speed up the identification and adoption of service improvements and report on progress that is being made.

Stakeholders appear to be interested in participating in this forum and have commented that there are ideas for improvements in circulation, however they do not yet seem to have been translated into implementation action. We see that this forum should be a mechanism of delivering rapid improvements (as opposed to providing a list of improvements into a Business Case). This could be supported by increasing resources to help drive forward agreed initiatives.

Risk 1:

Status quo will prevail and there will be no improvements in service provision made until the future Business Cases are approved. This should be part of a business-as-usual Continuous Improvement Process which needs to be established.

Recommendation 1:

The SRO should examine options to apply further resources to help evaluate and implement Service Improvement changes rapidly.

We repeat our recommendation 4 from the previous Gateway Review 0:

“COPFS should, in conjunction with key stakeholders, immediately identify and prioritise those areas for incremental service improvements which will result in a reduction in the demand for services.

A process of monitoring and reporting of progress should be established.”

5.4 Building Stakeholder Engagement and Support

The AAP report made it clear again that there is an important political dimension to future service development. Since the AAP the Lord Advocate has engaged in general terms with her government colleagues. In addition, the Crown Agent has been in touch and corresponded with the Justice Committee, the Directors General of Health and Justice; and, has also met the Chief Medical Office.

The CMO has responded to letters from the Justice Committee by setting up his own review of the Pathology Service potential solutions for future service delivery. COPFS has met his team and there is ongoing dialogue between the respective teams with the CMO staff now attending the COPFS Programme Board.

These are positive improvements but will need to be sustained to ensure that there will be broad cross-organisational support and acceptance of the emerging Business Cases.

Current service providers commented that, in their views, there has been limited progress or service improvements made during the last year. In addition, they appear to be unclear about the timings and current progress of work (E.g. SLAs finalisation, Costing Model and Business Cases development) and do not understand why this is taking so long.

Several key stakeholders are not clear what their intended role and contributions and timings are going to be in supporting the development of sound business cases and what commitments are going to be sought from them.

Risk 2:

Key stakeholders are unclear about the timings and current progress of work (E.g. SLAs finalisation, Costing Model and Business Cases development). They are not clear what their intended role and contributions and timings are going to be in supporting the development of sound business cases and what commitments are going to be sought from them. This could result in significant delays to work and progress, making the current timescales achievable.

Recommendation 2:

Discuss and agree with each key stakeholder what their intended role and contributions and timings are going to be in supporting the development of sound business cases and what commitments are going to be sought from them / their organisation and by when.

5.5 Service Level Agreement Codesign

To ensure that this essential service is delivered to the people of Scotland, COPFS requires to work in partnership with the Pathology Providers to ensure that an appropriate Forensic Pathology Service is provided to support COPFS's functions.

COPFS is seeking to secure a 'standardise' arrangement (SLAs) across all service partner organisations and more clearly define what is out of scope of intended works. It is intended that draft SLAs will be agreed by the end June 2024 and then all current contracts will be replaced by a standard service level agreement. From what we heard from stakeholders, this timescale for confirming agreement appears to be very challenging.

Variations may be allowed to the standard template to take account of significant local/geographic differences. A pragmatic approach will need to be adopted with opportunities for future Service Improvements built into these SLAs.

The stated aim of developing an agreed Service Level Agreement ("SLA") is to:

- Outline the Pathology Services which are to be carried out;
- Set out the quality and standards for these Services;
- Provide for how the Parties will work together in delivering and continuing to develop the Services.

with a view to putting the bereaved relatives, the wider public and the administration of justice at the heart of the Services.

Pathology SLAs have been issued now for agreement; mortuary SLAs are due to be circulated imminently as are the final versions of the Paediatric Pathology SLAs.

The adoption of an SLA based approach consciously moves away from the historic legal/contracting environment and reflects the desire to co-design services and work collaboratively. The earlier contractual route implied, but never used, threat of action for contract failure has limited value. Ending this approach requires some changes in attitude. It may be unwise to base discussions around developing the common SLA through a legal lens and with heavy involvement of lawyers from all parties, with preference for national service frameworks designed by clinicians.

Risk 3:

Using a contracting/legal approach runs counter to the intended NHS/clinical service SLA alternative and risks wasted legal efforts.

Recommendation 3:

Reduce the perceived dominance of the legalistic approach and route communications through channels other than those dominated by lawyers.

5.6 Building the combined Strategic/ Outline Business Case (SOBC)**Strategic Vision Alignment / Options Appraisal**

An important part of the SOBC will be to set out the options that have been considered and how their relative merits have been evaluated. One issue that has to be addressed is that at present the stakeholders are of the view that there is no shared vision - no shared view of what the desired service would be like. Previous reviews found there was no shared agreement even on the list of basic objectives. This is a major weakness.

COPFS were of the view that the shared vision in the sense of the preferred outcome, as well as the options to be assessed were actually agreed by stakeholders at a special Forum held to discuss this matter in November 2023, as mentioned below.

It is anticipated that the options appraisals will focus on four models previously articulated and agreed between COPFS and the main stakeholders (but not yet properly defined):

- (1) Baseline plus; current with necessary service enhancement
- (2) National Services Scotland; (or NSD) national service provider (via hubs)
- (3) NHS; national service (via hubs)
- (4) National Pathology Service of Scotland.

The COPFS preferred outcome, which was agreed with the Stakeholder forum in November 2023, is for the appointment and establishment of a National Pathology and Mortuary Service, preferably under the appropriate leadership from the NHS (2 or 3), to manage the service provision. This requires clear Justice and Health Cab Sec direction and support, coupled with leadership from the Scottish Government and the NHS Executive working in close conjunction with COPFS (as the service customer), but this support is not forthcoming at present.

Risk 4:

The perception of a lack of a shared vision undermines the codesign approach and also makes objective evaluation of options impossible.

Recommendation 4:

A process should be developed with the key stakeholders to restate agreement on a shared vision and the strategic options to be assessed in the Business Case.

Developing the SOBC

COPFS is developing a combined Strategic / Outline Business Case (SOBC) and a Full Business Case (FBC) to integrate and transform the Pathology and Mortuary services across Scotland. As part of the development of these products, COPFS aims to achieve:

- An enhanced validity and credibility of the financial content of the Business Cases through independent validation and development.
- A comparison of the costs identified and agreed in requirement against the current provision and justification of any differences to facilitate the preparation of Business Cases for a change in priorities or additional funding requirements.
- A fully costed service delivery plan to ensure continuation of services with current levels of provision.

The use of a well-established and rigorous methodology is supported. When properly used the 5-case approach can be a way to ensure objectivity and build support. However, developing the 5-case is time consuming and requires significant resources. Work on the wording of the SOBC could be commenced now with final details, amounts and numbers added later, when they become available.

Risk 5:

Leaving the work of writing the SOBC too late risks the quality.

Recommendation 5:

Begin work on completing the known parts of the SOBC now with agreement on scope and tables of contents and agree the required path to agreement and signatories.

COPFS will be the authors of the SOBC but lack relevant experience in such complex external facing business cases; and the resources that will be deployed to write the SOBC also have other roles. One possibility is to explore whether there is anyone in the organisation that has business case writing expertise and knowledge and who could be seconded for a short period. (It is probably not practical to recruit into a post or even to find someone on a short, fixed term contract.)

The intention of COPFS is that there should be collective ownership of the SOBC with the usual front-page list of signatures of support. As noted earlier in this report (Section 5.4), some providers did not appear to understand this intention and how their support would be sought and what level in their organisation would be expected to be signatories. This could be clarified by producing a short Sign-Off approvals plan - usually described with an Integrated Assurance and Approvals Plan (IAAP).

There is also a question about how service providers and their respective leadership are to be engaged in developing Business Case Option and their evaluations. We anticipate that NSD, CMO will have to signify their support. It is not clear what steps are needed in the planning to ensure that all key stakeholders will be ready to sign up to the Business Cases over the next three months.

The planning for approval of the SOCB in July 2024 and FBC in September 2024 appears to be very challenging, and several urgent steps need to be taken very soon as recommended. Even if these are implemented there remains the issue that COPFS has no lever to pull to ensure other stakeholders and all providers deliver their contributions to enable the cases to

be written; and all previous time scales have proved over optimistic (**See Recommendation 2 above**).

Cost Model

Grant Thornton (GT) has been commissioned to develop the supporting quantitative analysis which will underpin the SOBC and the FBC. They are required to deliver:

- An independent and objective validation of material baseline costs of current service provision (including Mortuaries and Specialist Services) and an assessment and validation of cost pressures identified through the codesign process within the Stakeholder Engagement Framework (SEF), with benchmarking where appropriate.
- A fully documented financial model to include all costs relating to the future Service Delivery Model and ability to compare options to each other, as well as accounting for the financial structures and requirements of the key participants, i.e. the Scottish Government, COPFS, NHS in Scotland, and Scottish Universities, and with ability to integrate with the financial models of the participants.

The role of GT was not understood by all those interviewed; some thought that GT had a much more influential remit. E.g. They have been commissioned to identify Business Case options and produce the draft Business Cases.

A Cost Model has been developed and a data input template was sent to all service providers for population of costs in December 2023. Four providers returned a filled-out template, however, only one of these is detailed enough to be useful (that is Glasgow University). NHS Lothian's initial response was complete but is in the process of being revised as is not yet felt by GT to be suitable for the required purposes. The intention is to also use this full cost model information as a starting point for a discussion at the next stakeholder forum (5 June 2024). One incentive for providers to share actual finances relating to the service which will allow the providers to be reimbursed for their services in full.

There is no clarity about why providers have not returned their template, but it is very possible that some simply do not have the data, or do not have it in the form expected since they do not operate a formal cost centre or "commercial" approach. Some are concerned that the data being collected may not be able to properly reflect the reality of the very varied service delivery model in many disparate providers.

A temporary solution to the lack of data, is to use current invoice, budget and KPI information held by COPFS to fill out provider templates with a high-level total service costs as well as the number of post-mortems per provider. This is very much an inferior solution to be avoided if possible as it fails to address why returns have not been provided and transparency of current costs. This data gap is a serious weakness as the aggregate data needs to be shared and then considered collectively by the stakeholders, before the SOBC can be completed.

Risk 6:

The lack of more accurate Cost Model Data will cause further delay to the development of Business Cases.

Recommendation 6:

Discussion on a one-to-one basis with providers should urgently take place to determine why they have been unable to complete their Costing Model template and then support and advice should be provided to them.

Policy Perspective

Developing options other than 1 depends on a significant shift from the historic approach. The SOBC will set out and the Review Team acknowledges that it is likely that achieving significant improvements to the quality of the service would require leadership and accountability to reside with the NHS, with the setting of requirements and monitoring of the service being provided by COPFS.

COPFS, whilst having responsibilities based in common law to investigate all suspicious or unexplained deaths, has no powers or controls with health providers or universities to mandate Forensic Pathology and Mortuary Services to an agreed Service Level. COPFS are not positioned to be able to design and implement a national service model to deliver an improved and consistent quality across Scotland. This has to be addressed as does the question of whether the shift in policy requires that pathology should become a statutory service.

As with the ambiguity about a shared vision there is a lack of clearly established policy to underpin the change required. A clear Scottish Government Policy direction could galvanise senior stakeholders to collectively work together to achieve the desired vision. Until this has been achieved, the Vision is unachievable. This blocker needs to continue to be escalated to the Justice Committee and within the Scottish Government. In the absence of a policy mandate, COPFS can only seek to take forward incremental improvements.

5.7 Building Programme Team Capacity and Capabilities

As noted in earlier reviews, COPFS and key stakeholders are under-resourced and do not have sufficient capacity or capabilities to drive forward improvements in service provision. There is an inequality of provision of Forensic Pathology services across Scotland. This issue is acute and impacts clinical and programme resources.

COPFS has sought to actively respond to resourcing requirements by employing a team to support the Programme.

Strategic matters continue or be dealt with by the Programme Director but will increase support from the Programme Delivery Manager (who has been away from work on paternity leave).

The Programme Director is now working a 3-day week to end July but has agreed to limited availability through to 30th November 2024 to facilitate Business Case preparation and the transition of duties. Formal handover plans still need to be developed and agreed.

The Programme service support resource has been increased to take up more operational work and support for strategic work.

The SRO DCA is also keen to increase the role of the Transformation Change Team to provide additional support to the PTM Programme and to assimilate elements of the programme into its core work. We heard that there is a wider organisation change programme underway within Crown Agents and would hope that the needs of the Programme are fully taken account of within these changes.

Risk 7:

Without the resources required to undertake facilitation and the monitoring of service improvements and other areas of programme management, there will not be the necessary focus on the management of service improvements and co-design.

Recommendation 7:

The SRO should continue to strengthen Programme capacity and resources to deliver the current work at pace.

In addition, robust Programme Team succession planning and arrangements for training and knowledge transfer need to be established.

6. Areas of good practice

Commending delivery of:	Describe specific details of successful delivery
Gaining senior level cross-organisational engagement and participation.	There is now more interest being shown from the Justice Committee; the Crown Agent has gained more engagement with the Director General's responsibility for health and justice; the Chief Medical Officer has become more involved; and support continues to be provided by the Lord Advocate.
Actively seeking to embrace a co-design approach to develop SLAs and build a transparent costings model.	The focus on delivering service, rather than a rigid contract agreement, has been well received and helped to build increased trust between parties. This is in line with earlier Gateway Review's advice.

7. Acknowledgement

Review Team Acknowledgement

We thank the SRO, the COPFS Forensic Pathology and Mortuary Services Programme Team and all interviewees for their support and openness, which contributed to our understanding of the Programme and the outcome of this review.

8. Next Assurance Review

Next Assurance Review

The Assurance of Action Plan was undertaken in October 2023. Since then, the focus of the Programme has been continuing to work on the full implementation of the various recommendations. A summary of the current progress is provided at ANNEX C. We encourage continuing attention is paid to progressing and resolving Recommendations 4 - 6 which are related to:

- *Immediately identifying and prioritising those areas for incremental service improvements which will result in a reduction in the demand for services.*
- *Appointing a small group of Champions for forensic pathology services to assist in stimulating interests of trainee doctors in becoming Forensic Pathologists and establishing examples of good practice.*
- *Recognising the dependency of the service for locums to carry out post-mortems, should ensure that mitigations for the consequential risk of attrition.*

A further Independent Assurance Review is scheduled for the start of August 2024 by which time it is expected that a mature Strategic / Outline Business Case will have been completed. It is anticipated that timings will become clearer at the planned 5 June 2024 meeting. If the current scheduled dates are to be changed, then the Review Team will be informed by mid-June 2024.

9. Distribution of Report

The contents of this report are confidential to the SRO and their representative/s. It is for the SRO to consider when and to whom they wish to make the report (or part thereof) available, and whether they would wish to be consulted before recipients of the report share its contents (or part thereof) with others.

The Review Team Members will not retain copies of the report nor discuss its content or conclusions with others.

A copy of the report is lodged with the PPPA so it can identify and share the generic lessons from Independent Assurance Reviews. The PPPA will copy a summary of the report recommendations to the Scottish Government Portfolio Accountable Officer, and where appropriate, to the Organisation's Accountable Officer where the review has been conducted on behalf of one of the SG's Agencies, NDPBs or Health Sector organisations.

The PPPA will provide a copy of the report to Review Team Members involved in any subsequent review as part of the preparatory documentation needed for Planning Meetings. Any other request for copies of the Report will be directed to the SRO.

ANNEX A - Terms of Reference for Hybrid Review

This is a Hybrid Gateway 0/2 Review aiming to facilitate the GR2 review by looking at the stakeholder engagement being undertaken and the business case processes being followed.

ANNEX B - Background

Question	Answer
Describe the aims of the project/ programme	<p>The COPFS Post Procurement Service Delivery Strategy seeks to achieve the following key aims and objectives. These objectives and the underlying strategy will be revised following current consultations with Key Stakeholders and agreement on the Codesign process for future service delivery. This review will also factor in all relevant aspects of the Follow-on Gateway Review. The objectives referred to are:</p> <p>a. to Maintain Current Service Delivery and Budget</p> <p>Definition <i>To ensure the short and medium -term delivery of the Pathology and related Mortuary Service with no break in continuity. All performance standards require to be maintained including budgetary provision.</i></p> <p>b. to Ensure Medium- and Longer-Term Service Delivery</p> <p>Definition <i>To ensure that the Pathology and Mortuary service is agreed which maintains service provision at required standards of performance.</i></p> <p>c. to Move Toward the Implementation of a National (NHS based) Service Provision Model</p> <p>Definition <i>The service delivery model prioritises the extent to which the NHS is a provider of Pathology and Mortuary Services within the context of a National Pathology Service framework.</i></p> <p>d. to Minimise Number and Fragmentation of Service Delivery Contracts Simplifying and Improving Performance Management</p> <p>Definition <i>To achieve a reduced number of contracts the number being significantly reduced from the current level with and agreed pathway towards an optimum level of 1 national contract together with KPIs for service delivery and simplified governance and management reporting systems and processes.</i></p> <p>e. to Improve Efficiency and Effectiveness</p> <p>Definition <i>To ensure that all services are delivered efficiently and effectively across all of Scotland.</i></p> <p>f. to Achieve and Acceptable Level of Risk Transfer</p> <p>Definition <i>That COPFS only bears the risk reasonably associated with the client for such service delivery.</i></p>

	<p>g. to Improve Contract Governance</p> <p>Definition <i>All contracts are managed efficiently and effectively with clear lines of communications, single points of contact and appropriate performance and financial management.</i></p> <p>h. to Improve Resilience of Service Delivery Infrastructure</p> <p>Definition <i>To ensure the delivery of a service that provides resilience across Scotland in terms of managing all aspects of supply and demand including the recruitment and retention of suitably experienced and qualified staff to maintain service delivery and standards.</i></p> <p>i. to Deliver Continuous Improvement</p> <p>Definition <i>To ensure contractual arrangements that clearly set out defined steps and processes for improving the delivery of service delivery over the period of the contract(s)</i></p> <p>j. to Be Affordable and Represent Value for money</p> <p>Definition <i>That the aggregate cost and, preferably, the individual cost of agreed contracts are affordable to COPFS and represent value for money for the public purse.</i></p>
<p>Reasons for the project/ programme's existence, by type and description</p>	<p>The current service delivery model is inefficient and fragmented. There are too many contracts and the contracts themselves are not wholly appropriate for the type of services being delivered. Resilience is lacking and the risk to service continuity is high. Financial transparency is limited, and it is difficult to assess value for money and affordability.</p> <p>Recruitment and retention and related training are detrimentally impacted by the fragmented nature of the service delivery model and this structure also mitigates against any coherent structure to promote and develop continuous improvement.</p> <p>COPFS is required of necessity to be involved in detailed operational management matters which would normally be the responsibility of the service provider. The current model does not provide for an equitable allocation of the service delivery risk profile.</p> <p>The programme has been instigated to seek solutions to all these problems and to improve the service delivery model accordingly.</p>
<p>The impact if the project/programme fails to deliver e.g. any risks to or any material impact on citizens:</p>	<p>Failure to deliver on the key objectives of the programme will result in a continuation of the current unacceptable high, risk, low resilience, lacking in robustness service delivery model. This will continue to pose a significant level of risk to COPFS in terms of its ability to undertake its functions and to the wider public in terms of communications with them in terms of suspicious and unexpected deaths. There will remain a systemic risk to the operations of the justice system and service provision will remain patchy and difficult to manage and control. The lack</p>

	of appropriate risk transfer and financial transparency will also continue with an ongoing risk to the public purse arising from a lack of stability and longer term financial and general planning.
Project/programme link to Scottish Government strategies or policies:	There are no direct links per se to SG strategies and policies in respect of the net zero strategy and carbon emissions. The programme is geared to improving the efficiency and effectiveness of COPFS in the delivery of its stated functions regarding investigation of suspicious and unexplained deaths to the benefit of the justice system and the population of Scotland through an improved, robust and resilient service delivery model.
Projects/programme interdependencies [if applicable]:	The programme is closely linked to the delivery of the Toxicology service recently transferred from Glasgow University to the Scottish Police Authority and as also undertaken by NHS Grampian for the Northeast of Scotland. The programme is also interlinked with the decisions and actions of Local Authorities in relation to the provision of their statutory duties regarding mortuary provision.
Has the SRO's letter of appointment been approved at the appropriate levels?	N/A
The procurement / delivery status:	All current contracts run until 31 st March 2024. This follows the unsuccessful completion of a formal procurement process and COPFS is now in the negotiated phase of said procurement and has and is taking all appropriate legal and procurement advice.
Funding / Business Case:	<p>Costs of current service delivery are contained within COPFS budgets. Future funding will be considered as a part of the preparation of an Outline Business Case for a future service delivery model and the subsequent Strategic Business Case as envisaged in the recommendations to the initial Gateway Review.</p> <p>COPFS will be assisted in this process by key stakeholders in a co-design process and external experts regarding funding and modelling. The OBC and SBC will be submitted to the Scottish Government once approved by COPFS Executive Board, Law Officers and agreed with the Key stakeholders.</p>
Integrated Assurance and Approval Plan (IAAP):	N/A; However, within COPFS, Risk Register and Management processes are in place at both Programme level and regarding the Corporate Risk Register which in turn is under the oversight of the COPFS Audit and Risk committee
Programme/Project plan:	<p>Does the project / programme have an appropriate plan in place?</p> <p>Yes, agreed by the Programme Board and the Deputy Crown Agent. This is being reviewed as part of Stakeholder consultation and the development of the codesign process,</p>
Current position regarding Non-PPPA assurance reviews	N/A
Current position regarding SG PPM Capability Maturity Matrix	<p>Have you completed the SG PPM Capability Maturity Matrix</p> <p>No</p>

ANNEX C – Progress against previous assurance review

Previous Review Date: 30/05/2023 to 01/06/2023			
Priority	Summary of risks, issues and related recommendations from the original recommendation	Critical/ Essential/ Recommended	Status - has the risk / issue been mitigated
1	The SRO, working with other key stakeholders, should ensure that progress is made towards securing clear Scottish Government Policy direction in support of the COPFS preferred service model - the establishment of a National Pathology and Mortuary Service preferably under the appropriate leadership from the NHS to manage the service provision.	C	<ul style="list-style-type: none"> • The Lord Advocate raises this matter with colleagues in the course of her duties. • The Crown Agent has had correspondence and discussion with senior Scottish Government colleagues including the Chief Medical Officer, the Directors General of Health and Justice and SG Justice Committee. • The CMO has instigated his own review of the Pathology and Mortuary Service across Scotland and his team are working closely and in parallel with COPFS colleagues on this and CMO staff attend the Programme Board. • The Programme is known to, understood and generally supported by the Inspector of Prosecutions who has referred to this in her last annual report. • NRS is also aware of the programme and its objectives. • The recent Barron Review has recommended to SG a centralised structure and governance for the provision of forensic psychiatric services in Scotland and that clear parallels can be drawn with pathology services. <p><u>The risk is being actively mitigated/reduced.</u></p>
2	The SRO should immediately strengthen Programme capacity and resources to deliver the current work at pace. In addition, robust Programme Team succession planning and arrangements for training and knowledge transfer need to be established.	C	<ul style="list-style-type: none"> • The Programme Director is now working a 3-day week to end July but has agreed to limited availability through to 30th November to facilitate Business Case preparation and the transition of duties. • The Programme service support resource has been increased to take up more operational work and support for strategic work. • The SRO is in discussions over the extended role of the Transformational Change Office to provide additional support to the PTM Programme and to assimilate elements of the programme into its core work. • The Programme Board has been restructured to provide a more strategic focus. • An Operational Management Board has been established to provide support to the Programme Board by dealing with key operational management matters. <p><u>Still evolving but risk being mitigated</u></p>

3	<p>The SRO should progress and complete the First Gateway Review Report recommendations with specific focus on:</p> <ul style="list-style-type: none"> ● Improving stakeholder engagement and support; ● Identifying and rapidly progressing pathfinders; ● Developing pathway identifying; and <p>Implementing incremental service improvements, which can become system-wide improvements.</p>	E	<ul style="list-style-type: none"> ● Stakeholder Forum (SF) has been established consisting of major service providers and has met on several occasions. ● Terms of reference, scope and membership agreed. ● Meetings are working well. Key business case and SLA matters to be discussed here. ● Service Delivery Model (SDM) options/pathfinders agreed by Forum and built into the business case process. ● Business Case process underway and targets set for Strategic and Outline Business Case and Full Business Case. ● Grant Thornton appointed to undertake comprehensive financial modelling for SDM options. ● Mortuary Subgroup Terms of Reference, scope and membership to be agree on 7th June SF. <p><u>Actions being taken to mitigate risk</u></p>
4	<p>COPFS should, in conjunction with key stakeholders, immediately identify and prioritise those areas for incremental service improvements which will result in a reduction in the demand for services. A process of monitoring and reporting of progress should be established.</p>	E	<ul style="list-style-type: none"> ● A Stakeholder Demand Management and Operating Standards Forum (SDM&OSF) involving several stakeholders to deal with incremental improvements. ● The SDM&OSF has agreed terms of reference and scope. ● Scope covers a wide range of operational standards and incremental improvement that will be discussed and agreed with stakeholders for incorporation into the operating model. <p><u>Key actions and structures in place to start to mitigate risks going forward</u></p>
5	<p>The SRO should consider appointing a small group of Champions for forensic pathology services to assist in stimulating interests of trainee doctors in becoming Forensic Pathologists and establishing examples of good practice.</p>	E	<ul style="list-style-type: none"> ● Limited activity in this area. ● 2 Non COPFS staff are members of the PTM Board. ● Key stakeholders from senior management, key management support and direct service delivery are members of the SF and the SDM&OSF. <p><u>Risk not mitigated at this stage but some positive steps taken</u></p>
6	<p>The SRO, recognising the dependency of the service for locums to carry out post-mortems, should ensure that mitigations for the consequential risk of attrition regarding staff across the NHS or universities are established.</p>	E	<ul style="list-style-type: none"> ● Operational issues require the continued use of locums. ● Work on the Business Case is seeking a more resilient SDM to minimise or eliminate the need for locums. ● Work on the SLAS is seeking short term structures to increase resilience and thus reduce need for locums. ● Work of the SDM&OSF is seeking to create an operational framework that will significantly reduce the need for locums. <p><u>Risk remains and is an area of continued concern.</u> <u>Solutions being worked on are medium to longer term</u></p>

ANNEX D – List of Interviewees

The following stakeholders were interviewed during the review:

Name	Organisation and role
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

ANNEX E – Scottish Government Project Delivery Principles

Alignment	We align our programmes and projects to corporate priorities to ensure we deliver for the people of Scotland	Recommendations related to alignment to vision, strategy and policy.
Leadership	We lead from the start by clearly communicating the vision, agreeing approaches, providing resource, collaborating across teams and setting a delivery culture.	Recommendations related to that are aimed at the clarity of what success looks like; leadership and the necessary culture to ensure success.
Justification / BC	We secure a mandate for our work and ensure an ongoing justification is made by the benefits for the cost, or, stop any unjustified work.	Recommendations relate to the purpose, objectives and ongoing justification for the work
Sustainability	We understand our impacts on people place and value and ensure whole life value and whole life cost are central to decision making.	Recommendations related to the end-to-end procurement process including: Procurement strategy and planning, Approaches to the market, Contract negotiation and Contract management. Recommendations related to financial planning, organising, directing and controlling of financial activities.
Knowledge & Data	We ensure our projects are learning organisations from day one, we seek and use information & data for the benefit of our work.	Recommendations related to the process of capturing, developing, sharing, and effectively using organisational knowledge. It includes sharing knowledge and experiences or lessons.
Flexibility & Capability	Our multidiscipline teams contain flexible and skilled people who focus on required identified capabilities and outcomes, not positions.	Recommendations related to all aspects of the identification, supply, optimisation, prioritisation and maintenance of resources and appropriate skills.

Roles and Responsibilities	We assign and delegate roles and responsibilities within our projects flowing from the SRO's appointment letter/delegation/mandate	Recommendations related to the oversight, structure and decision making of a project/ programme. This theme also includes recommendations relating to alignment with pan-government priorities, strategies and controls.
Stakeholders	We identify, assess and then manage our stakeholders to leverage maximum chance of success.	Recommendations related to relationships with all parties with an interest in the outcome of the project/programme, whether internal to the agency, internal to government or external.
Benefits	We start with the end in mind, formally focussing on the intended outcomes of our investment.	Recommendations related to the identification, ownership, measurement and realisation of benefits and dis-benefits. Benefits can be either financial or non-financial
Planning	We consider all aspects of our projects and continuously plan; managing dependencies, agreeing and refining evidence-based assumptions and reporting on progress against milestones throughout	Recommendations related to all aspects of project, programme and portfolio management, but excludes recommendations on Risk, Issues and Dependency Management
Risk	We identify, communicate and act upon the threats or opportunities to and for our outcomes.	Recommendations related to the identification, analysis, impact assessment, response and the on-going review and management of Risks, Issues and Dependencies (i.e. outputs that are required by a project to succeed, but which will be delivered by parties not under the direct control of the project).
Transition	We provide focus and resource to understand the end needs from the supplier side and a commitment and capability to learn, manage and own the benefits/outcomes from the customer side.	Recommendations related to the Management of Business Change – all the work required with and in the business and with the customer to make ready for the initiative, in terms of changes to business processes including: business continuity planning, changes to work processes and resourcing, changes to organisational structures and staffing to support transformational or process changes to business delivery to ensure a smooth transition to BAU
Other	To be used only when one of the Principles does not apply.	