

ABERDEEN CITY COUNCIL

---

<b>COMMITTEE</b>	Audit, Risk and Scrutiny Committee
<b>DATE</b>	23 November 2023
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Internal Audit Report AC2405 – Care Management System
<b>REPORT NUMBER</b>	IA/AC2405
<b>DIRECTOR</b>	N/A
<b>REPORT AUTHOR</b>	Jamie Dale
<b>TERMS OF REFERENCE</b>	2.2

---

**1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to present the planned Internal Audit report on Care Management System.

**2. RECOMMENDATION**

- 2.1 It is recommended that the Committee review, discuss and comment on the issues raised within this report and the attached appendix.

**3. CURRENT SITUATION**

- 3.1 Internal Audit has completed the attached report which relates to an audit of Care Management System.

**4. FINANCIAL IMPLICATIONS**

- 4.1 There are no direct financial implications arising from the recommendations of this report.

**5. LEGAL IMPLICATIONS**

- 5.1 There are no direct legal implications arising from the recommendations of this report.

**6. ENVIRONMENTAL IMPLICATIONS**

- 6.1 There are no direct environmental implications arising from the recommendations of this report.

**7. RISK**

7.1 The Internal Audit process considers risks involved in the areas subject to review. Any risk implications identified through the Internal Audit process are detailed in the resultant Internal Audit reports. Recommendations, consistent with the Council's Risk Appetite Statement, are made to address the identified risks and Internal Audit follows up progress with implementing those that are agreed with management. Those not implemented by their agreed due date are detailed in the attached appendices.

## 8. OUTCOMES

8.1 There are no direct impacts, as a result of this report, in relation to the Council Delivery Plan, or the Local Outcome Improvement Plan Themes of Prosperous Economy, People or Place.

8.2 However, Internal Audit plays a key role in providing assurance over, and helping to improve, the Council's framework of governance, risk management and control. These arrangements, put in place by the Council, help ensure that the Council achieves its strategic objectives in a well-managed and controlled environment.

## 9. IMPACT ASSESSMENTS

Assessment	Outcome
Impact Assessment	An assessment is not required because the reason for this report is for Committee to review, discuss and comment on the outcome of an internal audit. As a result, there will be no differential impact, as a result of the proposals in this report, on people with protected characteristics.
Privacy Impact Assessment	Not required

## 10. BACKGROUND PAPERS

10.1 There are no relevant background papers related directly to this report.

## 11. APPENDICES

11.1 Internal Audit report AC2405 – Care Management System

## 12. REPORT AUTHOR CONTACT DETAILS

<b>Name</b>	Jamie Dale
<b>Title</b>	Chief Internal Auditor
<b>Email Address</b>	<a href="mailto:Jamie.Dale@aberdeenshire.gov.uk">Jamie.Dale@aberdeenshire.gov.uk</a>
<b>Tel</b>	(01467) 530 988



## Internal Audit

### Assurance Review of the Care Management System

**Status:** Final

**Report No:** AC2405

**Date:** 17 October 2023

**Assurance Year:** 2023/24

**Risk Level:** Programme and Project level

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial

Report Tracking	Planned Date	Actual Date
Scope issued	04-Jul-23	04-Jul-23
Scope agreed	11-Jul-23	27-Jul-23
Fieldwork commenced	24-Jul-23	31-Jul-23
Fieldwork completed	18-Aug-23	15-Sep-23
Draft report issued	08-Sep-23	18-Sep-23
Process owner response	29-Sep-23	13-Oct-23
Director response	06-Oct-23	17-Oct-23
Final report issued	13-Oct-23	17-Oct-23
Audit Committee	AR&S Committee (23-Nov-23) and RAP Committee (28-Nov-23)	

Distribution	
Document type	Assurance Report
Director	Andy MacDonald, Director of Customer Services
Process Owner	Steve Roud, Chief Officer - Digital and Technology
Stakeholders	Sandra MacLeod, H&SCP Chief Officer
	Eleanor Sheppard, Interim Director Children's & Family Services
	Claire Wilson, Chief Officer - Social Work Adults
	Graeme Simpson, Chief Officer – Integrated Children's & Family Services
	Paul Mitchell, H&SCP Chief Finance Officer
	Vikki Cuthbert, Interim Chief Officer – Governance*
	Jonathan Belford, Chief Officer - Finance*
*Final Only	External Audit*
Lead auditor	Farai Magodo, Auditor

---

# 1 Introduction

## 1.1 Area subject to review

Aberdeen City Health and Social Care Partnership (H&SCP) and Integrated Children's and Family Services (IC&FS) provide or commission care and support to a variety of individuals who are identified as requiring it following assessment of their social care needs.

The Council's Care Management System Microsoft Dynamics 365 for Social Work (D365) was developed in 2020 in partnership with Microsoft and Hitachi and went live in October 2022, replacing the CareFirst system. D365 brings relevant social care data and workflows together in one place, where staff can record, share, and analyse information relating to clients' needs assessments and follow-up care management reviews. In addition, the system enables the management of associated care related payments to clients (£134.599m 2022/23), suppliers (£4.593m 2022/23), and foster carers (£1.553m 2022/23) as well as any client charges (£9.534m 2022/23).

D365 uses a set of intelligent business applications, with a view to delivering greater results across services, through predictive artificial intelligence driven insights. The vision for D365 more generally is to create a single, secure record for each Council customer, so whether registering a birth, seeking housing support, or benefiting from social care, a single record will be updated within D365 for each customer, giving Council staff the right access to the relevant data for the services provided to customers and customers more involvement and interaction over the services they receive.

Previously a large proportion of social care data was managed out with the care management system using various customer record management systems. D365 aims to address this by enabling all case management data to be captured within one system for efficient case management purposes. In addition, the intention is for this to improve access control and data sharing arrangements beyond the H&SCP and Integrated Children's and Family Services, for example where Council housing officers require access to relevant data for the delivery of housing support and partner organisations, including Bon Accord Care and the NHS, require access for their respective service delivery needs.

## 1.2 Rationale for review

The objective of the review is to consider whether appropriate control is being exercised over the care management system, including contingency planning, and disaster recovery, and its data input, and that interfaces to and from other systems are accurate and properly controlled.

This has been included in the 2023-24 Internal Audit Plan due to this being a newly implemented key Council system for the management of sensitive data concerning vulnerable clients and due to the material value of care related expenditure managed using the system.

The project management arrangements for the development of D365 were considered in July 2022 as part of Internal Audit report AC2212 Care Management. A full system review was last undertaken by Internal Audit in November 2016 in report AC1709 when CareFirst was in operation. In general CareFirst was found to be adequately controlled with some recommendations made to enhance controls in relation to procurement; software licences; system access; data quality retention; system interfaces; business continuity planning; and system performance reporting.

## 1.3 How to use this report

This report has several sections and is designed for different stakeholders. The executive summary (section 2) is designed for senior staff and is cross referenced to the more detailed narrative in later sections (3 onwards) of the report should the reader require it. Section 3 contains the detailed narrative for risks and issues we identified in our work.

## 2 Executive Summary

### 2.1 Overall opinion

The full chart of net risk and assurance assessment definitions can be found in Appendix 1 – Assurance Scope and Terms. We have assessed the net risk (risk arising after controls and risk mitigation actions have been applied) as:

Net Risk Rating	Description	Assurance Assessment
Minor	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Substantial

The organisational risk level at which this risk assessment applies is:

Risk Level	Definition
Programme and Project	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

### 2.2 Assurance assessment

The level of net risk is assessed as **MINOR**, with the control framework deemed to provide **SUBSTANTIAL** assurance over the Council's approach to the care management system.

The following governance, risk management and control measures were sufficiently robust and fit for purpose:

- **System maintenance and development** – System maintenance and development is being adequately tested prior to system upgrades / updates. Digital and Technology (D&T) maintain oversight of user testing of 'wave releases' issued by the system supplier to fix and improve system functionality where necessary. In addition, since the 'go-live' date, D&T has worked with the H&SCP and IC&FS to develop the system through a 'Sprint Backlog' process of light touch change management, meaning changes are incremental and can be easily rolled back.
- **Procurement** – The Council's Care Management System was appropriately procured through an approved UK Government framework agreement (G Cloud 11) in accordance with the Council's Scheme of Governance.
- **Business Continuity and Disaster Recovery** – The system supplier indicates within their Statement of Work agreed with the Council that the supplier is responsible for associated costs for disaster recovery and that they have 'best-in-class' service levels for disaster recovery within their cloud services, with inbuilt redundancy and failover within its service. The supplier is also compliant with ISO 22301 Business Continuity Management covering adequacy of business continuity and disaster recovery arrangements.

Security updates (patching) was out of scope for the review due to resourcing constraints for the Cluster and management assurance that the adequacy of system patching arrangements has been covered by the most recent IT health check (ITHC) for Public Services Network (PSN) compliance and Cyber Essentials Plus. This will be considered as part of the planned 2023/24 Cyber Action Plan Internal Audit review.

However, the review identified some areas of weakness where enhancements could be made to strengthen the framework of control, specifically:

- **Written Procedures and Training** – D&T has set a mandatory requirement within ServiceNow for line managers approving system access requests to ensure appropriate system and data protection training has been completed prior to use of the system. In addition, 'Click Learn' guidance is available on the system covering various user tasks. Furthermore, comprehensive Children's Social Work guidance is available on the use of the system and checklists are in place for what training is expected to be delivered to H&SCP users by system coaches.

---

However, unlike Children's Social Work, currently Adults Service and Justice Service specific guidance on the use of the system is absent from the Council's Digital Workplace (described as "coming soon") and there are no online videos available on the use of the system like for Children's Social Work. Management however advised that although guidance is absent from the Digital Workplace, guidance is circulated regularly to staff and for Justice if contained within the Staff Handbook. Internal Audit sought views from 10 system users to determine if training had been received prior to use and the adequacy of training delivered. Four (40%) responded<sup>1</sup>, two (50%) of which advised that whilst they had received training, they remained unsure of how to navigate the system and that the training did not address their specific service delivery needs. In the absence of adequate online training and guidance for H&SCP users, there is a greater risk these users will be unable to use the system and of cases being mismanaged as a result.

- **Access Control**– A dedicated team within D&T maintains system access based on line manager approved requests and via regular removal of any former employees notified to D&T by Payroll. In addition, system access is adequately controlled for employees via Active Directory single sign on through a Council device coupled with the Council's Access Control policy and Password Standard. In addition, D&T advised that all data access is logged. However, whilst the support and maintenance supplier contract covers Data Protection, this supplier currently has access to special category data held in the live 'production' system environment, rather than access restricted to when new system developments are pushed out into the production environment. Where access to special category data is not suitably controlled, this contravenes the UK GDPR data minimisation principle and the Council risks enforcement action by the ICO, potentially financial loss and reputational damage. Discussions with Management have highlighted the rationale behind this approach but recognise the opportunities to tighten control around this area.
- **Interfaces** – At the time of the review, it was noted that the interface to ensure agreement of child protection in both the CPR and care management system was not functional and a manual workaround was required involving ad hoc data exports from the care management system which are reconciled to the CPR. Whilst this system ensures accuracy of the CPR, the manual nature of the data transfer process could be made more efficient (i.e. single point of data entry and deletion), and is contrary to the Council's transformation ambitions to automate processes where appropriate.

Recommendations have been made to address the above risks including reviewing system access restrictions, ensuring mandatory training is robust, and establishing an automated interface for Child Protection Register updates.

### 2.3 Severe or major issues / risks

No severe or major issues/risk were identified as part of this review.

### 2.4 Management response

*The Social Work system has been developed using modern agile development methodologies. Management is grateful to the internal audit team for their collaborative approach to the audit that has ensured a shared understanding of the differences in approach versus traditional line of business systems. The balance of continuous delivery against risk has been assessed ensuring that Aberdeen City Council manages the ongoing risks through the recommendations made.*

*The nature of the continuous delivery process and the prioritisation of business needs by Social Work Product Owners means that the system remains current and relevant for Social Work practitioners. In addition system architecture and the centralised nature of the data creates opportunities for the Council and the Health and Social Care Partnership to improve the effectiveness of our care services.*

---

<sup>1</sup> Where it is recognised that this is a small population, with an even lower response rate, Internal Audit made efforts to gain responses and wider feedback. The views relied upon for this report have been substantiated where possible through further discussion and audit testing.

## 3 Issues / Risks, Recommendations, and Management Response

### 3.1 Issues / Risks, recommendations, and management response

Ref	Description	Risk Rating	Moderate
1.1	<p><b>System Procedures, Training and Access</b> – Comprehensive written procedures and their effective communication are an essential element in any system of control. This is the same for training provided to users. The care management system holds sensitive records with special category personal data concerning vulnerable adults and children and it is therefore also essential that access is appropriately controlled to ensure compliance with Data Protection legislation.</p> <p><u>Procedures and Training</u></p> <p>D&amp;T has set a mandatory requirement within ServiceNow for line managers authorising system access requests to ensure appropriate system and data protection training has been completed prior to use of the system. In addition, 'Click Learn' guidance is available on the system covering various user tasks. Furthermore, comprehensive Children's Social Work guidance is available on the use of the system and checklists are in place for what is expected to be delivered to H&amp;SCP users by system coaches. However, unlike Children's Social Work, currently Adults Service and Justice Service specific guidance on the use of the system is absent from the Council's Digital Workplace (described as "coming soon") and there are no online videos available on the use of the system like for Children's Social Work. Management however advised that although guidance is absent from the Digital Workplace, guidance is circulated regularly to staff and for Justice if contained within the Staff Handbook.</p> <p>Internal Audit sought views from 10 system users to determine if training had been received prior to use and the adequacy of training delivered. Four (40%) responded, two (50%) of which advised that whilst they had received training, they remained unsure of how to navigate the system and that the training did not address their specific service delivery needs.</p> <p><u>Access</u></p> <p>A dedicated team within D&amp;T maintains system access based on, line manager approved requests and via regular removal of any former employees notified to D&amp;T by Payroll. In addition, system access is adequately controlled for employees via Active Directory single sign on through a Council device coupled with the Council's Access Control policy and Password Standard.</p> <p>The UK General Data Protection Regulation (GDPR) requires personal data to be adequate, relevant, and limited to what is necessary in relation to the purposes for which they are being processed (data minimisation principle). Furthermore, the care management system holds special category personal data relating to vulnerable Council clients, with Article 9 of the UK GDPR further restricting legal processing of such data.</p> <p>Whilst the support and maintenance supplier contract covers data processing under data protection legislation, this supplier currently has access to special category data held in the live 'production' system environment, rather than access being restricted to when it is required by this supplier when "pushing out" new system developments into the production environment.</p> <p>In addition, feedback provided during the audit suggested care management records were available to teams who did not require the level of access granted. This was considered during system development and the decision on access to data was made by the Chief Officer Integrated Children and Families and the Chief Officer Social Work Adults in order to support effective delivery. The decisions made, including the access exclusions to restricted</p>		

Ref	Description	Risk Rating	Moderate
	<p>records are recorded in the Data Privacy Impact Assessment. The Service advised staff access permissions were designed to ensure a holistic approach to supporting a family irrespective of Social Work area (Children's, Adults, CJ).</p> <p>In the absence of suitable system user guidance and training there is a greater risk users will be unable to use the system efficiently to manage cases. Furthermore, where third party access to special category data is not suitably controlled, the Council risks enforcement action by the ICO, potentially financial loss and reputational damage.</p>		
<b>IA Recommended Mitigating Actions</b>			
<p>a) The H&amp;SCP and IC&amp;FS should review the governance in place for service users. This should look to formalise the role of product owner, which will ensure user needs and training needs continue to be met. A key focus area will be the need for system guidance and wider operational support.</p> <p>b) Access to system records by third-party users should be reviewed to ensure access to documentation is restricted where necessary.</p>			
<b>Management Actions to Address Issues/Risks</b>			
<p>a) <i>The role Product Owners is new to the Council structure. Work is nearing completion to formally define this role and job size it. The Product Owner role will ensure a close and continuous alignment between the operational needs of the social work system and the development of the D365 system to adjust to new legislation or policy drivers. The role will include ensuring staff are supported to maximise the potential of the D365 system, through induction, developing system guidance and ensuring feedback loops that identify ongoing improvement and embedding practice change.</i></p> <p>b) <i>The system is developed using agile methods and relies on the principles of continuous development to ensure the enhancements are managed effectively. The approach to pipeline deployment requires appropriate levels of access to all environments. The system developers will review current levels of access and recommend areas for improvement.</i></p>			
<b>Risk Agreed</b>		<b>Person(s)</b>	<b>Due Date</b>
a) Yes		CO – C&FS and CO – ASW, H&SCP	31 January 2024
b) Yes		CO Digital & Technology	31 January 2024

Ref	Description	Risk Rating	Minor
1.2	<p><b>Interfaces</b> – Interfaces help automate the transfer of data between systems, reducing the need for manual intervention and human errors.</p> <p>A form-based system is used to maintain the North East Child Protection Register (CPR) by the CPR team. Separately, social workers update the care management system to record the inclusion or removal of a child from the CPR following the related case conference.</p> <p>At the time of the review, it was noted that the interface to ensure agreement of child protection in both the CPR and care management system was not functional and a manual workaround was required involving ad hoc data exports from the care management system which are reconciled to the CPR.</p>		

Ref	Description	Risk Rating	Minor
	<p>Whilst this system ensures accuracy of the CPR, the manual nature of the data transfer process is inefficient, and contrary to Council's transformation agenda ambitions to automate processes where appropriate.</p>		
	<b>IA Recommended Mitigating Actions</b>		
	<p>D&amp;T should automate the interface between the care management system and the North East Child Protection Register.</p>		
	<b>Management Actions to Address Issues/Risks</b>		
	<p><i>The existing extract requires amendment to address changes made in the system. These changes have been scoped and will be delivered as part of broader changes in CP practice being recommended by the North East Child Protection Partnership.</i></p>		
	<b>Risk Agreed</b>	<b>Person(s)</b>	<b>Due Date</b>
	Yes	CO Digital & Technology	31 Dec 2023

## 4 Appendix 1 – Assurance Terms and Rating Scales

### 4.1 Overall report level and net risk rating definitions

The following levels and ratings will be used to assess the risk in this report:

Risk level	Definition
<b>Corporate</b>	This issue / risk level impacts the Council as a whole. Mitigating actions should be taken at the Senior Leadership level.
<b>Function</b>	This issue / risk level has implications at the functional level and the potential to impact across a range of services. They could be mitigated through the redeployment of resources or a change of policy within a given function.
<b>Cluster</b>	This issue / risk level impacts a particular Service or Cluster. Mitigating actions should be implemented by the responsible Chief Officer.
<b>Programme and Project</b>	This issue / risk level impacts the programme or project that has been reviewed. Mitigating actions should be taken at the level of the programme or project concerned.

Net risk rating	Description	Assurance assessment
<b>Minor</b>	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	<b>Substantial</b>
<b>Moderate</b>	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified, which may put at risk the achievement of objectives in the area audited.	<b>Reasonable</b>
<b>Major</b>	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	<b>Limited</b>
<b>Severe</b>	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	<b>Minimal</b>

Individual issue / risk	Definitions
<b>Minor</b>	Although the element of internal control is satisfactory there is scope for improvement. Addressing this issue is considered desirable and should result in enhanced control or better value for money. Action should be taken within a 12 month period.
<b>Moderate</b>	An element of control is missing or only partial in nature. The existence of the weakness identified has an impact on the audited area's adequacy and effectiveness. Action should be taken within a six month period.
<b>Major</b>	The absence of, or failure to comply with, an appropriate internal control, such as those described in the Council's Scheme of Governance. This could result in, for example, a material financial loss, a breach of legislative requirements or reputational damage to the Council. Action should be taken within three months.
<b>Severe</b>	This is an issue / risk that is likely to significantly affect the achievement of one or many of the Council's objectives or could impact the effectiveness or efficiency of the Council's activities or processes. Examples include a material recurring breach of legislative requirements or actions that will likely result in a material financial loss or significant reputational damage to the Council. Action is considered imperative to ensure that the Council is not exposed to severe risks and should be taken immediately.

---

## 5 Appendix 2 – Assurance review scoping document

### 5.1 Area subject to review

Aberdeen City Health and Social Care Partnership (H&SCP) and Integrated Children's and Family Services (IC&FS) provide or commission care and support to a variety of individuals who are identified as requiring it following assessment of their social care needs.

The Council's Care Management System Microsoft Dynamics 365 for Social Work (D365) was developed in 2020 in partnership with Microsoft and Hitachi and went live in October 2022, replacing the CareFirst system. D365 brings relevant social care data and workflows together in one place, where staff can record, share, and analyse information relating to clients' needs assessments and follow-up care management reviews. In addition, the system enables the management of associated care related payments to clients (£134.559m 2022/23), suppliers (£4.593m 2022/23), and foster carers (£1.553m 2022/23) as well as any client charges (£9.534m 2022/23).

D365 uses a set of intelligent business applications, with a view to delivering greater results across services, through predictive artificial intelligence driven insights. The vision for D365 more generally is to create a single, secure record for each Council customer, so whether registering a birth, seeking housing support, or benefiting from social care, a single record will be updated within D365 for each customer, giving Council staff the right access to the relevant data for the services provided to customers and customers more involvement and interaction over the services they receive.

Previously a large proportion of social care data was managed out with the care management system using various customer record management systems. D365 aims to address this by enabling all case management data to be captured within one system for efficient case management purposes. In addition, the intention is for this to improve access control and data sharing arrangements beyond the H&SCP and Integrated Children's and Family Services, for example where Council housing officers require access to relevant data for the delivery of housing support and partner organisations, including Bon Accord Care and the NHS, require access for their respective service delivery needs.

### 5.2 Rationale for review

The objective of the review is to consider whether appropriate control is being exercised over system, including contingency planning, and disaster recovery, and its data input, and that interfaces to and from other systems are accurate and properly controlled.

This has been included in the 2023-24 Internal Audit Plan due to this being a newly implemented key Council system for the management of sensitive data concerning vulnerable clients and due to the material value of care related expenditure managed using the system.

The project management arrangements for the development of D365 were considered in July 2022 as part of Internal Audit report AC2212 Care Management. A full system review of the system was last undertaken by Internal Audit in November 2016 in report AC1709 when CareFirst was in operation. In general CareFirst was found to be adequately controlled with some recommendations made to enhance controls in relation to procurement; software licences; system access; data quality retention; system interfaces; business continuity planning; and system performance reporting.

### 5.3 Scope and risk level of review

This review will offer the following judgements:

- An overall **net risk** rating at the Programme and Project level.
- Individual **net risk** ratings for findings.

#### 5.3.1 Detailed scope areas

---

**As a risk-based review this scope is not limited by the specific areas of activity listed below. Where related and other issues / risks are identified in the undertaking of this review these will be reported, as considered appropriate by IA, within the resulting report.**

The specific areas to be covered by this review are:

- Written Procedures
- Procurement
- System Maintenance
- System Access
- Interfaces
- Business Continuity and Disaster Recovery

## 5.4 Methodology

This review will be undertaken through interviews with key staff involved in the process(es) under review and analysis and review of supporting data, documentation, and paperwork. To support our work, we will review relevant legislation, codes of practice, policies, procedures, and guidance.

Due to hybrid working arrangements, this review will be undertaken remotely.

## 5.5 IA outputs

The IA outputs from this review will be:

- A risk-based report with the results of the review, to be shared with the following:
  - Council Key Contacts (see 1.7 below)
  - Audit Committee (final only)
  - External Audit (final only)

## 5.6 IA staff

The IA staff assigned to this review are:

- Farai Magodo, Auditor (**audit lead**)
- Andy Johnston, Audit Team Manager
- Jamie Dale, Chief Internal Auditor (**oversight only**)

## 5.7 Council key contacts

The key contacts for this review across the Council are:

- Andy MacDonald, Director – Customer Services
- Eleanor Sheppard, Interim Director Children’s & Family Services
- Sandra MacLeod, Chief Officer H&SCP
- Steve Roud, Chief Officer - Digital and Technology (**process owner**)
- Graeme Simpson, Chief Officer – Integrated Children’s & Family Services
- Jonathan Belford, Chief Officer – Finance
- Paul Mitchell, H&SCP Chief Finance Officer
- Claire Wilson, Chief Officer - Social Work Adults

## 5.8 Delivery plan and milestones

The key delivery plan and milestones are:

Milestone	Planned date
Scope issued	4-Jul-23

---

Milestone	Planned date
Scope agreed	11-Jul-23
Fieldwork commences	24-Jul-23 <i>(extended due to holiday period)</i>
Fieldwork completed	18-Aug-23
Draft report issued	8-Sep-23
Process owner response	29-Sep-23
Director response	6-Oct-23
Final report issued	13-Oct-23