

Governance, Risk and Best Value

10:00am, Tuesday 14 December 2021

Internal Audit Update for the Period: 2 May to 14 September 2021 – Referral from the Edinburgh Integration Joint Board Audit and Assurance Committee

Item number
Executive/routine
Wards
Council Commitments

1. For Decision/Action

- 1.1 The Governance, Risk and Best Value Committee is requested to consider the Internal Audit Update for the period: 2 May to 14 September 2021 as a number of the open Edinburgh Integration Joint Board's (EIJB) IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council.

Stephen S Moir

Executive Director of Corporate Services
Contact: Matthew Brass, Assistant Committee Officer
Legal and Assurance Division, Corporate Services Directorate

Referral Report

Internal Audit Update for the Period: 2 May to 14 September 2021

2. Terms of Referral

- 2.1 On 1 October 2021, the Edinburgh Integration Joint Board (EIJB) Audit and Assurance Committee considered a report which updated members on the progress of the Internal Audit (IA) assurance activity undertaken on behalf of the EIJB by the City of Edinburgh Council (CEC) and NHS Lothian (NHSL).
- 2.2 The EIJB Audit and Assurance Committee agreed:
 - 2.2.1 To note progress with delivery of the EIJB 2021/22 IA plan.
 - 2.2.2 To note progress with the implementation of agreed management actions to support closure of EIJB IA findings raised.
 - 2.2.3 To note progress with implementation of agreed management actions to support closure of Partnership findings raised in relation to delivery of Council adult social care services.
 - 2.2.4 To note progress with the refresh of the Engagement Principles and the IA assurance approach
 - 2.2.5 To refer the report to the Council's Governance, Risk and Best Value Committee for their information as a number of the open EIJB IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council.
 - 2.2.6 To include revision dates for EIJB findings in future iterations of the report.
 - 2.2.7 To query the requirement for referring the report to the Council's Governance, Risk and Best Value Committee

3. Background Reading/ External References

- 3.1 None.

4. Appendices

4.1 Appendix 1 – Report by the Chief Internal Auditor

REPORT

Internal Audit Update for the period: 2 May to 14 September 2021

EIJB Audit and Assurance Committee

1 October 2021

Executive Summary

1. This report provides details of the progress of Internal Audit (IA) assurance activity on behalf of the Edinburgh Integration Joint Board (EIJB) performed by the EIJB's partners (the City of Edinburgh Council (the Council) and NHS Lothian (NHSL) IA teams).
2. Delivery of the 2021/22 Internal Audit Plan approved by the Committee in June 2021 is progressing with two of the four planned audits underway.
3. No relevant audits have been completed and presented to the Council's Governance, Risk and Best Value Committee or NHS Lothian Audit and Risk Committee during the reporting period.
4. As at 14 September 2021 the EIJB had a total of 16 open Internal Audit findings, supported by 30 associated management actions. This includes new findings and management actions raised in recently completed EIJB reviews. Of the 16 open findings, 10 are currently overdue, with 15 of the 30 associated management actions also overdue.
5. As at 11 August 2021, the Council had a total of 10 overdue IA findings and 24 associated management actions that relate to delivery of adult social care services by the Edinburgh Health and Social Care Partnership (the Partnership). Management's progress towards closure of these findings was scrutinised by the Council's Governance, Risk and Best Value Committee at their September 2021 meeting.
6. A workshop to discuss the refreshed EIJB Principles established to govern working relationships between the City of Edinburgh Council Governance, Risk and Best Value Committee; the NHS Lothian Audit and Risk Committee; and the Edinburgh Integrated Joint Board Audit and Risk Committee is currently being arranged for October 2021. It is expected that the Principles will be presented to the

relevant scrutiny committees of these organisations for approval and subsequent implementation following the workshop.

Recommendations	<p>It is recommended that the Audit and Assurance Committee:</p> <ol style="list-style-type: none"> 1. Notes progress with delivery of the EIJB 2021/22 IA plan; 2. Notes progress with implementation of agreed management actions to support closure of EIJB IA findings raised; 3. Notes progress with implementation of agreed management actions to support closure of Partnership findings raised in relation to delivery of Council adult social care services. 4. Notes progress with the refresh of the engagement Principles and the IA assurance approach; and 5. Refers this report to the Council’s Governance, Risk and Best Value Committee for their information as a number of the open EIJB IA findings relate to operational service delivery for the Health and Social Care Partnership by the Council.
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Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. The report was discussed with the EIJB’s Chief Officer and Chief Finance Officer.
2. EIJB Audit and Assurance Committee.

Main Report

Internal Audit Annual Plan

3. The 2021/22 IA annual plan was approved by the Committee in June 2021. The outcomes of the audits included in the plan will support the 2021/22 EIJB IA annual opinion, and inform the annual Governance Statement included in the financial statements.
4. The Plan is delivered by the Internal Audit teams of the EIJB’s partners, the Council and NHSL.

5. All EIJB IA reports prepared by the Council are presented to the EIJB Audit and Assurance Committee for scrutiny, and then referred to the Council's GRBV Committee for information (where appropriate).
6. Currently, all EIJB Reviews completed by NHSL are presented initially to the NHSL Audit and Risk Committee for review and scrutiny, and subsequently referred to the EIJB Audit and Assurance Committee.
7. Where relevant, audits completed for the Council and NHSL will be referred to the EIJB Audit and Assurance committee for information, following initial scrutiny by the respective Council GRBV and NHSL Audit and Risk Committees. These audits may also inform the EIJB IA annual opinion.

Progress with delivery of the 2021/22 EIJB Internal Audit Plan

8. The 2021/22 EIJB IA plan approved by Committee in June 2021 includes the following four audits:
 - Strategic Implications of Covid-19 Lessons Learned;
 - Delivery of EIJB legislative and statutory requirements;
 - Implementation of recommendations; and
 - Risk Management and Board Assurance rotation and induction arrangements.
9. The Strategic Implications of Covid-19 Lessons Learned and Delivery of EIJB legislative and statutory requirements audits are in progress, and it is expected that the review outcomes will be presented to the Committee in November and December 2021 respectively.
10. The remaining two audits are scheduled to begin in November and December 2021, and should be completed in time to support the 2021/22 EIJB IA annual opinion.

City of Edinburgh Council and NHS Lothian completed IA reviews that may be of interest to the Committee

11. No relevant audits have been completed and presented to the Council's Governance, Risk and Best Value Committee or NHS Lothian Audit and Risk Committee during the reporting period.
12. Three relevant Council audits have commenced and are scheduled to complete by December 2021. Following scrutiny by the Council's GRBV scrutiny, these reports will be referred to the Committee for information if any relevant Partnership findings are raised. These audits are:
 - Implementation of Whistleblowing (including adult social care) and Child Protection Recommendations;

- Management of Waiting Lists and Assessments; and
- Fraud and Serious Organised Crime.

Follow-up of open and overdue IA findings

13. Whilst the Partnership is dependent on both the Council and NHSL to support closure of some EIJB IA findings, the Chief Officer owns all EIJB findings, and obtains assurance that the Council is satisfactorily progressing completion of agreed management actions to support closure of IA findings raised for the areas where they provide support to the EIJB.
14. The IA definition of an overdue finding is any finding where all associated agreed management actions have not been evidenced as implemented by management and validated as closed by IA by the date agreed by management and IA and recorded in relevant IA reports.
15. Where management considers that actions are complete and sufficient evidence is available to support IA review and confirm closure, the action is marked as 'implemented' on the IA follow-up system. When IA has reviewed the evidence provided, the management action will either be 'closed' or will remain open and returned to the relevant owner together with details of further evidence required.

Progress with implementation of agreed management actions to support closure of IA findings raised

16. As at 14 September 2021, the EIJB had a total of 16 open IA findings. This includes five new findings raised in the EIJB Covid-19 Financial Management and Management Information audits completed in May and August 2021; and the finding originally raised in the August 2019 Integration Scheme audit that was agreed in June 2021 following finalisation of the Ministerial Strategic Group action plan to address the outcomes of their review of integration across Scotland (an update on this was provided in the June 2021 Committee report).
17. Of the 16 open findings, 10 are currently overdue (a reduction of 4 since the position as at 27 April 2021) and 6 are not yet due. A total of 5 findings were also closed in the last quarter. Further information is provided at Appendix 1.

The following table demonstrates the movement in open and overdue IA findings during this period:

Analysis of changes between 27/04/21 and 14/09/21					Analysis at 14/09/21	
	Position 27/04/21	Added	Closed	Position 14/09/21	Current	Historic reopened
Open	16	5	5	16	15	1
Overdue	14	0	4	10	9	1

Analysis of Open IA Findings

18. The 16 open IA findings (7 High; 8 Medium and 1 Low) as at 14 September 2021 were raised in the following audits:

- Historic Unimplemented Findings (1) – 1 High
- Data Integration and Sharing (1) – 1 High
- Purchasing Budget Management (3) – 3 High
- Social Care Commissioning (2) – 1 High and 1 Medium
- Strategic Planning (3) – 3 Medium
- Capital and Workforce Planning (1) – 1 Medium
- EIJB Integration Scheme (1) – 1 High
- EIJB Management Information (3) – 3 Medium
- EIJB Covid-19 Financial Management (1) – Low

Analysis of Overdue IA Findings

19. Four overdue findings (2 High, 2 Medium) have been closed, and no additional findings became overdue between 28 April and 14 September 2021.

20. The 10 overdue findings include the remaining historic high rated finding that had previously been closed but was reopened in June 2018. This finding is recorded as overdue (based on originally agreed implementation dates) as the agreed management actions had not been effectively implemented and sustained, exposing the EIJB to unnecessary risk.

21. None of the overdue findings have yet been proposed for closure by management.

22. The ageing profile of the 10 overdue findings based on originally agreed implementation dates is as follows:

- 1 high rated historic high rated finding that is more than four years overdue;
- 1 high rated finding that is more than three years overdue; and
- 8 findings (4 high and 4 medium) that are between one and two years overdue.

Further detail on these findings is included at Appendix 1.

Analysis of Overdue IA Management Actions Associated with Open IA Findings

23. The 16 open EIJB findings (including the 10 overdue findings) are supported by a total of 30 agreed management actions, with 15 of the agreed management actions currently overdue based on their originally agreed implementation dates.

24. Of the 30 open management actions, one is currently 'implemented' and is with IA for review to confirm whether it can be closed, leaving a balance of 29 to be addressed. 15 of the 30 management actions are not yet due.

25. Of the 15 overdue management actions:

25.1. 8 (6 High; and 2 Medium) have had their implementation dates revised more than once by management since the inception of the new IA follow up system in July 2018.

25.2. of the 8 overdue management actions with dates revised more than once:

- 1 action (high) has had the date revised 6 times;
- 1 action (high) has had the date revised 4 times;
- 3 actions (3 high) has had the date revised 3 times; and
- 3 actions (1 high and 2 medium) have had dates revised twice.

These numbers exclude the four-month extension applied to all open management actions to reflect the impact of Covid-19.

26. Details of the status of the overdue management actions are included at Appendix 2, which also includes a status update from management on progress with each action as at 20 September 2021.

Report Referred from the City of Edinburgh Council Governance, Risk and Best Value Committee - Internal Audit: Overdue Findings and Key Performance Indicators as at 11 August 2021

27. Details of open and overdue IA findings raised across the Council as at 11 August 2021 were presented to the Council's Governance, Risk and Best Value Committee (GRBV) on 21 September 2021.

28. This paper has now been referred to the EIJB Audit and Assurance Committee (refer paper 5.7) for information as it includes details of 10 overdue IA findings (3 High and 7 Medium) raised in audits that relate to delivery of the Council's adult social care services by the Edinburgh Health and Social Care Partnership (the Partnership). It is important to remember that the Council's GRBV Committee has already scrutinised management's progress towards closure of these findings.
29. Of the 10 overdue Partnership findings, 8 (1 High and 7 Medium) are more than one year overdue.
30. The 10 overdue Partnership findings are supported by 24 agreed management actions. Appendix 3 includes details of these actions with updates provided by both IA and management on implementation progress as at 20 September 2021.

Progress Towards Refresh of EIJB Principles (the Principles) Governing Working Relationships between EIJB, Council, and NHS Lothian (NHSL) Audit Committees.

31. A meeting between the four Lothian EIJB Chief Internal Auditors (CIAs) was held in January 2021 to agree which areas of the principles should be refreshed. Following this, a refreshed set of principles was shared by the NHSL CIA for review and comment.
32. A workshop is currently being arranged with the IJB Audit Committee Chairs for the four Lothians; the NHSL Audit Committee Chair; and the four Lothian and NHSL CIAs to discuss the refreshed principles in October 2021.
33. Following this, the refreshed principles will be presented to the NHSL Audit and Risk Committee, and then to the respective Lothian IJB Audit and Assurance committees for final agreement. Timeframes for completion of these activities will be confirmed at the workshop to be held in October.

Implications for Edinburgh Integration Joint Board

Financial

34. There are no direct financial implications for the EIJB as a consequence of this report.

Legal / risk implications

35. The IA plan and follow-up process are not sufficiently comprehensive to provide the level of assurance that the EIJB requires in all the areas that it needs.

Equality and integrated impact assessment

36. There are no direct equalities and integrated impact assessment impacts as a consequence of this report.

Environment and sustainability impacts

37. There are no direct environment and sustainability impacts associated with this report.

Quality of care

38. There are no direct quality of care impacts associated with this report.

Consultation

39. The IA plan is based on the EIJB's risk register. In preparing the risk register, the EIJB's Risk team consulted widely with senior management from the Integration Joint Board, the Council and NHSL.

40. Progress with open and overdue audit findings has been discussed with and reported to senior management and the EIJB Audit and Assurance Committee.

Report Author

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Background Reports

None

Appendices

Appendix 1	Analysis of Overdue EIJB IA Findings as at 14 September 2021
Appendix 2	EIJB Internal Audit Overdue Management Actions as at 14 September 2021
Appendix 3	Partnership Internal Audit Overdue Management Actions as at 11 August 2021 (presented to GRBV 21 September 2021)

Appendix 1: Analysis of Overdue EIJB IA Findings as at 14 September 2021

Ref	Audit	Actions to be implemented	Rating	Original Date	Age
1.	CW1801 - Historic unimplemented findings – Issue 14	Implementation of a quality assurance framework across localities for personal support plans.	High	31/12/2016	>4 years
2.	HSC1604 - Data Integration and Sharing – Issue 1	Rebased July 2021 - Implementation of user access framework for systems managed by the Partnership with appropriate assurance process to ensure framework is applied consistently.	High	31/10/2017	>3 years
3.	EIJB1701 -Purchasing Budget Management – Issue 2	Financial Controls – 2 management actions are outstanding that relate to implementation of a funding allocation model and developing an operational plan for charging for services.	High	31/12/19	1-2 years
4.	EIJB1701 - Purchasing Budget Management – Issue 3	Operational structure processes - screening and allocation processes, assessment and resource allocation and review processes will be redesigned through the roll out of the Three Conversations approach across all services.	High	31/12/19	1-2 years
		Assessment and review processes (including recording via Swift) will be redesigned following roll-out of the Three Conversations approach across all services.			

5.	EIJB1701 - Purchasing Budget Management – Issue 4	Supplier and Contract Management – a total of 2 management actions are outstanding, these include review of quarterly provider ISF returns and process for delaying ISF payments.	High	31/12/2019	1-2 years
6.	EIJB1702 - Social Care Commissioning - Issue 1	Two actions are overdue in relation to the design of a new social care commissioning model covering all social care services provided by the Partnership. This should include implementing a model covers all social care services provided by the Partnership and a review of management information to support commissioning	High	30/04/20	1-2 years
7.	EIJB1702 - Social Care Commissioning - Issue 2	Two actions are overdue relating to a review of the commissioning structure across the partnership to ensure there is sufficient capacity; skills; and experience within the partnership to support delivery of the commissioning plans as per the Improvement Plan and support ongoing commissioning processes.	Medium	30/06/20	1-2 years
8.	EIJB1804 - Strategic Planning – Issue 1	Development of a strategic planning framework aligned to legislative requirements and Scottish Government guidance.	Medium	30/04/20	1-2 years
9.	EIJB1804 - Strategic Planning – Issue 2	Development of a market facilitation plan aligned to the revised social care commissioning model.	Medium	30/04/20	1-2 years
10.	EIJB1804 - Strategic Planning – Issue 3	Content of revised performance framework and inclusion of revised performance framework within strategic planning framework.	Medium	30/04/20	1-2 years

Appendix 2: EIJB Internal Audit Overdue Management Actions as at 14 September 2021

Glossary of terms

- **Project** – This is the name of the audit report.
- **Issue Type** – This is the priority of the audit finding, categorised as Critical, High, Medium, and Low.
- **Issue** – This is the name of the finding.
- **Recommendation title** – This is the title of the internal audit recommendation.
- **Status** – This is the current status of the management action. These are categorised as
 - Pending (the action is open and there has been no progress towards implementation),
 - Started (the action is open and work is ongoing to implement the management action),
 - **Implemented** (the service area believes the action has been implemented and this is with Internal Audit for validation).
- **Agreed Management action** – This is the action agreed between Internal Audit and Management to address the finding.
- **Estimated date** – the original agreed implementation date.
- **Revised date** – the current revised date. **Red formatting** in the dates field indicates the last revised date is overdue.
- **Number of revisions** – the number of times the date has been revised post implementation of TeamCentral. **Amber formatting in** the dates field indicates the date has been revised more than once.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
1	EIJB1702 EIJB Social Care Commissioning Issue 1 - Maturity of social care commissioning	High	1.1 - Review of the social care commissioning model Implemented	The social care commissioning model will be reviewed and where required processes implemented to ensure coverage for all social care services provided by the Partnership. The process will set out responsibility for oversight for each component including upward reporting to relevant governance forums and Committees/Boards. The process will consider the most recently available population projections (and other relevant factors) to forecast future demand for services.	Estimated: 30/04/2020 Revised: 01/08/2021 No of Revisions 1	Internal Audit: Evidence has been provided by service – further information required. Meeting arranged with management to discuss. Management comments: We are working to support closure of this action.
2	CW1801 Historic Unimplemented Findings HSC1503 - Issue 3 Quality Assurance	High	3a Quality Assurance review of Personal Support Plans Started	There is an existing file audit process that will pick up on overall issues of both data quality and quality of recording. In order to address the specific issues identified through this audit the Quality Assurance Team will undertake a themed audit in respect of Personal Support Plans. We can demonstrate that we are working to develop improvements in the recording and quality of assessments and reviews through discussion about cases through the locality good practice forum, however, recognise that needs to be formalised and aligned to the roll out of the three conversations model. Therefore, this action will be extended	Estimated: 31/12/2016 Revised: 31/12/2021 No of Revisions 3	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: Work is ongoing with colleague in Children's Services to develop a quality assurance process and is on track.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
				to align with the rollout of the 3C model and to allow time to embed		
3	EIJB1701 Purchasing Budget Management Issue 2 Financial Controls	High	Issue 2.1 Implementing funding allocation model Started	A project team has been established to develop a plan to re-introduce a resource allocation system linked to Swift. Work on the technical solution is underway along with detailed engagement and implementation plans. It is anticipated that the new resource allocation system will be implemented and embedded by November 2021.	Estimated: 31/12/2019 Revised: 01/11/2021 No of Revisions 1	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: Work has started to develop a new Resource Allocation Model and is undergoing testing at this time; however, it is not likely to be in place by the 01 November 21. Revised date recommended.
4	EIJB1701 Purchasing Budget Management Issue 2 Financial Controls	High	Issue 2.3c Operational plan for charging for services Started	Once the charging policy is agreed, an operational plan will be developed to detail how the strategy will be implemented.	Estimated: 31/10/2019 Revised: 01/05/2021 No of Revisions 1	Internal Audit: Charging policy was approved by committee in August as part of action 2.3a now closed. Update on operational plan required. Management comments: The service is liaising with the transactions team who operationalise the charging policy on our behalf and are in the process of sourcing evidence to support closure of this action.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
5	EIJB1701 Purchasing Budget Management 3 Operational Structure Processes	High	3.1a Review of holistic social care processes - alignment to Three Conversations Started	Screening and allocation processes, assessment and resource allocation and review processes are being redesigned through the roll out of Three Conversations approach across all services.	Estimated: 31/12/2019 Revised: 31/07/2021 No of Revisions 4	Internal Audit: No update awaiting revised date. Management comments: We have rolled out three conversations in certain teams within the localities and a full implementation plan is being scoped, therefore a revised implementation plan is needed to align with full role out of the three conversations model. Revised date recommended.
6	EIJB1701 Purchasing Budget Management Issue 3 Operational Structure Processes	High	Issue 3.2 Recording client reviews in Swift Started	Assessment and review processes (including recording via Swift) will be redesigned following roll-out of the Three Conversations approach across all services.	Estimated: 30/09/2019 Revised: 31/07/2021 No of Revisions 2	Internal Audit: No update awaiting revised date. Management comments: We have rolled out three conversations in certain teams within the localities and a full implementation plan is being scoped, therefore a revised implementation plan is needed to align with full role out of the three conversations model. Revised date recommended.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
7	EIJB1701 Purchasing Budget Management Issue 4 Supplier & Contract Management	High	Issue 4.8 Review of quarterly provider ISF returns Started	A plan will be implemented to define, document and implement a new procedure for the management and governance of ISF contracts. Existing processes and procedures will be evaluated and joined up into a single piece of guidance detailing when spot contracts will be used and will be communicated to managers with responsibility for contract management.	Estimated: 31/12/2019 Revised: 30/11/2021 No of Revisions 3	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: Work is ongoing to develop a process to review ISF quarterly provider returns. On track for delivery.
8	EIJB1701 Purchasing Budget Management Issue 4 Supplier & Contract Manager	High	Issue 4.9 Process for delaying ISF payments Started	This is linked to action 4.8 Review of quarterly provider ISF returns. This will include documented process for delaying ISF payments.	Estimated: 31/12/2019 Revised: 30/11/2021 No of Revisions 3	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: Work is ongoing to develop a process to review ISF quarterly provider returns. On track for delivery.
9	EIJB1702 EIJB Social Care Commissioning Issue 1 - Maturity of social care commissioning	High	Issue 1.2 - Review of management information to support commissioning Started	Work is progressing to develop an integrated performance framework for the IJB, to capture the scope of current reporting, agree on the future management information framework and engage operational staff in the workstream. Management Information will then be developed to best meet our operational delivery.	Estimated: 31/01/2020 Revised: 01/08/2021 No of Revisions 1	Internal Audit: Evidence provided by management in August 2021 reviewed. This is linked to new Performance Management Framework which is still in development and not expected to be complete in March 2022. Revised date in line with this recommended.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
						Management comments: Work is progressing to develop a performance framework that supports our commissioning intentions; however it is early in development and won't be fully rolled out until March 2022.
10	EIJB1702 EIJB Social Care Commissioning Issue 2 - Management Capacity and Roles and Responsibilities	Medium	Issue 2.1 - Review and implementation of new commissioning structure Started	Following agreement of the new Social Work Commissioning Model, the Head of Strategic Planning will review, refresh and implement a new commissioning structure across the Partnership. The review will focus on delivering: a new structure for Commissioning Services the identification and agreement of relevant commissioning support arrangement from both the Council; roles and responsibilities for the Partnership's contracts team in relation to commissioning. The new structure has been delayed due to Covid-19. The Steering group has reconvened and is reviewing the previous position in light of Covid-19 lessons learned. This will include consideration of how to use resources effectively and cross skill of officers to ensure flexibility.	Estimated: 31/01/2020 Revised: 01/08/2021 No of Revisions 2	Internal Audit: Update required from management. Management comments: Further discussion with Internal Audit has been arranged to discuss whether there has been sufficient progress in the existing structure to negate the risk without having to undertake a full org review (which has been delayed by COVID19).
11	EIJB1702	Medium	Issue 2.2 - Post implementation	As per issue 2.1, completion of the organisational review has been delayed	Estimated: 30/06/2020	Internal Audit:

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
	EIJB Social Care Commissioning Issue 2 - Management Capacity and Roles and Responsibilities		review of new structure Started	due to Covid-19. Once complete the due date for the post-implementation date will be revised to provide sufficient time for the new structure to embed prior to completion of the post implementation review.	Revised: 01/08/2021 No of Revisions 1	Update required from management. Management comments: Further discussion with Internal Audit has been arranged to discuss whether there has been sufficient progress in the existing structure to negate the risk without having to undertake a full org review (which has been delayed by COVID19).
12	EIJB1804 EIJB Strategic Planning Issue 1: Strategic Planning Framework	Medium	1.1 - Strategic Planning Framework Started	The strategic plan will be reviewed on an annual basis, therefore an analysis of detailed requirements as set out in Scottish Government guidance and the key tasks required will be completed, and a documented framework aligned to points set out in this recommendation will be developed. A draft proposal on a longer-term strategic framework and development actions has been produced which synchronises production of the joint strategic needs analysis with each 3 year annual planning cycle.	Estimated: 30/04/2020 Revised: 31/08/2021 No of Revisions 1	Internal Audit: Update required from management. Management comments: This work is taking slightly longer than expected to undertake due to additional analysis required. Therefore, it is recommended an extension to 31 January 2022 to complete this work is necessary.
13	EIJB1804 EIJB Strategic Planning	Medium	2.1 - Market Facilitation Plan Started	The 2019-22 Strategic Plan sets out the initial intention for developing our approach to market facilitation. This will be developed further to align with the commissioning review work already	Estimated: 30/04/2020 Revised: 01/08/2021	Internal Audit: Update required from management. Management comments:

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
	Issue 2: Market Facilitation Plan			underway. A Market Facilitation Plan which sets out medium term commissioning intentions will be developed and reviewed in line with the strategic planning and commissioning cycle.	No of Revisions 1	Development of a Market Facilitation Plan has started; however, this is still in development and a revised date is recommended.
14	EIJB1804 EIJB Strategic Planning Issue 3 - Plan delivery – performance monitoring framework	Medium	3.1 – Plan delivery – performance monitoring framework Started	In the performance management section of the strategic plan it states the Edinburgh Health and Social Care Partnership intend to review performance measurement and to develop an additional, more focussed performance framework, designed around the strategic plan and its outputs. This will also be scrutinised by the Performance and Delivery Sub Committee and the EIJB.	Estimated: 30/04/2020 Revised: 01/08/2021 No of Revisions 2	Internal Audit: Review of the papers presented to P&D and SPG notes that the framework is still in early stages of development with 5 workstreams for delivery. The current evidence shows the framework is not at that stage and is unlikely to be until March 2022 - therefore it is recommended that the action date is extended in line with these timeframes to enable supporting evidence of the framework in operation to be provided. Management comments: Work is progressing to develop a Performance Framework; however it is early in development and won't be fully rolled out until March 22. Revised date recommended.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 14/09/2021
15	HSC1604: IJB Data Integration & Sharing Prioritisation process	High	Rec 1.2 User access framework assurance Started	<p>Rebased action 29 July 2021</p> <p>The Partnership will look to implement the user access framework for those systems which are managed by the Partnership. As part of the implementation of the framework, we will develop an assurance process to ensure that the user access framework is being implemented consistently. This will check that user accounts are being removed when staff leave the organisation, that users have the appropriate access rights and that access rights are being considered as part of any change in role.</p> <p>We therefore would suggest the assurance process is developed and rolled out in three months (and first assurance exercise carried out), with a further assurance exercise carried out at six-month mark and we are proposing an extension to the 31 March 2022 to complete this.</p>	<p>Estimated: 30/09/2017</p> <p>Revised Date: 31/03/2022</p> <p>No of Revisions 6</p>	<p>Internal Audit:</p> <p>No update – awaiting submission of evidence in line with revised date.</p> <p>Management comments:</p> <p>Work has started to develop a User Access Framework for the systems that are managed by the Partnership and the intention is this will be rolled out by the Dec 21 to allow for implementation to be demonstrated. On track for delivery.</p>

Appendix 3 – Partnership Internal Audit Overdue Management Actions as at 11 August 2021 (presented to GRBV 21 September 2021)

Glossary of terms

1. Project – This is the name of the audit report.
2. Issue Type – This is the priority of the audit finding, categorised as Critical; High; Medium; or Low
3. Recommendation Title – This is the name of the finding.
4. Status – This is the current status of the management action. These are categorised as:
 - Pending (the action is open and there has been no progress towards implementation),
 - Started (the action is open, and work is ongoing to implement the management action), and
 - **Implemented** (the service area believes the action has been Implemented and this is with Internal Audit for validation)
 - **Now closed** (action has been closed since report generated)
5. Agreed Management action – This is the action agreed between Internal Audit and Management to address the finding.
6. Estimated date – the original agreed implementation date.
7. Revised date – the current revised date. **Red** formatting in the dates field indicates the last revised date is overdue.
8. Number of revisions – the number of times the date has been revised since July 2018. **Amber** formatting in the dates field indicates the date has been revised more than once.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 20/09/2021
21	HSC1715 Edinburgh Alcohol and Drug Partnership – Contract Management	Medium	Rec 5 - Records Management Policy Started	Direction will be requested from the Information Governance team in relation to Records Management Policy requirements and how they should be applied to retention, archiving and destruction of contract management information. Any lessons learned will be shared with the	Estimated Date: 30/03/2018 Revised Date: 01/02/2021 No of	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action – a

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	Key Person Dependency and Process Documentation			Health and Social Care contracts management team.	Revisions 5	revised date of 30/11/2021 has been proposed to complete.
22	CW1806 Emergency Prioritisation & Complaints Issue 1: ATEC 24 Operational Framework	Medium	Issue 1.2(3): ATEC 24 Service Level Agreements - Partnership Protocol Started	A partnership protocol will be approved and implemented for the Fallen Uninjured Person Service to reflect the current operations, funding arrangements and any planned process improvements.	Estimated Date: 29/11/2019 Revised Date: 01/03/2021 No of Revisions 3	Internal Audit: Update and revised date required. Management comments: Following conversation with Internal Audit, the service has to undertake some additional work to complete the partnership protocol. Recommend an extension to 31 March 2022 to allow the protocol to be developed (Dec 21 to develop the protocol and 31 March 22 to demonstrate the protocol has been embedded).

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	CW1806 Emergency Prioritisation & Complaints Issue 1: ATEC 24 Operational Framework	Medium	Issue 1.4(3): ATEC 24 Quality Assurance - Outcomes, supervision and key themes/improvements Started	Quality assurance outcomes will be linked to supervision and training and performance objectives, with regular one to ones scheduled to ensure action is taken to address any competence issues or gaps identified.2)Where systemic themes or trends are identified from quality assurance reviews, management will consider whether existing operational processes should be revisited.	Estimated Date: 30/04/2020 Revised Date: 31/12/2021 No of Revisions 2	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.
24	CW1806 Emergency Prioritisation & Complaints Issue 2: Third Party Service Provision - EHSCP	Medium	Issue 2(1): SLAs - Third Party Service Provision Started	A review of the SLA for the ESCS is underway. It is likely the detail of the arrangements will differ considerably from what is currently included within the SLA. The review will, however, take into consideration the points noted above. The review of the SLA will include contributions from City of Edinburgh Council, Midlothian Council and East Lothian Council, and will be presented to the EHSCP EMT for review and approval.	Estimated Date:30/11/2019 Revised Date:31/08/2021 No of Revisions 4	Internal Audit: No update – awaiting outcome of Midlothian/East Lothian review Management comments: Work is progressing to support closure of this action. We continue to take calls from East and Midlothian Council, however we continue to await sign-off of the SLA. This action is being jointly led by Children’s and Education Services. Recommend extension to the 31 December 21.

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25	CW1806 Emergency Prioritisation & Complaints Issue 2: Third Party Service Provision - EHSCP	Medium	Issue 2(2): Partnership Protocol HSCP/Contact Centre Started	Once the SLA is finalised, a Partnership Protocol will be developed in conjunction with Customer Contact Centre colleagues.	Estimated Date: 28/02/2020 Revised Date: 30/09/2021 No of Revisions 3	Internal Audit: Revised date likely to be required to align with 2(1). Management comments: This is linked to action 2(1). Will be progressed following sign-off of the SLA from Midlothian Council and East Lothian Council.
31	HSC1701 Care Homes - Corporate Report A3.5: Adequacy of Resources	Medium	A3.5(1) Intervals of need dependency tool - resource allocation and budgets Implemented Now closed	Intervals of need dependency tool and Issac and Neville reporting are used on a monthly basis or as needs change (admission; or deterioration) to establish resource requirements for safe staffing levels by the Unit Manager. Monthly reports are provided to the Senior Care Home Manager, with escalation to Chief Nurse as required.	Estimated Date: 31/01/2019 Revised Date: 01/05/2021 No of Revisions 5	Internal Audit: Closed 19/08/21
32	HSC1701 Care Homes - Corporate Report A3.1: Training	Medium	A3.1(1) Manager review of training Started Now implemented	As per audit recommendation: - Care home managers should perform a six-monthly review to confirm that all employees have completed mandatory, induction and refresher training and that completion has been recorded on the iTrent human resources system. Where training has not been completed, this should be discussed with employees and reflected (where	Estimated Date: 30/06/2019 Revised Date: 01/05/2021 No of Revisions 3	Internal Audit: Currently implemented, IA is reviewing evidence provided to check if sufficient to close. Management comments: N/A

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				appropriate) in their annual performance discussions.		
33	HSC1701 Care Homes - Corporate Report A3.3: Performance & Attendance Management	Medium	A3.3(4) HSCP - quarterly review of absence and performance management Started	This is the responsibility of the Unit manager for their direct reports. The Business Support Officer will ensure that the Unit Manager is aware on a monthly basis for Domestic and Handymen reporting to them. The Business Support Officer is required to monitor and report through the Customer process on a monthly basis.	Estimated Date: 30/06/2018 Revised Date: 01/05/2021 No of Revisions 3	Internal Audit: IA requested further supporting evidence on 05/08/2021 to demonstrate consistent approach across all Care Homes. Management comments: We are working to support closure of this action and sourcing additional information.
34	HSC1701 Care Homes - Corporate Report A3.4: Agency Staffing	Medium	A3.4(2) Analysis of the agency staff and hours worked charges Started	A paper is being presented to the Health and Social Care Senior Management Team which proposes a solution where information will be provided to Locality Managers who will prepare reports for Care Homes. If this solution is agreed, it will be implemented immediately.	Estimated Date: 31/03/2018 Revised Date: 01/05/2021 No of Revisions 4	Internal Audit: IA met with service on 24/08/21 further evidence required to demonstrate regular review of management information for agency staff usage and training. Management comments: Further discussions are ongoing with HR teams who provide some of the intelligence on agency spend. Therefore, it is recommended to extend until the 31 March, (Dec 21 – to resolve the data

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						issue and March 22 to demonstrate new process has been embedded).
53	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	High	1.2d Policy Register review: Full Policy review – EHSCP Pending	The EHCP will review existing policies, procedures and guidance and reclassify as appropriate. A risk-based approach will be adopted across the EHSCP to determine how regularly individual policies will be reviewed, based on the expected frequency of changes in applicable legislation, regulations and statutory requirements. The agreed frequency for review will be recorded on the policy template and included in the published policy register. All policies will be then be reviewed regularly in line with the agreed frequency. Policy documents on individual Orb pages will be removed and links included to the Council's published policy register which will be the single source of truth for all policies.	Estimated Date:31/07/2021 Revised Date:31/10/2021 No of Revisions 1	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.
54	CE1902 Policy Management Framework Issue 2: Completion of Integrated Impact Assessments (IIAs)	High	2.2 Completion and publication of Integrated Impact Assessments - EHSCP Pending	Directorates will review all new and revised policies prior to submission for approval by Committee to confirm that all IIA requirements outlined in the recommendation above have been completed, with evidence of review and approval by the Head of Division retained. Responsibility for monitoring progress with implementation of IIA action plans will be allocated to an appropriate senior	Estimated Date: 31/07/2021 Revised Date: 31/10/2021 No of Revisions 0	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 20/09/2021
				responsible officer within each division to confirm that known gaps are being effectively addressed.		
55	CE1902 Policy Management Framework Issue 1: Completeness and accuracy of Council policies and the online policy register	High	1.2e Policy Register review: Review of HSCP directories within the Orb Implemented Now closed	The Communities and Families and Health and Social Care policy and procedures directories on the Orb will be reviewed and linked to policies within the approved policy register. All other policies will be reclassified in line with the definitions provided at recommendation 3.1a.	Estimated Date: 31/07/2021 Revised Date: No of Revisions 0	Internal Audit: Closed 14/09/2021
60	CW1705 Records Management - LAAC Issue 3: Pre destruction business as usual file review process	Medium	Issue 3.2b EHSCP - Communication and training Started Now implemented	Health and Social Care will adopt a similar approach to Communities and Families with the new process communicated and uploaded to the Orb. A CECiL based approach will also be applied with support provided by Business Support and requested from Learning and Organisational Development (Human Resources), with completion of the CECiL module by the relevant teams tracked. Locality Management teams will also receive face to face training on the new process.	Estimated Date: 30/06/2020 Revised Date: 31/08/2021 No of Revisions 1	Internal Audit: Currently implemented, IA is reviewing evidence provided to check if sufficient to close. Management comments: N/A
62	CW1705 Records Management -	Medium	Issue 3.3b EHSCP - Quality Assurance Process	A joint quality assurance process will be established between Business Support and Team Managers in Localities. The new Health and Social Care Partnership	Estimated Date: 30/06/2020	Internal Audit:

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	LAAC Issue 3: Pre destruction business as usual file review process		Started Now implemented	Chief Nurse and Head of Quality will be responsible for managerial oversight of the quality assurance processes, ensuring that lessons learned are fed back to the Localities and outcomes reported to the Clinical and Care Governance Committee for scrutiny and oversight.	Revised Date: 31/08/2021 No of Revisions 1	Currently implemented, IA is reviewing evidence provided to check if sufficient to close. Management comments: N/A
66	CW1702 Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 3.1c EHSCP Development of Resilience Plans/protocols for statutory and critical services Started	Rebased action October 2020 Following a refresh of Business Impact Assessments and the new organisational structure, resilience plans/protocols will be developed, with support and training from Resilience, for high-risk essential services. A list of these services is to be provided by Resilience for approval by CLT. Date revised to 31 December 2022.	Estimated Date: 19/06/2020 Revised Date: 31/12/2022 No of Revisions 1	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.
69	CW1702 Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 6.1c EHSCP Review of third-party contracts to confirm appropriate resilience arrangements Started	Existing third-party contracts supporting critical services should be reviewed in consultation with contract managers / owners to confirm that they include appropriate resilience arrangements. Where gaps are identified, Procurement Services should be engaged to support discussions with suppliers regarding inclusion of appropriate resilience clauses requiring third parties to establish adequate resilience arrangements for both services and systems that are tested (at least annually) with the outcomes shared	Estimated Date: 20/12/2019 Revised Date: 30/11/2021 No of Revisions 3	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.

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				with / provided to the EHSCP. Where these changes cannot be incorporated into existing contracts, they should be included when the contracts are re tendered.		
72	CW1702 Resilience BC Completion and adequacy of service area business impact assessments and resilience arrangements	High	Rec 6.2c EHSCP Annual assurance from Third Party Providers Started	Assurance will be obtained annually for statutory and critical services from third party service providers that their resilience plans remain adequate and effective; and have been tested to confirm that the recovery time objectives for systems and recovery time and point objectives for technology systems agreed with the Council were achieved. Where this assurance cannot be provided, this will be recorded in EHSCP risk registers.	Estimated Date: 21/06/2019 Revised Date: 31/03/2022 No of Revisions 2	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.
80	RES1910 Risk Management: Issue 3 First line management of risk	Medium	Rec 3.1d Directorate identification and recording of new or emerging significant risks - EHSCP Pending	An agenda item will be included in risk management group meetings to agree which new and emerging significant risks should be communicated across divisions and directorates and by which attendees, and which risks will be escalated for consideration at/to divisional and directorate risk committees.	Estimated Date: 30/06/2021 Revised Date: 31/08/2022 No of Revisions 1	Internal Audit: No update – awaiting submission of evidence in line with revised date Management comments: Date extended to 31/08/2022 to ensure full rollout of the new EHSCP integrated risk management framework, which includes 6000 staff across a range of operational settings whilst still dealing with the Covid impacts. Likely to take 9 months - 1 year.

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113	HSC1714 Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management	High	2.2. Updating procedures to include an annual review of Corporate Appointee contracts Implemented	New guidelines will be written to ensure clarity of responsibilities. Sections will be included detailing Social Work; Business Support; and Transactions team responsibilities. The objective is to create and implement an end to end process that includes eligibility criteria, DWP processes and a full administrative process that will be applied centrally and across Locality offices; clusters; and hubs.	Estimated Date: 30/04/2018 Revised Date: 01/08/2021 No of Revisions 2	Internal Audit: Further evidence was provided on 17/09/21 and is currently being reviewed by IA. Management comments: N/A
114	HSC1714 Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management	High	Rec. 8 Business Support and Senior Social Worker - refresher training closing and reallocation of client fund accounts Implemented	Refresher training will be offered as part of the implementation of the new guidelines to all staff involved in the process and recorded on staff training records. The training will also be incorporated into the new staff induction process.	Estimated Date: 31/05/2018 Revised Date: 01/08/2021 No of Revisions 3	Internal Audit: Further evidence was provided on 17/09/21 and is currently being reviewed by IA. Management comments: N/A
115	HSC1714 Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management	High	Rec 1b - Business Support - review of Corporate Appointee processes Implemented	Business support will review all Corporate Appointee accounts and contact the relevant social worker, support worker or hub where the funds are over £16K for immediate review. Business support will advise social work when the funds exceed £16K where there is not a valid reason (for example, client deceased and social worker discussing estate with solicitor). Clarity on contact with DWP is being progressed and will be written into the new guidelines. Regular reporting will be	Estimated Date: 31/05/2018 Revised Date: 01/08/2021 No of Revisions 2	Internal Audit: Further evidence was provided on 17/09/21 and is currently being reviewed by IA. Management comments: N/A

Ref	Project/Issue	Issue Type	Rec Title/Status	Agreed Management Action	Dates	Internal Audit/ Management comments 20/09/2021
				introduced from the revised systems being implemented. This will be provided monthly at Senior Social Work level and annually for EHSCP management		
116	HSC1714 Social Work Centre Bank Account Reconciliations Corporate Appointee Client Fund Management	High	Recommendation 1a - Health & Social Care Started	Business Support is resolving problem appointee arrangements as we go along, however, the backlog of reviews will need a programme management approach to rectify errors and support the governance required. In the meantime, associated risks will be added to the EHSCP's risk register to monitor controls and progress on a monthly basis, given its high finding rating. Following the Care Home Assurance Review, the EHSCP is developing a self-assurance control framework. Locality Managers have agreed for corporate appointee arrangements to be included in the assurance framework – which if found to be successful and useful, can be mirrored by the other applicable services in this report. Business Support is working on new guidelines for the administration of Corporate Appointeeship (e.g. new procedures, monthly checklists, etc.), which will support the effective delivery of the framework.	Estimated Date: 28/06/2019 Revised Date: 01/11/2021 No of Revisions 3	Internal Audit: No update – awaiting submission of evidence in line with revised date. Management comments: Locality Teams have undertaken 80% of CA reviews, however due to the impact of Covid 19 and an increase in Adult Protection cases, staff have been dealing with urgent business only. Therefore a 3 month extension was requested in order to undertake the remaining 20% of CA reviews.
120	RES1809	High	Issue 1.2(1): Supplier management quality assurance - EHSCP	Recommendations are accepted and will be implemented following implementation of the refreshed Contracts management	Estimated Date: 29/06/2021	Internal Audit:

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	Supplier Management Framework and CIS Payments Issue 1: Contract Management - EHSCP		Pending	framework (that includes an enhanced contract risk assessment matrix for the Partnership), and refresh of the Partnership contracts register.	Revised Date: 01/11/2021 No of Revisions 0	No update – awaiting submission of evidence in line with revised date. Management comments: We are working to support closure of this action.
129	CW1914 Unsupported Technology (Shadow IT) and End User Computing Issue 2: Ongoing shadow IT and end user computing management	High	Rec 2.1d - Second line assurance and oversight -EHSCP Implemented	The following actions were discussed and agreed by the Council's Corporate Leadership Team and will be applied by all first line divisions and directorates. 1. divisions and directorates will confirm whether they are consistently applying shadow IT framework and meet the requirements of the Council's externally hosted ICT services protocol in their annual assurance statements, and with any gaps or instances of non-compliance disclosed; 2. reliance will be placed on third line oversight by Internal Audit (IA), acknowledging that the assurance provided in relation to the ongoing management of shadow IT technology applications across the Council will be considered as part of IA's ongoing risk based assurance proposals, with assurance unlikely to be provided on an ongoing basis.	Estimated Date: 30/07/2021 Revised Date: No of Revisions 0	Internal Audit: As per update on 01/09/21 further evidence is required to support closure of this action. Management comments: We are working to support closure of this action.