



Police and Crime Commissioners for Norfolk and Suffolk and Chief Constables of Norfolk and Suffolk Constabularies

Follow Up Review – Suffolk Only

2017/18

Executive Summary

INTRODUCTION

1. The follow up of internal audit recommendations undertaken by TIAA is undertaken throughout the year and reported to the Audit Committee during the year at each meeting.
2. The summary tables show the number of raised and brought forward priority 1 (P1 - Urgent) and priority 2 (P2 - Important) recommendations implemented since being reported to the March 2018 Audit Committee meeting and those outstanding past their implementation dates. A breakdown of this summary is attached as Figure 2.

Figure 1 - Summary of the action taken on Recommendations made

Evaluation	P1 - Urgent Recommendations		P2 - Important Recommendations		P 1 & 2 Recommendations
	Number	%	Number	%	Total
Implemented Since Last Meeting	0	0%	6	21%	6 (21%)
Outstanding (incl. deadlines extended*)	0	0%	22 (12*)	79%	22 (79%)

				Previously reported as complete to Audit Committee		Completed since last Audit Committee		O'standing with Extended Period Agreed		'standing - Previously reported as outstanding		New since last Audit Committee		Total O'standing	Not Yet Due for implementation	
				P1	P2	P1	P2	P1	P2	P1	P2	P1	P2		P1	P2
Audit Ref	Audit Area	Date Presented to Audit Committee	Assurance Level													
2016/17 Internal Audit Reviews																
NSC1703	Transport	Sep-16	Reasonable		1				3					3		
NSC1704	Corporate Communications	Sep-16	Reasonable						3					3		
NSC1706	HR Recruitment	Dec-16	Limited		6		1							0		
NSC1707	Duty Management	Dec-16	Limited		6				4					4		
NSC1710	Catering - Suffolk only	Dec-16	Limited		4						1			1		
NSC1714	Overtime, Expenses	Mar-17	Reasonable		3						1			1		
NSC1716	Pensions	Mar-17	Reasonable						1					1		
NSC1723	ICT ERP	Jun-17	Reasonable									1		1		
NSC1725	Health and Safety	Jun-17	Reasonable									2		2		
2017/18 Internal Audit Reviews																
NSC1802	ICT Mobile Device Mgt	Sep-17	Reasonable		2						1			1		
NSC1806	Use of Vehicles	Sep-17	Reasonable		2		1							0		
NSC1810	Temporary Recruitment	Feb-18	Reasonable				2							0		1

				Previously reported as complete to Audit Committee		Completed since last Audit Committee		O'standing with Extended Period Agreed		'standing - Previously reported as outstanding		New since last Audit Committee		Total O'standing	Not Yet Due for implementation	
				P1	P2	P1	P2	P1	P2	P1	P2	P1	P2		P1	P2
Audit Ref	Audit Area	Date Presented to Audit Committee	Assurance Level													
NSC1811	Procurement	Sep-17	Reasonable		2				1			1	2			
NSC1817	Data Quality - Athena	Nov-17	Limited								3	3				
NSC1819	HR Absence Mgt	Mar-18	Limited			2							0	1	1	
NSC1830	Accounts Payable	Mar-18	Reasonable													1
TOTALS				0	26	0	6	0	12	0	3	0	7	22	1	3

KEY FINDINGS

3. There are no urgent recommendations outstanding and past the agreed deadline.
4. Several recommendations are awaiting upgrade to ERP and support from IT systems or from external sources to enable implementation.
5. Over the last couple of months six outstanding recommendations have been implemented and action is being taken to implement further recommendations, with changes to responsible officer requiring time for those officers to implement.

THE BREAKDOWN OF THE ACTIONS ON RECOMMENDATIONS KEY:

- The direction of travel for implementing recommendations is shown from right to left.
- The audit will remain on the table until all P1 and P2 recommendations relating to that audit are complete and reported as such to Audit Committee, including those previously reported. Once an audit is reported as complete (highlighted in grey), the audit will be removed from the table.
- Outstanding with extended period agreed – outstanding past original deadline and an extension has been agreed with management.
- Outstanding and previously reported as such to Audit Committee – outstanding past agreed deadline and no extension has been agreed.
- New since the last Audit Committee meeting – deadline has recently passed and the recommendation is outstanding.
- Total outstanding – includes; extended period agreed, previously reported as outstanding and new outstanding.
- Not yet due for implementation – the agreed implementation deadline has not been reached.

SCOPE AND LIMITATIONS OF THE REVIEW

6. The review considers the progress made in implementing the recommendations made in the previous internal audit reports and to establish the extent to which management has taken the necessary actions to address the control issues that gave rise to the internal audit recommendations. The implementation of these recommendations can only provide reasonable and not absolute assurance against misstatement or loss.
7. The responsibility for a sound system of internal controls rests with management and work performed by internal audit should not be relied upon to identify all strengths and weaknesses that may exist. Neither should internal audit work be relied upon to identify all circumstances of fraud or irregularity, should there be any, although the audit procedures have been designed so that any material irregularity has a reasonable probability of discovery. Even sound systems of internal control may not be proof against collusive fraud.
8. For the purposes of this review reliance was placed on management to provide internal audit with full access to staff, accounting records and transactions and to ensure the authenticity of these documents.

RELEASE OF REPORT

9. The table below sets out the history of this report.

Date draft report issued:	N/A
Date management responses recd:	N/A
Date final report issued:	16 th May 2018

Detailed Report

FOLLOW UP

10. Management representations were obtained on the action taken to address the recommendations. Only limited testing has been carried out to confirm these management representations.
11. The following matters were identified as outstanding past their original/revised deadline:

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1703 Transport Services	The Joint Transport Policy be subject to document control and approval process and current operating procedures should be updated and maintained.	2	Joint Transport Policy Force Policy Officer, Corporate Development and Change to be consulted regarding document control and approval process. It should be noted this is a Transport Services only Policy as it was determined the Policy was more aligned to a standard operating procedure. The standard operating procedures are in the process of being updated to reflect T13 restructure and process changes.	Head of Transport	31/10/16	31/03/18	23/03/18	The SOPs have all been updated, the Transport Policy is being revised, with a completion date of 31st March 2018 for the first draft.	Recommendations relating to implementation of a new policy remain as outstanding until new policies have been approved and implemented. Due to the time taken to approve policies, such recommendations may remain for extended periods. This could impact on outdated processes remaining until a policy is approved.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1703 Transport Services	The weekly vehicle check form be standardised across both counties.	2	Within Norfolk weekly check sheets fall under the remit of the Driver of Police Vehicles Force Policy Document, with the Policy owner being Specialist Operations. Within Suffolk the remit is with the County Policing Command. Norfolk and Suffolk Constabularies are aligning their equipment levels and types. This will then allow the use of one form across both Counties. This is already in progress and will be managed through the Transport Strategic Group.	Head of Transport	31/12/16	31/03/18	23/03/18	The new revised driver of police vehicles FPD ended the initial consultation period on 5th January 2018. As previously advised some work has taken place to standardise equipment across both forces. However the Health and Safety Committee has created vehicle equipment inventory review group chaired by the forces health and safety manager, to further align equipment across both forces and as recognised within each force. A revised implementation date is required of 31st March 2018.	Without standardising the forms and equipment there are possibilities for inappropriate / insufficient equipment to remain on vehicles at times of need.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1703 Transport Services	The system for recording and monitoring the completion of the weekly vehicle checks be standardised and a system for central oversight of the results of the checks be implemented.	2	There is scope for the central reporting hub to be Transport services. This will be progressed through the Transport Strategic Group.	Head of Transport	31/12/16	31/03/18	23/03/18	The new revised driver of police vehicles FPD ended the initial consultation period on 5th January 2018. As previously advised some work has taken place to standardise equipment across both forces. However the Health and Safety Committee has created a vehicle equipment inventory review group chaired by the forces health and safety manager, to further align equipment across both forces and as recognised within each force. A revised implementation date is required of 31st March 2018.	Without monitoring there is a risk that checks are not undertaken and vehicles fit for the intended purpose and risk incidents occurring.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1704 Corporate Communications	A corporate communications strategy/strategies be developed and embedded, aligned with the visions of the Norfolk and Suffolk Constabularies.	2	A communications strategy/separate strategies will emerge over the next six months. Revised Police and Crime Plans for both forces are awaited: these will form a central element of an effective strategy.	Head of Corporate Communications	31/03/17	30/06/18	07/03/18	The draft strategies of the Media Liaison Policy, a Protocol document have been completed. The policy is ready for consultation with other managers and is very high level. The protocols need further review as they are more directive and more tactical but are nearly complete. This is on track to be delivered by the end of spring 2018.	The timescale is deemed reasonable with the change in Head of Corporate Communications, to ensure that they are appropriate for need.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1704 Corporate Communications	Corporate communications policies be developed and embedded. Appropriate review periods be set for each policy.	2	Formal policies on specific areas (for example Social Media) are being developed on an ad hoc basis. This will be ongoing, with a date of 31/03/17 set for review.	Head of Corporate Communications	31/03/17	30/06/18	07/03/18	The draft strategies of the Media Liaison Policy, a Protocol document have been completed. The policy is ready for consultation with other managers and is very high level. The protocols need further review as they are more directive and more tactical but are nearly complete. The Communications Strategy is completed, but does still need some further work and more around a vision for the department within it. This is on track to be delivered by the end of spring 2018.	The timescale is deemed reasonable with the change in Head of Corporate Communications, to ensure that they are appropriate for need.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1704 Corporate Communications	Written protocols be prepared to cover the roles within the Corporate Communications teams, with appropriate references to College of Policing guidance, media law and best practice.	2	A series of communications protocols are being developed covering the core areas of the department's activities.	Head of Corporate Communications, Communications Managers	31/03/17	31/08/18	07/03/18	The draft strategies of the Media Liaison Policy, a Protocol document have been completed. The policy is ready for consultation with other managers and is very high level. The protocols need further review as they are more directive and more tactical but are nearly complete. The Communications Strategy is completed, but does still need some further work and more around a vision for the department within it. This is on track to be delivered by the end of spring 2018.	The timescale is deemed reasonable with the change in Head of Corporate Communications, to ensure that they are appropriate for need.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1707 Duty Management System	A full audit trail for all aspects of DMS to be made functional.	2	It has been raised with Crown the requirement to have an audit on the notes section on DMS, as have other Police Forces. This is with their Research and Development team to be looked at in the relation to future releases.	Chief Finance Officer (Norfolk)	30/06/17	31/03/18	27/03/18	This is still being considered by Crown for a future release of the DMS system. When Audit functionality is implemented this often affects the performance of systems and this will need to be tested and reviewed before any audit functionality within DMS is used.	It is acknowledged that implementing this recommendation is tied to Crown to develop.
NSC1707 Duty Management System	The exception rules inbuilt within DMS to be investigated to see if these are correct.	2	The RMU are currently working on exceptions and discussing with Crown the feasibility of changing the exception rules.	Chief Finance Officer (Norfolk)	31/03/17	31/03/18	27/03/18	A review of all the exceptions being generated by DMS is underway to agree what is required to update DMS or change working practices to eliminate, where possible exceptions. This work is being completed by the ERP Programme Delivery Manager and the RMU-System/Support and Management Information manager. A process for approving changes to the set-up of DMS has been agreed.	It is acknowledged that implementing this recommendation is tied to Crown to develop.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1707 Duty Management System	DMS to be used for recording overtime, and investigated to establish if approval of overtime can be recorded on DMS.	2	The RMU is working to reduce exceptions before embarking on the issues with overtime. Delivering overtime will require a project to be set up to deliver training and understanding to all line managers and the confidence that claims will be accurately recorded.	Chief Finance Officer (Norfolk)	31/01/18	31/01/18	27/03/18	Whilst the exceptions work is being completed we have agreed that we will not switch on the overtime claims approval process. To ensure overtime is approved correctly a temporary form outside DMS will be completed. Once the exceptions rules have been clarified a project will be set up to develop the overtime functionality within DMS.	Alternative processes are in place to manage overtime, using DMS would minimise the use of alternative temporary solutions.
NSC1707 Duty Management System	Monthly reconciliations to be undertaken between DMS and payroll to establish if the value of overtime on DMS agrees with the value of overtime paid by payroll.	2	Not all areas of the business provide information of Overtime to the RMU, and therefore this is challenging to deliver. This would be a Finance task.	Head of Transactional Services	30/06/17	31/03/18	27/03/18	The DMS system requires exceptions to be cleared prior to progress on reconciliation being made, actions are being taken by the ERP Project Group, led by the CFO for Norfolk.	It is acknowledged that exceptions need to be cleared, however a risk still remains that the systems do not agree and issues/reconciling items may be ongoing.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1710 Estates – Facilities (Catering – Suffolk only)	Individual departments be assigned with responsibility for placing of all catering/hospitality request, through the intranet, including the relevant budget code as a mandatory field, and the Facilities Assistant to be copied in when placing catering requests so that they are aware of what orders have been placed and can sample check for appropriateness.	2	Recommendation to be adopted to coincide with Force wide Intranet improvements.	Facilities Manager	31/12/16	31/10/17	07/03/18	The design of the intranet page link, which will form part of the Estates Department intranet page, is currently being designed.	The current system places emphasis on the Facilities team to place orders, which is resource dependent.
NSC1714 Overtime, Expenses and Additional Payments	Joint expenses policies for Norfolk and Suffolk Constabularies for police officers and police staff to be developed. The updated expenses policies to be placed on the intranet.	2	New Conditions of Service for Police Staff are to be introduced from April 2017 (this was expected to be implemented in October 2016 but was delayed nationally). As a result we will take this opportunity to revise once the new Conditions have been agreed and implemented.	Head of Transactional Services	30/06/17	31/03/18	15/05/18	The policies are being developed, but have not been harmonised as yet. Regular meetings are being held between Finance and HR to resolve.	Policies require harmonisation to minimise inequalities in claims between forces.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1716 Pensions Administration	The payroll system to be investigated to establish if a report can be run to calculate pensionable pay for staff.	2	The pension contributions are set at system level and the appropriate contribution is deducted from the employee in accordance with their pensionable pay each month. I accept that we cannot check this at a global level, however I am confident that the deductions made are correct at an employee level and the necessity for a pensionable pay figure is not considered as a significant issue. However when reporting for ERP is reviewed then this will be considered as part of the requirements.	N/A	01/03/17	30/09/18	07/03/18	Checks, balances and reconciliations that are completed in respect of pensionable pay, including some very challenging returns to Local Government Pension Scheme and Police Officer pension administrators at year end. The Audit Committee accepted these mitigations. In addition, the Constabulary is pursuing a new reporting tool that will address the issues but this will not be implemented until 2018/19.	This cannot be checked at a global level, to provide oversight that pension payments are correct.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1723 ICT – ERP Second / Third Line Support	Business areas to be formally assigned ownership of processes that relate to their areas of responsibilities. Such areas include the management of interface jobs, error resolution and data reconciliation, working with other business areas as required to ensure that the processes are managed effectively.	2	An ERP and Shared Services Programme Board has recently been constituted. One of the key work streams is to clarify system management responsibilities and improve system governance. The issues highlighted will be addressed within the programme of work.	ERP System and Supplier Manager	31/03/18	30/09/17	27/03/18	We are in the process of forming the ERP Support & Development Team and this will be part of the team's responsibilities to work with the business areas and Capgemini to ensure the processes are managed effectively. The team should be in place within the next two months and the deadline of the end of September 2018 allows time for the process arrangements to be agreed and documented.	The action taken and proposed within the timescale is deemed reasonable.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1725 Estates – Health & Safety	Properties leased by the police to have all necessary statutory health and safety checks undertaken. Evidence of compliance with statutory health and safety requirements to be maintained and recorded in a central location so that compliance can be demonstrated.	2	Due to the ongoing expansion of shared sites, we recognise our procedures need to change to better capture the works and servicing undertaken by landlords. Over the last year we have been reviewing our building leases to clarify in more detail the responsibilities of each party, as often, the wording of commercial leases is not clear. Carter Jonas (Chartered Surveyors) has assisted us to complete a standard template for each lease to summarise the repairing obligations and we have put together a master spreadsheet to capture and note who does what. We intend to send landlords an annual reminder letter that they need to copy us their works and servicing statutory certification, without which, service charge payments will not be made to the landlord.	Estates Statutory Maintenance Officer	31/03/18		19/03/18	Outstanding as at 19 th March, with a further update to be provided to internal audit following the deadline.	Further update to be obtained from management following expected completion date.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1725 Estates – Health & Safety	Quarterly updates on compliance of police leased buildings in relation to statutory health and safety to be provided to the Health and Safety Committee.	2	Historically we have updated H&S Committee on the works and servicing that we are "responsible for", arranging the same via our retained contractors. We are content to add our landlord's works and servicing, but intend to state this separately.	Estates Statutory Maintenance Officer	31/03/18		19/03/18	Outstanding as at 19 th March, with a further update to be provided to internal audit following the deadline.	Further update to be obtained from management following expected completion date.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1802 ICT Mobile Device Management (body worn video)	The existing "Mobile App Request" process to be updated to include the following as a minimum - documented approval / sign off from the requestor's line management; A list of Active Directory groups that the app is to be provisioned for; testing results showing the app not conflicting with other apps in the whitelist, Information Security Office comments and recommendations; final sign off documenting the decision to deploy or not; Requestor's business case for making the request; next review date; the internal owner of the app - most likely the line manager of the original requestor or delegated authority - to be consulted during the subsequent review cycles, including where an approved app has been updated via a security update, or similar.	2	ICT to discuss with ISO required modifications to the existing forms and process.	Joint ICT Infrastructure Manager	29/12/17	30/03/18	30/01/18	A draft process has been produced and is currently being reviewed between ICT and the ISO. ICT (and ISO) have also looked to other forces to seek what is best practice. To this end the process being used by Warwickshire Police is also being reviewed.	Further update to be obtained from management following expected completion date.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1811 Procurement – Compliance with CSO within departments	Orders on Tranman to be authorised electronically, and authority limits on Tranman to be set so that they are in line with the Constabularies joint contract standing orders.	2	A review of the present and potential automation of Tranman will be carried out with a view to cost effectively maximising the ability of the system where appropriate. Transport service will adopt the organisations purchasing activity limits.	Head of Finance / Head of Transport Services	31/03/18	30/04/18	14/05/18	Tranman was updated by CIVICA in December 2017. They put the authorisation on the back end of the invoice stage on Tranman, this has now been removed. A quotation has been received for the approval process in the right place, at a cost of £10,000.	

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1811 Procurement – Compliance with CSO within departments	Tranman to be investigated to see if it can interface with ERP.	2	A review of the present and potential automation of Tranman will be carried out with a view to cost effectively maximising the ability of the system where appropriate.	Head of Finance	31/03/18	30/06/19	20/03/18	There is a considerable programme of work in respect of ERP including investment in reporting and automated recruitment solutions. In addition, considerable business process improvement work is ongoing and is supporting the development of the Shared Services Transaction Centre (SSTC). At this point, with limited resources focussed on the above, the integration of Tranman is not currently a priority. Further phases of development of SSTC will in due course bring this issue into review, but not until 2019/20 at the earliest.	Due to the extent of work involved and this enhancing the systems and controls in place, the timing is deemed reasonable.

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1817 IM - Data Quality	A review of the two dashboards be undertaken and a decision made as to whether both dashboard reports continue to be run, and in their current format.	2	<p>The Dashboards were designed by Essex Police and agreed for use by all Athena Forces. Any changes require other Athena Force DQ Leads, the Information Management User Group (IMG) and to be ratified by the Athena Business Design Authority. Work is taking place by the (regional) Athena Data Quality Sub Group to review the reporting mechanisms.</p> <p>Norfolk/Suffolk DQ & Audit Officer requested the criteria for the dashboard be reviewed at the IMG DQ Sub group, as the findings are to large for business areas to tackle (e.g. 22,269 hits on one test for investigation). There is also contest as to whether the tests actually find errors or not. Norfolk/Suffolk have no local control over the dashboards and consider that unless resource is available to attack DQ risk areas on a daily / weekly basis then Dashboard 1 seems to be an unnecessary task. Dashboard 2 (run monthly) would give an overview of data trends.</p>	Information Compliance Manager	01/04/18		09/03/18	The Athena DQ Group no longer runs, as the chair does not have the capacity to run or engage with this. This has been raised to the SIRO and we await the outcome. To this end this action is not able to be completed, as this work is directed by this group.	

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1817 IM - Data Quality	Regular reports be provided to departments on potential data errors so that departments can target specific areas.	2	The level of errors is still high due to a number of errors within the early stages of Athena. As time has passed, changes have been made to reduce the errors. The Data Quality team are not yet in a position to look further into the variance of issues outside the match& merge queues but the vision is to do so based on the improved reporting mechanisms from the AMO. The missing data tend to relate to areas such as intelligence where it is expected there will be a level of missing data due to the nature of the work. Revised reports are being developed by the AMO. Also an Athena DQ Comms strategy is being written by the Information Compliance Manager. A sound performance report relies on valuable data to present i.e. the Dashboards. At present the Dashboards do not produce data that can be taken to business areas.	Information Compliance Manager / Records Manager	01/04/18		09/03/18	The Data Quality and Audit Officer post is still vacant and this work is directed to this post. The DQ team work on a list that is created within Athena and prioritises this in accordance with their processes, due to the large amount of errors this work will be continuous with the staff allocated.	

Audit Title	Recommendation	Priority	Management Response	Responsible Officer	Due Date	Expected Completion Date	Last Update	Latest Response	Audit Comment
NSC1817 IM - Data Quality	A resolution be sought on the outstanding and growing duplicate Athena records across each of the categories.	2	The 500 limited is a technical limitation set by the AMO. A current change notice is being proposed to remove cases which have been reviewed but that cannot be merged, from the match & merge list. There is a cost element to this change which has to be agreed and prioritised by the BDA and AMO. A number of issues remain unresolved within Athena which has a direct impact of the level of duplicates in the system, in particular locations. Words of advice are provided to officers where appropriate. Updates to Athena have helped reduce some of the duplication though a number remain in the system due to the previous issues and need to be cleared. Further training is being rolled out to supervisors on the use of Athena which includes DQ input. The lists are above 500 due to staff overturn in the DQ team. The team is now fully resourced, though the level of DQ resource available is acknowledged. It has been identified that improved training on DQ at the front end of Athena is crucial to success.	Head of Information Management / D/Supt Joint Justice Command - Athena Lead	01/04/18		09/03/18	This is a change required within Athena and has been raised with the AMO, there is currently a hold on all changes within Athena so this is not progressing at this time. Training for Supervisors has progressed and there are benefits already being realised.	

