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# Audit Improvement Plan Activities



**DORSET & WILTSHIRE**  
**FIRE AND RESCUE**

## Audit Improvement Plan Activities

### KEY FOR RECOMMENDATION PRIORITY

<b>Priority 1</b>	- Findings that are fundamental to the integrity of the Service’s business processes and require the immediate attention of management.
<b>Priority 2</b>	- Important findings that need to be resolved by management.
<b>Priority 3</b>	- Findings that require attention.

### ICT Asset Management – Assistant Chief Officer – Director of Corporate Services

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>The DWFRS Asset Management Policy Statement states, “Has effective information and communication technology which enables the efficient delivery of its services”.</p> <p>There are multiple findings that affect the confidence of the accuracy of the information in the ICT Inventory; we found issues around policies as mentioned above and we noted that the asset management system is manual via free text entry and therefore there is a risk of human error whenever there is an addition or change to asset information.</p> <p>We also confirmed that there is similar asset information across multiple sources and systems including Notes, Operational Communications internal spreadsheets and Operational Communications managed systems. This results in decreased efficiency of service as multiple sources of information</p>	<b>2</b>	<p>Work is already underway to implement Manage Engine Asset Management processes. This involves moving process off NOTES systems, and collation of a single source of the truth regarding ICT assets. This information will need to be accessible by all and meet several departmental requirements in relation to understanding what they own, procure, align and prioritise business continuity with. Data cleansing will occur as part of this work to assure a good</p>	<p><b>Recommendation/Corrective Action:</b></p> <ul style="list-style-type: none"> <li>• Collate all Asset information into one system, this is the plan with Manage Engine.</li> <li>• Remove all redundant sources of information where applicable.</li> <li>• Perform a data sanitisation exercise for all asset information before migration to the Manage Engine Asset Management System.</li> </ul> <p><b>Responsibility:</b> Head of ICT</p> <p><b>Revised Target Date:</b> 28 February 2026</p>	<p>Manual processes are in place to assure we are removing all redundant sources of information where applicable before transferring to Manage Engine.</p>	On Track

are required to be updated if there is a change to an asset.		standard of information within the new system and can continually be maintained in business as usual.			
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## People Development – Assistant Chief Officer - Director of People Services

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>DWFRS has developed a strong and well-documented framework for people development, with defined processes in place for 1:1 review, leadership development, Succession Planning (SP), and promotion. Each is supported by structured procedures, such as the ED 2 Uniformed Promotion Procedure, ED 12 Development Pathways and CPD Procedure, and the Succession Planning Guidance (March 2025) — and corresponding tools, including the 9-box grid for talent identification, career progression flowcharts, and a comprehensive suite of leadership development programmes.</p> <p>Despite this strong foundation, audit testing identified that these processes are not formally integrated in practice. There is currently no system-level prompt, data link, or structured mechanism to ensure that information from one process (e.g. SP risks or development needs) is actively used to inform another (e.g. leadership training allocation or promotion decisions). For example:</p>		<p>The importance of an integrated workforce and succession planning process that links to our promotion and progression activities is recognised and fully supported. Since the launch of the 1:1 system in 2020 there was always an ambition that this would be the first stage in the development process. However, each of the key linked processes highlighted (promotion process and our leadership offering) have undergone further reviews/changes or did not have sustained funding to support the realisation of these plans. We are close to finalising the Crew and</p>	<p><b>Recommendation/Corrective Action:</b></p> <ul style="list-style-type: none"> <li>A. Introduce a shared development prompt or field within the 1:1 review process to ensure managers record links to promotion readiness, SP flags, or leadership development activity.</li> <li>B. Provide existing training materials or written guidance to all line managers to support consistent use of the 1:1 process for development planning and linking outcomes to succession and promotion pathways.</li> <li>C. Progress will be measured by tracking</li> </ul>	<p>This is being considered as part of the transition to the new HRMIS system which will see the introduction of a new 1:1 process and associated guidance.</p>	<p>On Track</p>

<ul style="list-style-type: none"> <li>• The 1:1 review template does not include a prompt to reference SP outputs or promotion readiness.</li> <li>• Leadership development attendance is prioritised based on SP indicators.</li> <li>• Promotion assessment forms do not include a reference to the candidate's development plan or 1:1 outcome.</li> </ul> <p>These observations were supported by feedback from interviews with the Leadership and Organisational Development Lead, HR Lead for Promotions and Succession and the Senior HR Officer, who confirmed that the four processes often operate in isolation, with linkages depending on individual manager discretion rather than embedded process.</p> <p>The current separation limits the organisation's ability to take a joined-up approach to workforce and leadership planning. Without structured integration, there is a risk that development needs are identified but not acted upon, or that succession risks are not addressed through coordinated development or promotion opportunities.</p>	<p>Watch Manager promotion processes and now have a sustainable approach to our leadership development that will enable this integration to begin to take shape.</p> <p>Detailed guidance documents are in place for all staff and line managers. This also includes 'How To' videos to ensure individuals get the best out of their 1:1 one to one. The accompanying procedure also enables a discussion to take place should the individual wish to be considered for future promotion opportunities.</p> <p>A key focus of our Digital Transformation programme is to move away from Lotus Notes to Office 365. The 1:1 process is a Notes based system and the ability to amend the current system is limited as we do not have Lotus Notes developers. A new 1:1 system is part of the programme of work, and this is due to</p>	<p>completion of manager training and inclusion of the new prompt in all 1:1 templates.</p> <p><b>Responsibility:</b> HR BP &amp; Employee Relations Manager</p> <p><b>Target Date:</b> May 2026</p>		
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be completed by the end of April 2026. This does therefore impact on our ability to undertake some of the recommendations and associated delivery timescales.

As a result, the following response is proposed: -

A) Existing 1:1 Guidance Notes will be reviewed to ensure Managers include a discussion about promotion readiness that can be recorded with the 'Development' section of our current 1:1 process. This can be replicated in the new 1:1 system when built. The Guidance Notes will also reference any Leadership Development activities that the individual can access, ensuring this is also recorded on the Development Plan to ensure this is tracked and followed up.

B) We do not have the resources to undertake Manager Training sessions and therefore will need to rely on Managers taking

		<p>time to familiarise themselves with the changes to the Guidance Notes and accompanying communications.</p> <p>i) Once the Guidance Notes have been updated Managers will be made aware of this update, to enable them to refresh their knowledge and awareness.</p> <p>ii) We will also ensure that they newly developed Management in Lifesaving makes reference to this.</p> <p>C) Completion of this task will need to be confirmed through existing SDT reporting arrangements, with Managers responsible for undertaking spot checking of 1:1s undertaken within their teams/department. The Standards and Assurance Team could complete a quality assurance check of this work.</p>		
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Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>The 1:1 review process is a key part of DWFRS’s people development framework, supported by clear policy (ED 9 – 1:1 Review Procedure V2.0) and user guidance for staff and managers. These documents outline expectations for discussions on performance, wellbeing, development goals, and behaviours aligned to the Core Code of Ethics.</p> <p>Audit testing confirmed that 1:1 completion is well-monitored, with Q1 2025 data showing a strong compliance rate of 90%. The Collect system provides alerts, and People Partners follow up on outstanding reviews. This reflects positively on DWFRS’s commitment to regular staff engagement.</p> <p>However, a review of 20 anonymised 1:1s (One to Ones for Audit – June 2025) showed variation in content quality. While some reviews included clear development actions and wellbeing discussions, others were brief, lacked follow-up, and made little or no reference to progression.</p> <p>This variation appears to stem from differing manager approaches. As confirmed by the Senior HR Officer, the People Team monitor completion of 1:1s but does not quality assure content unless concerns are raised. Without consistency checks or development prompts, there is a risk that 1:1s become transactional rather than developmental, limiting their value for progression and workforce planning.</p>		<p>1) A review of the existing guidance can include the development of a checklist which can be added to the 1:1 guidance material.</p> <p>2) Through existing reporting mechanisms, SDT meetings, Managers can confirm that they are using the checklists to support completion of 1:1 reviews.</p> <p>3) With the introduction of a new Compliance and Investigation Team, consideration could be given to future monitoring and quality assurance by this team once fully established and embedded.</p>	<p><b>Recommendation/Corrective Action:</b> Develop and roll out a short manager briefing and checklist to support consistent completion of 1:1 review. The checklist will focus on ensuring that discussions capture development goals, promotion interest, and behavioural feedback aligned with the Core Code of Ethics.</p> <p>The success of this action will be measured by:</p> <ul style="list-style-type: none"> <li>• Incorporation of the checklist into 1:1 guidance material, and</li> <li>• Managers will be accountable for ensuring the checklist is used consistently during 1:1 reviews, with compliance monitored through existing quarterly reporting mechanisms rather than direct oversight by HR People Partners.</li> </ul> <p><b>Responsibility:</b> HR BP &amp; Employee Relations Manager</p> <p><b>Target Date:</b> May 2026</p>	<p>This is being considered as part of the transition to the new HRMIS system which will see the introduction of a new 1:1 process and associated guidance.</p>	<p>On Track</p>

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>DWFRS's promotion process is well-structured, fair, and aligned with national frameworks such as the National Fire Chiefs Council (NFCC) Leadership Framework. Clear guidance, standardised scoring tools, and behavioural assessment criteria support consistency and transparency across promotion decisions.</p> <p>As confirmed during the interview with the Strategic HR Lead for Promotions and Succession Planning, while some managers informally consider this information, it is not recorded or embedded in the process. This limits the service's ability to ensure promotion decisions are informed by prior development activity or aligned with succession and workforce planning.</p>		<p>We can address these actions by making some straightforward updates to our promotion process:</p> <ul style="list-style-type: none"> <li>• Add a question to the promotion application and panel member guidance/forms asking if the candidate has a current development plan or is flagged for progression through succession planning</li> <li>• Ensure these updated forms which are used in all promotion processes, from Crew Manager to Area Manager</li> <li>• Ensure clear guidance is given to all panel members on how to use this information when making decisions through panel briefings and on any written guidance which exists</li> </ul>	<p><b>Recommendation/Corrective Action:</b></p> <ul style="list-style-type: none"> <li>A. Add a prompt to promotion application and panel assessment forms asking whether the candidate has a current development plan or is flagged for progression through SP.</li> <li>B. Ensure updated forms are used in all promotion processes (Crew Manager to Area Manager).</li> <li>C. Provide brief written guidance to promotion panel members on how to use this information when making decisions.</li> </ul> <p><b>Responsibility:</b> Head of People Support</p> <p><b>Target Date:</b> January 2026</p> <p><b>Revised Target Date:</b> 31 July 2026</p>	<p>Once the promotions process has been integrated into the new HRMIS system, we can look to add a flow to include succession planning as part of the 121 process and feed into the promotion process.</p>	<p>Off Track</p>

## Culture Plan – Assistant Chief Officer - Director of People Services

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>While the Culture Assurance Framework (CAF) is used as a live tool to monitor progress against cultural actions there is no formal process in place to ensure that action owners provide regular and structured updates. This limits the ability to assess overall progress, identify slippage, or maintain momentum toward strategic goals. Although the service operates with limited capacity and seeks to balance action progress with workload pressures – an issue acknowledged within the culture plans – the lack of structured and consistent tracking of the actions weakens assurance over implementation.</p> <p>The current action plan was originally scheduled to close in April 2026. However, management has determined that the plan has been outgrown and intends to close the original action plan and move forward with a new iteration to account for the progress completed to date and reflect evolving priorities, it is essential that this transition is</p>		<p>Since April 2025, all actions relating to the Culture Action Plan are now managed through our Performance Management System (Cycle). This enables clear corporate oversight at SDT quarterly performance meetings to take place through the SDT quarterly performance meetings.</p> <p>This approach is now embedded to ensure continuous monitoring and improvement and can be adapted and amended for future plans.</p>	<p><b>Recommendation/Corrective Action:</b> Embed a structured progress update process that requires action owners to submit regular updates and supporting evidence. This process must define reporting intervals, standardise the format and content of updates, assign oversight responsibility, and account for existing workload pressures to ensure it is practical and sustainable – specifically as part of the next iteration of the plan.</p> <p><b>Responsibility:</b> EDI Manager</p> <p><b>Target Date:</b> 30 November 2025</p>	<p>A structured progress update process is in place with collated information reported at SDT meetings by the ED&amp;I Manager.</p>	<p>Complete</p>

<p>managed carefully. We acknowledge that some of the original actions were designed to support ongoing cultural improvement and strengthening and therefore, may have not had definitive close dates. These actions are recorded within the Sycle system, and the ED Manager maintains oversight of this. However, updates to these actions are inconsistent.</p> <p>As a new iteration of the plan is developed, it is critical that actions are reviewed and adapted appropriately to maintain their relevance and impact. Without a consistent action tracking framework and transition to the new plan, there is a risk that cultural improvements may stall, become diluted, or fail to inform future planning effectively.</p>					
Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>While new staff are introduced to the Core Code of Ethics during recruitment and onboarding, and assessed against these, existing employees are not consistently required to formally acknowledge these standards. However, there is no embedded process in place for existing staff to acknowledge the organisation’s Code of Ethics and associated culture related behavioural expectations. We are aware that various avenues to introduce a refresh of the standards expected by staff is in a work in progress. However, the lack of this can create a gap in reinforcing ethical expectations across the full workforce.</p> <p>Without a consistent acknowledgement process, there is a risk that ethical standards may be unevenly understood or applied,</p>		<p>This is acknowledged in our existing plans to update and re-issue DWFRS employee contracts. This will be further enhanced by the imminent introduction of a digital Code of Ethics resource which will include records of completion.</p>	<p><b>Recommendation/Corrective Action:</b> Fully embed a formal process for all staff to periodically acknowledge the Code of Ethics and culture related behavioural standards. For example, through digital signatures, to ensure consistent understanding and endorsement of organisational values</p> <p><b>Responsibility:</b> EDI Manager</p> <p><b>Target Date:</b> 31 March 2026 – Digital CoE resource</p>	<p>A digital Code of Ethics resource is currently in development with the L&amp;OD team. Following a short trial and feedback, roll out is planned to begin before 31 March 2026 with records of learning. Updated contracts of employment are currently on track.</p>	<p>On Track</p>

weakening cultural alignment and accountability across the organisation.			30 June 2026 - Updated Contracts of Employment		
Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>Management has indicated that the current Culture Action Plan and Culture Delivery Plan have been outgrown, with closure of both imminent. This signals a transition point in the organisation's cultural journey and presents an opportunity to reflect on progress and shape future direction. However, there is no structured process in place to capture lessons learned from the lifecycle of the plans. Without a clear approach to review outcomes, assess effectiveness, and share insights, valuable learning may be lost, and future planning may lack the benefit of past experience.</p> <p>A structured transition process will be essential to ensure cultural momentum is sustained and future plans are informed by meaningful insight.</p>		A lesson learnt exercise will be undertaken on delivery of the Culture Action Plan which will consider the content of this audit as well as the audit being undertaken by Practice to Progress and any additional HMI feedback following their re-visit. These areas of learning will help inform our approach going forward.	<p><b>Recommendation/Corrective Action:</b> Perform a lesson learned exercise on the close of the action plan to identify areas that worked well, and improvements required for evolving cultural priorities</p> <p><b>Responsibility:</b> EDI Manager</p> <p><b>Target Date:</b> 31 March 2026</p>	The next iteration of our cultural journey, incorporating recommendations and other priorities is currently in development. Processes and practices that worked and all improvements will be considered and documented as part of this process.	On Track
Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>The Culture Development Committee (CDC) has been appropriately established as the oversight body for the Culture Action Delivery Plan, with its responsibilities clearly defined in the Terms of Reference (ToR). The committee's inclusive composition – comprising senior departmental representatives, staff network leads, representative bodies, and open seats for all staff – supports broad engagement and transparency.</p> <p>However, the reporting framework within the CDC ToR is insufficiently defined. The current reference to 'ad-hoc reporting to SLT' lacks clarity and does not specify the triggers,</p>		We acknowledge these and will reflect this with immediate effect. The ToR is regularly reviewed in line with service priorities. We have a Strategic Risk (598) regarding Service Culture that is reviewed on a monthly basis, however, we will ensure that the SLT Strategic Focus Meeting Agendas include an item regarding our culture	<p><b>Recommendation/Corrective Action:</b> Update the CDC ToR to clearly define the reporting arrangements, including:</p> <ul style="list-style-type: none"> <li>• Specific triggers for 'ad-hoc' reporting (e.g. escalation of risks, performance concerns)</li> <li>• Minimum reporting frequency to SLT</li> </ul>	The CDC ToR has been updated with these arrangements and is being finalised in agreement with Co-chairs. It will be published pending consultation with committee members in Q4.	Complete

<p>frequency, or scope of such reporting. This ambiguity may hinder consistent oversight and accountability. Furthermore, while a six-monthly highlight report is submitted to the Fire Authority’s Finance and Audit Committee, this requirement is not reflected in the CDC ToR, creating disconnect between practice and documented governance.</p>		<p>progress. This will enable corporate oversight on progress to include knowledge of any slippage and remediation action undertaken.</p>	<ul style="list-style-type: none"> <li>• Inclusion of the escalation route for any identified slippage in delivery of culture goals</li> <li>• Inclusion of the six-monthly reporting requirement to the Fire Authority</li> </ul> <p><b>Responsibility:</b> EDI Manager</p> <p><b>Target Date:</b> 31 December 2025</p>		
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### Overtime (and Secondary Contract) Management – Assistant Chief Officer – Director of Response

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
<p>Testing of 12 overtime claims submitted through the Gartan system found that in five cases (dated between December 2024 and May 2025) the approver’s service number matched that of the claimant. Three of these claims were for Watch Managers. When we discussed the authorisation process with the Employee Relations Manager, they confirmed that Gartan has no built-in system controls to prevent employees from authorising their own overtime claims once submitted.</p> <p>When we explored whether any secondary or compensating controls exist to mitigate this weakness, we were informed that the Employee Relations Team “sense check” Gartan and e-Claims data and raise anything which looks obviously incorrect. However, they do not carry out any substantial checks prior to processing which would mitigate this</p>		<p>Changes will be made to Gartan to remove the ability for members of staff to sign off their own overtime claims. We have been assured that this will be possible, but we will need to submit a change request to Gartan as this will be development work. Work undertaken by Gartan has a minimum turnaround of 90 days unless the importance is increased and then we will pay for development time. An internal monitoring process will be run until</p>	<p><b>Recommendation/Corrective Action:</b> Review Gartan user permissions and workflow rules to ensure that no individual can authorise their own overtime.</p> <p><b>Responsibility:</b> Assistant Chief Fire Officer - Response</p> <p><b>Target Date:</b> 30 April 2026</p>	<p>Response Comms teams are investigating whether Gartan Roster and the capability of Gartan Availability can be mirrored across both systems. This will likely need developed via Gartan and we are awaiting a response on development time.</p>	<p>On Track</p>

<p>weakness. The team work on the premise that all claims they are sent have already been properly reviewed prior to authorisation and they treat all claims as valid for payment.</p> <p>This issue is compounded by discussions with a Station Manager interviewed during the audit, who expressed that Watch Managers are able to submit and approve their own overtime within the Gartan system.</p> <p>Allowing staff to approve their own overtime claims removes a fundamental segregation-of-duties control, increasing the risk of:</p> <ul style="list-style-type: none"> <li>- unauthorised or inaccurate payments being processed;</li> <li>- potential misuse of the overtime process;</li> <li>- reputational and financial exposure if irregularities occur.</li> </ul> <p>System configuration in Gartan appears to permit approval rights to be retained by claimants in certain circumstances (e.g. small teams, watch management level) without enforced segregation.</p>		<p>the changes to Gartan have been implemented. The ultimate fix will be dictated by Gartan development time, but this may take up to 6 months to be implemented.</p> <p>As an interim measure, the compliance and investigation office will carry out a monthly dip test of whole time Watch Managers overtime claims to ensure that they are a true reflection of the work undertaken.</p>			
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