

Audit Improvement Plan Activities



DORSET & WILTSHIRE
FIRE AND RESCUE

Audit Improvement Plan Activities

KEY FOR RECOMMENDATION PRIORITY

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

People Development – Assistant Chief Officer - Director of People Services

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
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. 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.		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	Recommendation/Corrective Action: 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. 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	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. New HR system will be live August 2026, including associated training resources for all line managers. Following this, all staff will be expected to have a 1:1 review by the end of 2026, then a minimum of annually by the	Complete

leadership training allocation or promotion decisions). For example: • The 1:1 review template does not include a prompt to reference SP outputs or promotion readiness. • Leadership development attendance is prioritised based on SP indicators. • Promotion assessment forms do not include a reference to the candidate's development plan or 1:1 outcome. 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. 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.	funding to support the realisation of these plans. We are close to finalising the Crew and Watch Manager promotion processes and now have a sustainable approach to our leadership development that will enable this integration to begin to take shape. 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. 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	outcomes to succession and promotion pathways. C. Progress will be measured by tracking completion of manager training and inclusion of the new prompt in all 1:1 templates. Responsibility: HR BP & Employee Relations Manager Revised Target Date: August 2026	anniversary of their last review.	
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Notes developers. A new 1:1 system is part of the programme of work, and this is due to 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 time to familiarise themselves with the changes to the Guidance Notes and accompanying communications. 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. ii) We will also ensure that they newly developed Management in Lifesaving makes reference to this. 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.		
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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. 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. 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. 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.		1) A review of the existing guidance can include the development of a checklist which can be added to the 1:1 guidance material. 2) Through existing reporting mechanisms, SDT meetings, Managers can confirm that they are using the checklists to support completion of 1:1 reviews. 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.	Recommendation/Corrective Action: 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. The success of this action will be measured by: • Incorporation of the checklist into 1:1 guidance material, and • 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. Responsibility: HR BP & Employee Relations Manager Revised Target Date: August 2026	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. New HR system for 1:1 reviews will be live August 2026. Following this, all staff will be expected to have a 1:1 review by the end of 2026, then a minimum of annually by the anniversary of their last review. Data reporting will be quarterly and annual through existing Cycle system.	Complete

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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. 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.		We can address these actions by making some straightforward updates to our promotion process: • 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 • Ensure these updated forms which are used in all promotion processes, from Crew Manager to Area Manager • 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	Recommendation/Corrective Action: 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. B. Ensure updated forms are used in all promotion processes (Crew Manager to Area Manager). C. Provide brief written guidance to promotion panel members on how to use this information when making decisions. Responsibility: Head of People Support Revised Target Date: August 2026	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. The new HRMIS system is anticipated to be live by August 2026.	Complete

Culture Plan – Assistant Chief Officer - Director of People Services

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
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. Without a consistent acknowledgement process, there is a risk that ethical standards may be unevenly understood or applied, weakening cultural alignment and accountability across the organisation.		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.	Recommendation/Corrective Action: 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 Responsibility: EDI Manager Revised target Date: 30 September 2026 – Digital Code of Ethics resource 31 January 2027 - Updated Contracts of Employment	A digital Code of Ethics resource has been launched and is available to all staff. Updating contracts of employment is an extensive piece of work - as a result of significant updates to the Employment Rights Act, as well as including our own Code of Ethics.	Complete On Track

Overtime (and Secondary Contract) Management – Assistant Chief Fire Officer – Response

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
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. 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 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. 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. Allowing staff to approve their own overtime claims removes a fundamental segregation-of-duties control, increasing the risk of:		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 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. As an interim measure, the Compliance and Investigation Office will carry out a monthly dip test of whole time Watch Managers overtime	Recommendation/Corrective Action: Review Gartan user permissions and workflow rules to ensure that no individual can authorise their own overtime. Responsibility: Assistant Chief Fire Officer - Response Revised Target Date: September 2026	Following discussions with Gartan and consideration of options, concerns remain that the system does not fully meet the Services' requirements. Gartan will now undertake full development analysis and scope the implementation of a secondary level authorisation process at the timesheet/pay claim stage. This will better align with the intended governance and assurance requirements.	On Track

- unauthorised or inaccurate payments being processed; - potential misuse of the overtime process; - reputational and financial exposure if irregularities occur. 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.		claims to ensure that they are a true reflection of the work undertaken.			
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Malpractice Management (Complaints) – ACO Director of Corporate Services

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
Receiving Complaints: The complaints policy is available on the DWFRS website and signposts the routes for making a complaint i.e. on-line form, in writing or by visiting HQ or an office hours only telephone. Notwithstanding this, complaints are often received via different email routes and escalated to Executive Services, while compliments are directed through the enquiries@dwfire.org.uk website email address, which is not promoted as a route for submitting complaints.		We agree with this action, and it is now complete.	Recommendation/Corrective Action: Signpost complaints to the enquiries@dwfire.org.uk email address on the DWFRS website to minimise the risk of complaints received by different email addresses not being escalated on a timely basis. Responsibility: Senior Personal Assistant to Chief Executives Target Date: May 2026	We agree with this action, and it is now complete.	Complete

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Customer Satisfaction Surveys: Customer satisfaction surveys are not undertaken following the conclusion of a complaint to obtain insight and support improvements to the complaints process.		We agree with this action. This process was in place but was removed due to lack of response. We will create a short feedback mechanism focusing on how the complaint was dealt with via an electronic survey linked to our Code of Ethics.	Recommendation/Corrective Action: To obtain insight and help inform any improvements to the complaints process, undertake a pilot exercise to develop a simple customer satisfaction survey following the conclusion of a complaint. Responsibility:	We agree with this action, and it is now complete.	Complete

		Senior Personal Assistant to Chief Executives		
		Target Date: October 2027		

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
Annual Report: The Annual Service Performance Review provides only a limited measure of complaints handling performance, focusing solely on responses issued within 20 working days. It does not include qualitative analysis such as complaint types, upheld complaints, lessons learned, or resulting service improvements. The Local Government & Social Care Ombudsman (LGSCO) Complaint Handling Code recommends an annual complaints performance and service improvement report is drafted and presented to the relevant governance meeting.		We agree with this action. Detailed performance management information is reported to Fire Authority Members via the quarterly Finance & Audit Committee.	Recommendation/Corrective Action: Draft an annual complaints performance and service improvement report. The annual complaints performance and service improvement report should be reported through the service's governance arrangements and published on the complaints section of the DWFRS website. Responsibility: Senior Personal Assistant to Chief Executives Target Date: May 2027	We will ensure this is incorporated and look to create and review an annual assurance statement around compliance with the handling code.	On Track

Business Continuity –

Main Finding	Priority	Management Response	Implementation Plan	Management Update	Progress
Business Continuity Management Capacity: The headcount available to support the governance and maintenance of the business continuity planning system has been reduced since the last internal audit review in January 2024. The Business Continuity and Resilience Manager is potentially a single point of failure and, as noted at Finding 2, some of the day-to-day governance and management of the business continuity framework has fallen behind e.g. Business Continuity plan review and exercising, potentially impacting the effectiveness of the business continuity framework. There is a risk that increased reliance on the Business Continuity and Resilience Manager to coordinate and oversee the business continuity framework reduces management capacity and may lead to plans being outdated or ineffective, reducing organisational resilience.		The Service annually reviews the structures of its corporate teams. Budgetary constraints mean that there are challenges where there are single points of failure, however, this is something that the Service is aware of and manages. With wider resources across the Resilience team this means that where there are absences, workloads will be adjusted aligned to priorities.	Recommendation/Corrective Action: We will review the capacity and resilience of arrangements supporting the governance and maintenance of the business continuity framework to ensure key activities, including implementation of the updated Business Continuity Management policy, the risk-based business continuity and incident response plan reviews and exercising. This will include consideration of reducing reliance on a single individual. Responsibility: AM – Service Improvement & Resilience Target Date: December 2026	Contingency plans are being made to provide support for business continuity through other personnel being trained.	On Track

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Key Dates Schedule Spreadsheet: The key dates schedule spreadsheet summarises the review and exercising frequency for each Department Business Continuity Plan, Incident Response Plan and Station Business Continuity Plan. The spreadsheet does not consistently reflect the status of each plan and therefore whether they have been reviewed or exercised as planned. For example, some plans are marked as being due for review in 2025 or early 2026 (and the Business Continuity and Resilience Manager confirmed they had been) and the majority of Departmental Business Continuity Plans were recorded as being last exercised in March 2020 but with a biennial exercise frequency.		As noted, the reviews and exercises are being undertaken, and the Service will update the spreadsheet to bring it up to date.	Recommendation/Corrective Action: Review and update the key dates schedule spreadsheet to reflect the current review and exercise status of each Departmental Business Continuity Plan, Incident Response Plan and the new single Fire Station Plan (once implemented). Responsibility: AM – Service Improvement & Resilience Target Date: December 2026	The reviews and exercises are being undertaken, and the Service will update the Key Dates Schedule Spreadsheet to bring it up to date.	On Track