

Bolsover, Chesterfield and North East Derbyshire District Councils'

Internal Audit Consortium

Internal Audit Report

Authority:	Bolsover District Council
Subject:	Bolsover Lifeline Scheme Report Reference: B001
Date of Issue:	11th August 2025
Assurance Level	Limited
Report Distribution:	Lifeline & Independent Living Manager, Housing Services Manager, Assistant Director – Housing Management & Enforcement, Strategic Director of Services, Director of Finance & S151 Officer, Chief Executive.



CHESTERFIELD
BOROUGH COUNCIL



**North East
Derbyshire**
District Council

Introduction

In accordance with the 2025/26 annual audit plan a review of the processes and controls in respect of Bolsover Lifeline Scheme has been undertaken.

Following a rebrand in April 2025, the service changed its name from Bolsover Careline to Bolsover Lifeline.

Bolsover Lifeline Services is an alarm monitoring and response service that supports residents to live independently whilst having access to help in the event of an emergency. The service is available to anyone, whether they live in their own home or are a Council tenant and provides 24-hour provision operating 365 days a year. The alarm system consists of a hardware unit, installed into users' homes that alerts a Central Control Operator in an emergency.

At the point of audit testing, service users were broken down into 3 types of plans:

Service	Number of Plans
24-7 Warden Response	463
Family First	125
Tenant opt-in	496
Total	1084

Overseen by the Lifeline and Independent Living Manager the service operates with 17 Support Officers (Housing Wardens), 6 Central Control Operators and 4 Relief Operators.

The service is currently working towards digital transformation as the UK will be aiming to terminate analogue telephone lines by January 2027.

An external audit of the Lifeline service is currently in progress to seek certification from the TSA Quality Standards Framework, the industry body for Technology Enabled Care (TEC). Once certified the membership will enable continued collaboration with the NHS.

Internal audit work and reporting has been carried out in line with the requirements of the Global Internal Audit Standards.

Executive Summary

Assurance Opinion	
Limited Assurance	Certain important controls are either not in place or not operating effectively. There is a risk that the system may not achieve its objectives. Some key risks were not well managed.

Appendices

For a full list of Assurance definitions linked to risk see Appendix 1.

For definitions of High, Medium and Low risk recommendations see Appendix 2.

For definitions of Root Cause Analysis see Appendix 3.

For the Management Action Plan see Appendix 4.

Key Findings
<ul style="list-style-type: none">• Service agreements do not identify associated costs, likely increases, liabilities and suspension of service in the instance of non-payment. The standard document should be reviewed to better protect the client / the Council.• Accounts in arrears are in some cases, still receiving the service. There should be a process in place to ensure that where arrears exist and decisions have been made to continue the service due to the vulnerability of the client / service user, management approval is documented.• Not all mandatory Safeguarding and GDPR training had been completed within the specified timeframe. 56% of the team are up to date with Safeguarding and 40% up to date with GDPR training.• 7 out of 17 DBS checks have expired. The DBS Policy requires review by the HR team, with ongoing procedures for monitoring responsibilities requiring clarification in conjunction with HR. <p>The Bolsover Lifeline Scheme is to be subject to an external compliance review w/c 14th July 2025, focusing on customer contact / welfare and technical data / systems.</p>

Scope, Objectives and Risks

Key objectives and risks were identified with management during the scoping of the audit and by review of the strategic and relevant operational risk register. The processes and controls in place have been assessed to provide assurance that risks are being managed effectively. If risks are not well managed, then the achievement of services objective/s may be threatened.

The scope and objectives of the audit were to ensure that:

- Previous Audit Recommendations have been implemented,
- There is a signed contract/agreement in place between the Council and the customer clearly identifying the level of service provided,
- There is a register/database identifying accurately all customers and service provided,
- All equipment is procured in accordance with Procurement Rules and there is contract compliance,
- There are appropriate controls in place for the issue and return of Lifeline equipment,
- Fees are annually reviewed and agreed by Committee,
- Fee income is promptly and accurately charged,
- Appropriate recovery measures are in place and where payment is not received service suspension / termination is considered (where appropriate),
- Appropriate processes are in place for changes to services provided (termination of services/ different level of service),
- There are reconciliations between the housing systems (responsible for levying charges) and the FMS,
- Appropriate budgetary control is in place,
- The standalone IT system is backed up and disaster recovery measures are in place,
- Data protection (DP) and safeguarding protocols are in place; operational staff have received training relating to DP and safeguarding,
- The level of service being provided is in accordance with agreed response times within the agreement / contract.

The risks considered are:

- (HOUS3) Abnormal weather conditions preventing home visits to customers,
- (HOU5) In event of severe IT failure, back-up systems in place provided by Capita and Jonteck,
- (HOU8) & (ICT24) Digital switchover project- time constraints to switch all careline units. Team working towards 2025 deadline.

Other risks

- Insufficient income to cover the costs of providing the service leading to additional pressure on Council budgets.

Acknowledgements

The help and assistance of the Lifeline and Independent Living Manager was much appreciated during the course of this review.

Findings and Recommendations

Previous Recommendations have been implemented

1. One recommendation was made during the previous audit, this has been evidenced as satisfactorily implemented.

Fees and Charges

2. All fees and charges are in line with the charges approved by Council on 29th February 2025 as part of the Medium-Term Financial Plan with affect from 1st April 2025. Fees are stated correctly on the Bolsover Council website.

Procedures

3. Appropriate procedures were evidenced to outline initial service requests and installation procedures. Some improvements are however required in respect of documentation held; further details are noted below.

Service Agreements and Supports Plans

4. The service provides 3 types of chargeable plans: the 24/7 Warden Response Service, Family First and Tenant Opt In service.
5. The Support Plan and Opt In/Out forms are completed when the service units are installed although there is no reference to service cost, potential cost increases, replacement kit (lost or damaged) costs and liability, service suspension, or the return of equipment at the end of plan/tenancy.
6. The Tenancy Agreement signed by the tenant does not refer to the lifeline alarms or returning them at the end of the tenancy.
7. System based service user reports have been provided based on plan type and from this, a sample of 25 user records has been examined, focusing on agreements and the quality/accuracy of information held. It should be noted that changes to the support plan are not always documented on the plan itself as the Jontek system (Lifeline system) is utilised to record all updates to client records.
8. Testing highlighted a variance of forms in use as some plans dated back to older documentation and a confusion around duplicate forms being completed. There is an opportunity to review documentation and implement a standardised process and agreement.

Recommendation	
R1	The standard agreement between the Council and Customer should be reviewed to ensure all terms and conditions (support plan type in place, costs, termination expectations and liability clauses for example), are included. Risk: Medium
Root Cause(s)	Systems the extent to which systems are fit-for-purpose and support the service to carry out its operations effectively.

Stock Control

9. The Jontek software system houses all customer records and operates by live automatic telephone number recognition whilst the Reach IP portal allows for the software programming of the alarm units. Data was held securely in both systems as appropriate access credentials were verified.
10. A stock list was provided which detailed 1600 units assigned to properties, with 1857 live connections. It was noted that some of these connections are duplicated as there is more than one resident using the unit at the same address.

Procurement

11. The procurement process is challenging as there are a limited number of suppliers who can provide the specialist software. New alarm units are currently being trialled to deliver the digital switchover more cost effectively, although sourcing compatible hardware has involved extensive consultation with the ICT service to try meet service requirements. The Lifeline and Independent Living Manager advised that should the project be successful then it is anticipated to provide a substantial cost saving for the service.
12. Subsequent orders of hardware are negotiated to enable cost savings with the supplier depending how many units are required on each order.

Income and Payments

13. For a sample of 25 service users, all accounts were confirmed as charged correctly in line with published fees.

Reconciliation

14. Reconciliations are undertaken by Finance on a monthly basis for main income streams and a full reconciliation is undertaken for Sundry Debtors and Housing Rents.
15. Monthly service reconciliations have commenced in June 2025 following a recommendation from the Debtors audit report of April 2025. These reconciliations have identified several housekeeping issues with regards to dated records and action

has been evidenced across all chargeable plans, therefore no further recommendation is made.

Debt Recovery

16. A sample of 10 aged debt accounts were reviewed to establish current recovery action being taken:
- 1 account was in the process of being recovered through probate and an invoice was sent to the solicitor 16th June 2025.
 - 4 accounts were in the process of being written off.

It was identified that 4 accounts (Debtor ref: 020955, 018862, 021646, 019080) were still receiving the service despite arrears on the accounts and in some instances, service users have never paid for the service since installation following an NHS referral. The Lifeline and Independent Living Manager advised that these customers are extremely vulnerable and subject to frequent falls and therefore the Lifeline service would not be suspended. Without a signed agreement no further action can be taken. Refer to recommendation 1.

17. It should be noted that initial meetings with the Finance team have commenced to begin to address the recommendation below.

Recommendation	
R2	Where arrears are identified (after a defined period of non-payment) and the service continues to be provided, a valid rationale for decisions taken to continue providing the service should be recorded and approved by an appropriate manager. Risk: Medium
Root Cause	Process & Procedures the extent to which established processes are operating effectively and are supported by defined procedures.

VAT

18. The Senior Technical Officer has recently sought external clarification in respect of VAT rates chargeable. From April 2026 all eligible customers will be required to sign a declaration for VAT relief.

Account Amendments / Plan Reviews

19. Account amendments, client details (health / next of kin etc.) and plan reviews are recorded on the Jontek system. This area is subject to external review and accreditation; review due w/c 14th July 2025 and therefore no further audit testing has taken place.

Budgetary Control

20. The Lifeline service operates within 2 budget codes H021 Wardens and H022 Central Control and both codes which were reviewed on the FMS system. The Lifeline and Independent Living Manager was able to provide clarification on variances for 2024/25.

Disaster Recovery

21. Full disaster recovery practice is performed on a biannual basis at a duplicate control room within the Parkfields Independent Living Scheme. This ensures backup procedures are operational should the main control room at the Riverside Depot be inaccessible or non-operational. Evidence of disaster recovery checks were reviewed and confirmed within the Task Manager.

Management Reports

22. There are 2 key performance indicators around customer satisfaction and response times to call outs. Reports show that performance is meeting target.

Training

23. Corporate Safeguarding and Data Protection training is mandatory for all employees and a refresher session is required at 2 yearly intervals. Records held found:
- 56% of the team have in-date Safeguarding training
 - 40% of the team have in-date Data Protection / GDPR training
24. The Safeguarding audit finalised in November 2023 identified a 62% compliance rate across the Council; audit findings as noted above show that the Lifeline Scheme team fall below this level.
25. The online learning portal recently introduced should assist managers to monitor training completion.

Recommendation	
R3	The online learning portal should be utilised to monitor mandatory training completion within the service. Given the vulnerability of the service users involved, managers should ensure that employees complete training at the required intervals. Risk: Medium
Root Cause	Competencies and Training the extent to which staff are appropriately qualified, trained, or experienced to carry out their role.

Health & Safety

26. Sample testing confirmed that appropriate risk assessments were in place, completed independently by the Health and Safety Advisor.

Disclosure and Barring Service Checks

27. The Disclosure and Barring Policy (2019) should be reviewed on a regular basis. The policy identifies the posts of Support Officers and the Scheme Manager (17 post-holders) as requiring enhanced DBS checks.
28. Checks found 7 postholders (6 Support Officers and 1 Scheme Manager) do not have in date DBS checks in place. Management have taken immediate action to address this promptly once awareness was raised.
29. Communication and lines of responsibility should be clarified between HR and managers to ensure that employees are prompted when DBS checks are nearing expiry, with additional control to ensure that employees failing to renew are chased up promptly and if required, escalated to the Head of Service.

Recommendation	
R4	The Disclosure & Barring Policy (2019) should be reviewed and updated on a regular basis to ensure it remains fit for purpose. Responsibilities should be clarified between Human Resources and Managers to ensure that employees are prompted when DBS checks are nearing expiry, with additional control to ensure that employees failing to renew are chased up promptly. Risk: High
Root Cause(s)	Process & Procedures the extent to which established processes are operating effectively and are supported by defined procedures.

Assurance Level	Internal Audit Definition	Risk Register Link
Substantial Assurance	There is a sound system of controls in place, designed to achieve the system objectives. Controls are being consistently applied and risks well managed.	Minor / negligible impact
Reasonable Assurance	The majority of controls are in place and operating effectively, although some control improvements are required. The system should achieve its objectives. Risks are generally well managed.	Minor / moderate
Limited Assurance	Certain important controls are either not in place or not operating effectively. There is a risk that the system may not achieve its objectives. Some key risks were not well managed.	Moderate / Severe Impact
Inadequate Assurance	There are fundamental control weaknesses, leaving the system/service open to material errors or abuse and exposes the Council to significant risk. There is little assurance of achieving the desired objectives.	Catastrophic Impact

Indicative Definitions of High Medium and Low Recommendations

Risk	Definition
High	<p>Risks that can have a catastrophic / severe impact on the operation of the Council or service - Must take action to mitigate or terminate if not possible to do so: -</p> <ul style="list-style-type: none"> • Death, extensive injury, major permanent harm • Unable to function without government or other agency intervention • Significant impact on service objectives • Inability to fulfil obligations • Short to medium term impairment to service capability • Adverse national publicity, highly damaging, loss of public confidence • Major adverse local publicity • High risk of fraud being able to occur e.g., key internal controls are not operating or are missing • Direct link to a strategic risk occurring • A serious breach of legislation/ legal requirements leading to substantial financial penalties or severe breach of data protection (report to ICO) • Substantial loss or damage to Council assets/or information
Medium	<p>Risks which have a noticeable impact on the service provided, will cause a degree of disruption to service provision / impinge on the budget - Check current controls and consider if others are required: -</p> <ul style="list-style-type: none"> • Medical treatment required, semi-permanent harm up to 1 year • Short term disruption to service capability • Significant financial loss • Some adverse publicity, needs careful public relations • Isolated personal details compromised • Risk of fraud being able to occur • Direct link to identified operational risks occurring • A serious breach of organisational policies and procedures • A breach of legislation / legal requirements leading to a moderate financial impact • Loss or damage to Council assets, information • Previously agreed medium internal audit recommendations remain outstanding
Low	<p>Risks where the impact and any associated losses will be minor</p> <ul style="list-style-type: none"> • First Aid treatment, non- permanent harm up to 1 month, no obvious harm or injury • Minor / negligible impact on service objectives • Financial loss that can be accommodated at service level / minimal • Some public embarrassment, no damage to reputation, unlikely to cause any adverse publicity / internal only • Minimal risk of fraud • No direct link to operational or strategic risks • A minor breach of organisations policies and procedures • A minor breach of Legislation / legal requirements • Low risk of loss or damage to Council assets

Root Cause Analysis Categories

Resources

Definition: the extent to which the service has sufficient, capable resources, enabling it to carry out all aspects of its operational duties efficiently and effectively.

Examples: functions that had been carried out by a now non-existent post have fallen through the gaps; services have only enough resources to carry out key aspects of operational delivery, meaning some lower priority tasks are not executed.

Competencies & Training

Definition: the extent to which staff are appropriately qualified, trained, or experienced to carry out their role.

Examples: lack of training; inappropriate training; ineffective training plans; poor recruitment; poor training material

Systems

Definition: the extent to which systems are fit-for-purpose and support the service to carry out its operations effectively.

Examples: system processes are not available or are not effective, resulting in discrepancies or workarounds to get the required outcome, system processes are circumvented or duplicated manually. Processes are carried out manually where systems processes would be more efficient.

Motivation & Incentives

Definition: the extent to which factors such as organisational or personnel change have impacted on staff desire to carry out their role efficiently and effectively.

Examples: staff are feeling demotivated by a recent restructuring and removal of some posts, and do not feel that they should be taking on new responsibilities.

Standards & Policies

Definition: the extent to which expected standards have been made clear to staff and the necessary policies are in place to support these standards.

Examples: there is no policy/procedure in place; policies/procedures are out of date; policies/procedures have not been reviewed within appropriate timescales; policies etc. are difficult to locate/access; links in policies either do not work or are out of date.

Governance

Definition: the extent to which the service is governed by a clear structure that sets out the roles and responsibilities of officers, and the service is supported by appropriate risk management and control systems.

Examples: lack of assigned responsibility and accountability; failure to act / ignorance; intentional misleading by management to protect themselves; underqualified / trained Board members.

Process & Procedures

Definition: the extent to which established processes are operating effectively and are supported by defined procedures.

Examples: failure to follow set procedures (take care re materiality/proportionality); lack of separation of duties; controls being bypassed.

Accountability

Definition: the extent to which roles and responsibilities for decision-making have been defined and are accepted and acted on by all parties.

Examples: unclear expectations; avoiding responsibility; lack of management oversight; poor communication.

Assurance & Monitoring

Definition: the extent to which internal and/or external checking controls exist to monitor the effectiveness of, and provide assurance to, the service.

Examples: unclear responsibility; not identifying and/or taking action on recurring problems; checking the wrong things; under-sampling.

Human Error

Definition: relating to people and their actions, error caused by stress, fatigue, carelessness, communication breakdown.

Examples: Spreadsheet formulas are wrong, figures transposed / typed in wrong, data taken from or entered in the wrong fields.

Appendix 4

Management Action Plan

Report Title:	Bolsover Lifeline Scheme	Report Date: 11th August 2025
		Response Due By Date: 1st September 2025

	Findings and Risk identified	Recommendations	Risk (High, Medium, Low)	Agreed	To be Implemented By:		Comments
					Officer	Date	
R1	The standard agreement in place between the Council and its service users should clarify plan type, associated costs and refer to potential price increases. Termination expectations and liability clauses should also be addressed to prevent misunderstanding and provide clarity to vulnerable service users and their family as well as offering the Council greater protection in the event of disputes.	The standard agreement between the Council and Customer should be reviewed to ensure all terms and conditions (support plan type in place, costs, termination expectations and liability clauses for example), are included.	Medium	AC to work with Wardens and devise a draft agreement for VD/DW to consider. Where possible to seek service user feedback on this agreement once that it has been drafted to so that we can ensure that they have been consulted, and their input is considered.	AC	Project Commencing 13.08.2025 Anticipated completion and new agreements issued – 31 st March 2026	This has been added as an agenda item at our monthly managers meeting.
R2	4 accounts in arrears identified who are still receiving a service. Whilst vulnerability of service users is a primary determining factor in continuing with services provided, a valid rationale should be documented and approved by managers demonstrating	Where arrears are identified (after a defined period of non-payment) and the service continues to be provided, a valid rationale for decisions taken to continue providing the service should be recorded	Medium	A Plan has been agreed with finance to investigate the 4 accounts that are in arrears and valid rationale decisions to be made and recorded. This plan will also set out how we are going to manage the debts in the Lifeline Department.	AC	Project commenced August 2025 to be completed by End Oct 2025	this will be added this as an agenda item at our monthly managers meeting.

	Findings and Risk identified	Recommendations	Risk (High, Medium, Low)	Agreed	To be Implemented By:		Comments
					Officer	Date	
	that a consistent approach is taken to, in effect, providing a free of charge service.	and approved by an appropriate manager. In conjunction with the Finance team.		This will also be agreed with Revenues who undertake the debt recovery. This project commenced 5 th August 2025. This plan will be reviewed monthly and will progress over to make it as efficient and effective as possible.			
R3	56% of the team have in-date Safeguarding training in place. 40% of the team have in-date DP / GDPR training in place. Given the vulnerability of service users and associated data held, it is important that all staff maintain awareness of their responsibilities and legal requirements.	The online learning portal should be utilised to monitor mandatory training completion within the service. Given the vulnerability of the service users involved, managers should ensure that employees complete training at the required intervals. In conjunction with the HR team.	Medium	Working worked with HR and we now have all SkillGate Logins for staff (who are not on computers) We are waiting for the Safeguarding and GDPR trainings to become available through SkillGate and as soon as this is we will ensure that all staff have completed this training in a timely manner.	AC	To be completed by End Oct 2026	Awaiting confirmation from HR that the training is online and ready to do. Training will be an agenda item at our monthly managers meeting.
R4	The Disclosure and Barring Policy has had no documented review since	The Disclosure & Barring Policy (2019) should be reviewed	High	AC and KD (HR) working together, have all required staff completed a new	AC	Completed	

	Findings and Risk identified	Recommendations	Risk (High, Medium, Low)	Agreed	To be Implemented By:		Comments
					Officer	Date	
	<p>2019. It is important that policy is subject to regular review to ensure that it remains fit for purpose. 41% of staff requiring enhanced DSB checks have no current, valid check in place; procedures to prompt and chase up has failed in these instances. Risk of unchecked personnel entering vulnerable client homes. Links to strategic risk register.</p>	<p>and updated on a regular basis to ensure it remains fit for purpose. Responsibilities should be clarified between Human Resources and Managers to ensure that employees are prompted when DBS checks are nearing expiry, with additional control to ensure that employees failing to renew are chased up promptly.</p> <p>In conjunction with the HR team.</p>		<p>DBS and ensured that this was placed on Auto Renew.</p> <p>DBS checks will become part of the managers records to ensure that this list is kept up to date.</p>			

Please tick the appropriate response (✓) and give comments for all recommendations not agreed.

Signed Head of Service:		Date:	15.8.25
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Note: In respect of any High Risk recommendations please forward evidence of their implementation to the Internal Audit team as soon as possible.