

# Oldham Council Audit and Counter Fraud Team

2024/25 Fundamental Financial Systems

Residential Care Payments

Final Report

July 2025

**Prepared by:**  
Senior Auditor

**Reviewed by:**  
John Miller                      Head of Internal Audit and Counter Fraud

**Issued to:**  
Fiona Greenway              Interim - Director of Corporate Resources (S151 Officer)  
Jayne Ratcliffe                Director of Adults Social Care (DASS)  
Claire Hooley                  Assistant Director of Commissioning and Market Management

## 2024/25 Fundamental Financial Systems

### Residential Care Payments

#### 1 Background

- 1.1 As part of our annual review of the Council's Fundamental Financial Systems, a review of the systems and controls around Residential and Nursing Care has been undertaken. In line with prior years, Audit and Counter Fraud collaborate with our external auditors, Mazars, to support their year-end audit planning and ensure that the agreed audit programme for each financial system reflects key risks, internal controls and is delivered in accordance with Public Sector Internal Audit Standards.
- 1.2 The Residential Care Payments system is one of the Council's key Fundamental Financial Systems. The budget and actual costs for 2024/25 are shown below alongside the previous three financial years:

Residential Homecare	2021/2022	2022/2023	2023/2024	2024/2025
	£m	£m	£m	£m
Budget	18.252	19.105	26.615	29.184
Outturn Actuals	20.277	23.464	27.405	28.990
(Overspend) / underspend	-2.025	-4.359	-0.79	0.194
Nursing Homecare	2021/2022	2022/2023	2023/2024	2024/2025
	£m	£m	£m	£m
Budget	10.337	7.34	9.936	11.558
Outturn Actuals	13.236	9.828	11.379	13.097
(Overspend)	-2.899	-2.488	-1.443	-1.539
Residential Short Stays	2021/2022	2022/2023	2023/2024	2024/2025
	£m	£m	£m	£m
Budget	2.959	3.31	5.62	6.104
Outturn Actuals	7.17	6.871	7.285	9.326
(Overspend)	-4.211	-3.561	-1.665	-3.222

This table above does not represent the costs for the whole of adult social care. It is an extract of the costs of residential and nursing care, which are the elements of adult social care being audited in this report.

- 1.3 Social care clients who cannot be supported to remain in their own home may alternatively be supported in a residential care home which meets their needs. The value of the client's assets is taken into consideration in determining the amount that they will have to contribute to their own care in the form of client contributions.
- 1.4 The service has previously received an audit opinion of 'Inadequate' since 2020/21. It was agreed that Internal Audit would liaise with Finance and CHASC Service colleagues in order

to provide assistance to the service where possible, and to ensure the audit service was fully informed of progress made. This collaboration work has continued into the current year.

## 2 Objectives and Scope

2.1 The objective of the audit is to review and test the operation of the system, including controls, to ensure that appropriate procedures and controls are in place and operating effectively. This review has been conducted in accordance with the Public Sector Internal Audit Standards 2013 (Revised 2017), and the Chartered Institute of Public Finance (CIPFA) Local Government Application Note.

2.2 The key system control objectives are:

- Data held on Mosaic is adequately controlled to ensure its accuracy and completeness.
- Individual client financial assessments are completed fairly and accurately.
- Placement of clients into residential care is approved in all cases by the Approval Panel.
- All residents placed in residential care are covered by an agreed funding contract and receive at least one on site review per year to confirm the suitability of their care.
- Payments made to residential homes are accurate and fully reflect the number of clients in care and their agreed care needs.
- Client's contributions towards the cost of care are invoiced in a timely manner.
- Income and expenditure are correctly reconciled between Mosaic and Agresso.

2.3 Our approach to the review includes:

- Validation of the systems notes previously reviewed in 2023/24 to ensure that the system is adequately recorded.
- Walkthrough testing to ensure that the processes and controls are operating as expected.
- Compliance testing of the agreed key controls to determine if they are operating effectively.

## 3 2024/25 Audit Opinion

3.1 Controls around the Residential and Nursing Care systems continue to provide **Limited Assurance**. Although we note that progress has been made in some areas addressing the recommendations made in our previous report.

3.2 We have made ten recommendations for improvements, six of which are high priority, three are medium priority and one low priority. These are set out in the Action Plan in **Section 6**. The issues identified during the review are discussed in the sections below.

3.3 Six of the ten recommendations we have made this year have been made previously. Three of these are high priority recommendations, and three are medium priority. As noted at 1.4 above, the service has received an audit opinion of 'Inadequate' (Limited) since 2020/21.

## 4 Findings

### 4.1 Workflow

Each client should have at least one open workflow on Mosaic. There has been a 37.7% increase in the number of open workflow items from April 2021 to April 2025, as shown in the table below. Increasing numbers of open workflows has been raised as a point of concern in previous audit reports. However, from figures available for September 2022, client numbers have increased by approximately 6% between September 2022 and April 2025. Utilising the table below, open workflows from September 2022 to April 2025 are estimated to have increased by around 4%. Alongside the reduction in open workflows from March 2025 to April 2025 this would suggest that the Service has made recent progress in addressing the previously concerning upward trend in open workflows in comparison with client numbers.

Open Workflow items at	Total
01 April 2021	2,421
31 March 2022	2,902
23 February 2023	3,505
08 March 2024	3,762
11 April 2025	3,333

However, the open workflows report, which is produced by the Service Performance Team, shows that 5.8% of the total are over two years old and one item dates back as far as 2016.

Of the 3,333 open items in April 2025 one item related to 2016, two items related to 2017, four items related to 2018, three items related to 2019, 18 related to 2020, 52 related to 2021, 112 related to 2022, 259 related to 2023. The service should prioritise and process the oldest open workflow items, this will help to improve the ADASS statistics reported in section 4.3 below.

**Please refer to Recommendation 1 in Section 6 below.**

### 4.2 Costs misclassified as Short Stays due to delays in reassessments

As shown in 1.2 above, the adult social care service is experiencing a large increase in costs that are coded to short stays. Clients who are in short term placements have a light touch financial assessment completed. Based on legislation, this assessment does not take into account whether the client owns a property, meaning only their income and savings are assessed at this stage. If the client is later in a permanent placement, the value of any owned property is taken into consideration. This item relates to paragraph 4.3 (backlog of financial assessments) and 4.6 (outstanding reviews). Whilst clients are billed retrospectively for any contributions due, delay in this reclassification and financial assessment process can result in large back dated invoices to the client, inaccurate financial forecasting, and contribute to higher levels of service debt.

**Please refer to Recommendation 2 in Section 6 below.**

### 4.3 Backlog of Financial Assessments

The waiting list for a financial assessment significantly increased in the period of 6 months to January 2025, from 191 cases to 619. The median wait time fluctuated from 63 days waiting

at the start of the 2024/25 financial year, to the lowest wait time of 34–37 days in June to August, to the longest average wait of 85 days for December 2024 and January 2025.

One case had, as of January 2025, been outstanding for 667 days. There were 24 clients who have been awaiting a financial assessment for over 200 days, four of whom have not had a financial assessment for over a year. This can result in large, backdated invoices to clients for the cost of care, which may cause client distress, inaccurate financial forecasting, and may contribute towards increased Service debt.

**Please refer to Recommendation 3 in Section 6 below.**

#### 4.4 **Large back dated payments to residential care providers**

Our review noted that in the nine months to December 2024 the Council paid out £3.054m in back dated payments to residential care providers. This is due to a failure to follow the correct procedures when a residential placement is made, or provision of incomplete or inaccurate information to the Brokerage Team.

164 back dated payments have been found, with one example backdated over 2 years to September 2022, with individual values up to £234k. A significant amount of these costs has been recognised in the wrong financial year due to late payment.

It is disruptive to providers' cashflow, and could contribute to provider financial instability, to incur costs and provide services for which they will not be re-imbursed for an extended period. It also makes it difficult to forecast future expenditure.

**Please refer to Recommendation 4 in Section 6 below.**

#### 4.5 **Duplicate Payments created by invoices paid outside the Mosaic system**

In one instance noted, an existing care provider changed ownership. A new supplier was required to be set up on the Agresso system. A delay in the supplier set up resulted in an ad hoc payment being made, outside the Mosaic system. This ad hoc BACS payment request duplicated the payment to the provider, as the amount to be paid on the regular payment cycle was not amended.

Internal controls exist in order to minimise the risk of duplicate payments. The service should ensure that they adjust the payment cycle accordingly when ad hoc payments are made outside of the Mosaic system.

**Please refer to Recommendation 5 in Section 6 below.**

#### 4.6 **Statutory Annual Care Reviews**

The Care Act specifies that each client should have a care review at least annually. The table below shows key performance indicators for this area, in Oldham over the last 2 years:

KPI	2022/23					2023/24				2024/25	
Ref:	ADASS Report figures	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
		%	%	%	%	%	%	%	%	%	%
NW 9	Number of reviews completed in a rolling 12-month period	33.8	41.9	49.3	48.4	42.1	46.8	52.5	53.6	63.2	59.9

NW 10	Backlog of reviews 2 years overdue	29.2	31.7	22.1	12.7	28.0	27.0	21.1	15.9	17.2
							22.9			

Oldham is performing comparatively well against other Authorities across the North-West, in the Key Performance Indicator (KPI) NW 9 above in respect of the latest Q2 results. In Q2 2024/25 the NW average for the percentage of reviews completed in a rolling 12 months was 55.2%, with Oldham achieving 59.9%.

Oldham is performing comparatively less well on (KPI) NW 10 in respect of reviews which are 2 years overdue. The North-West average in Q2 was 10.7%. In Oldham this 2-year backlog for reviews was 17.2%. It is recognised that although still below average, the trend at Oldham over the 2 years which is shown in the table above is that the position is much improved. Two years ago this KPI was 31.7%.

**Please refer to Recommendation 6 in Section 6 below.**

#### 4.7 **Residential and Nursing Placements - Out of Borough**

Benchmarking reports from NHS England on GM Tableau show that Oldham Council is spending the most in the North-West, for out of borough placement costs. Out of Borough placements are often the most costly placements. If the Council were able to bring these individuals back to the locality there would be many advantages such as:

- Creating jobs locally for Oldham people.
- Keeping the Oldham pound in the borough.
- Potentially saving money on expensive placements.
- Housing individuals closer to their friends & families and the places they know.

**Please refer to Recommendation 7 in Section 6 below.**

#### 4.8 **Credit Notes**

Each credit note issued to clients should include:

- The reason for the credit note.
- The date range which the credit note covers.
- The basis of calculation to show how the credit note value has been calculated.
- The original invoice number which is being credited.

Seven out of ten credit notes sampled did not include adequate information to be useful to the recipient.

**Please refer to Recommendation 8 in Section 6 below.**

#### 4.9 **Record of clients who are admitted to hospital**

A schedule of "Hospital stays", which is found under the section "Health" on the Mosaic system, is available to record the dates when a client was admitted to and discharged from hospital along with the reason. This section of the Mosaic system is not currently being used. The Service may wish to consider utilising this functionality to assist in locating clients when required.

**Please refer to Recommendations 9 in Section 6 below.**

#### 4.10 **Duplicate records**

33 duplicate records have been identified, including 5 where the client is deceased. Duplicate records should be merged and the secondary account removed from the system. They should not be left as an open account on the system with the words “Do not use” in a banner at the top of the screen.

Mosaic users should not set up new records without first confirming that one does not already exist. Duplication of accounts may lead to double payments and dual services, and it will also distort the KPI statistics that are issued on the ADASS reports.

**Please refer to Recommendation 10 in Section 6 below.**

## **5 Way Forward**

- 5.1 An Action Plan is included in **Section 6**. Progress against the agreed recommendations will be reviewed as part of an agreed timetable.
- 5.2 We would like to thank officers in the department for their help with this review amongst many other competing demands and priorities. In the meantime, once the report has been finalised, we would be grateful if you would complete the Customer Service Questionnaire so that we can continuously review our service delivery.

#### 5.3 **Disclaimer**

This report is made solely as an internal management report to the Officers of the Council identified on the report distribution list, as an aid to the effective management of Council resources and for no other purpose. Our audit work has been undertaken in accordance with the Public Sector Internal Audit Standards 2013 (Revised 2017), and the Chartered Institute of Public Finance (CIPFA) Local Government Application Note. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone, other than those Officers for whom the report was produced, for our audit work, for this report, or for the opinions we have formed.

## 6 2024/25 Action Plan

The table below shows the recommendations for the findings arising from our annual review. We have prioritised the recommendations to provide you with an indication of the importance of each item. If an officer disagrees with the prioritisation, they should discuss this with the auditor as part of the finalisation process.

- High Priority** - Significant risk to the Council or Service, the recommendation is essential for sound or effective control.  
**Medium Priority** - Moderate risk to the Service it is important that the recommendation is completed.  
**Low Priority** - Small risk to the Service it would improve control if the recommendation were to be completed.

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
1.	<p><b><u>Workflow</u></b></p> <p>The service should continue in the implementation of their recovery plan to address outstanding workflow requirements.</p> <p><b>Brought forwards from 2020/2021</b></p>	High	<p>A dashboard has been implemented to monitor and manage open workflows and allows the service to easily identify current and historical workflows. Activity is being undertaken to close historical items and over 500 have been closed over the last 2 months. Support has been provided to Mental Health teams to assist them in resolving workflow issues. We are currently on track to have the remaining historical workflows closed by the end of August 2025.</p> <p>The Brokerage team is using the dashboard to manage ongoing work and are now in a position where there are no workflows open older than 14 days. An escalation process is being put in place to ensure any workflow which a worker in the team is</p>	Director of Adults Social Care (DASS)	September 2025	<p><b>Revised Implementation Date December 2025.</b></p> <p>The number has been significantly reduced from a position of 1,332 in February to 425 at the start of September. Work is progressing to close the remainder of these with targeted work being completed on historical safeguarding workflows, ensuring that people are safe and free from harm.</p> <p><b>Reason for slippage</b></p> <p>Resource pressures across ASC and the recent notification of CQC inspection has meant that the capacity to complete this work has been reduced but it continues to be a priority and we remain confident that this remaining workflows will be actioned as required.</p>



No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
			struggling to progress can be escalated appropriately for a quick resolution.			
2.	<p><b><u>Short Stay Policy</u></b></p> <p>The service should reassess short stay placements in a timely manner, in line with the ASC policy. This will ensure that clients are transitioned to permanent care and undergo a full means tested financial assessment as they become applicable.</p> <p><b>New Recommendation 2024/2025</b></p>	High	<p>This action is intrinsically linked to Adult Social Care having a dedicated Review team in place and therefore the ability to review people on an annual basis, or when their needs have changed. Plans are in place to establish a review team as part of the restructure of operational teams. In addition, unexpected provider failures have impacted the completion of reviews as resources have had to be redirected as a priority.</p> <p>In relation to financial assessments these are completed for short stay placements and in many instances, there will be little change to the level of contribution. This is based on legislation and when a placement is made permanent a full financial assessment is completed which takes accommodation-related capital into account.</p> <p>Guidance to the workforce has been developed on "Temporary</p>	Director of Adult Social Care (DASS)	December 2025	<p><b>Revised Target March 2026 – part of wider review work</b></p> <p>Work of the Achieving Better Outcomes and Value (ABOV) group is targeting shorts stays within the wider review work.</p> <p>Guidance on short stays has been issued to the workforce.</p> <p><b>Reason for slippage</b></p> <p>Resource challenges in relation to the ABOV and wider social work teams, which are being addressed by agency and permanent recruitment.</p>

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
			Placements” and will continue to be provided to the workforce to ensure consistency of application.			
3.	<p><b><u>Backlog of Financial Assessments</u></b></p> <p>The Adult Social Care Service to Liaise with the Revenues and Benefits Service to agree a permanent Structure for the Client Finance Team which undertakes client financial assessments. The backlog of financial assessments should be addressed. The oldest outstanding items should be dealt with a priority.</p>	High	<p>Client Finance returned to ASC on an interim basis due to changes within the Revenues and Benefits Service. The team is due to return to Revenues and Benefits later in 2025/26.</p> <p>Plans are in place to manage the backlog of assessments with additional resource being provided and daily reporting is available to monitor and manage the allocation of work.</p>	<p>Director of Adult Social Care (DASS)</p> <p>Exchequer Client Manager – Revenues</p> <p>Exchequer Client Manager - Benefits and Welfare Rights</p>	December 2025	<p><b>On Target</b></p> <p>Targeted work is being completed to reduce the backlog of financial assessment and there has been a 25% reduction in the last 3 months. Contact has been made with those awaiting a financial assessment to ensure that they are aware of the process and that they made be required to contribute towards the cost of their services.</p> <p>Additional staff (via Civica) have been brought in to support with the backlog of Financial Assessments, and over the last two months we have seen a reduction.</p>

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
	<b>New Recommendation 2024/2025</b>					
4.	<p><b><u>Back dated adjustments</u></b></p> <p>Payments for care packages should be put in place at the inception of any care agreements and not allowed to go for many months without the payment being paid.</p> <p><b>Brought forwards from 2023/24</b></p>	High	<p>This continues to be an area of focus for ASC and work completed over the past 12 months has helped to identify key themes in relation to backdated payments including</p> <ul style="list-style-type: none"> <li>• Providers not returning documentation</li> <li>• Transfer of cases between CSC and ASC</li> <li>• Transition from self-funding arrangements</li> <li>• System delays</li> </ul> <p>Additional reporting has been put in place to reduce the risk of backdated payments and a record of these continues to be kept to help identify themes and work to mitigate these from occurring again across the workforce.</p> <p>The new dashboard developed to monitor open workflows is also providing assisting in reducing this risk as Brokerage have been</p>	Director of Adults Social Care (DASS)	September 2025	<p><b>Revised Date to enable system changes March 2026 (due to Mosaic System Upgrade – this cannot be completed before that.)</b></p> <p>Reporting put in place has given greater oversight and identifies changes in payments on a monthly basis and is supporting identification of cases that need reviewing leading to quicker resolution of any issues.</p> <p>Reporting tools now allow the Brokerage Team better oversight of payment delays, with escalation in place where this relates to provide documentation or information required from elsewhere in the system. Brokerage now retains the purchase even where there is a query with another part of ASC rather than returning the workflow, this avoids unpurchased packages being lost in the system and provides better oversight. Monitoring shows that Oldham now benchmarks as the second shortest wait time in GM for purchase requests.</p> <p>Regular communication takes place with providers to ensure packages do not</p>

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			able to see where there were workflows open related to documentation not being returned etc.			<p>commence before a purchase order is in place for payment.</p> <p>The system delays have been raised as part of a recent health check by the Access group who supply the system to review usage and suggest improvements to reduce the risk of work not progressing correctly in the system.</p> <p><b>Reason for slippage</b> Implementing the Mosaic Changes will be delayed due to the requirement for a system upgrade to Mosaic scheduled for February 2026. The work required by the Mosaic Team in advance of this will limit the ability to make changes prior to this date.</p>
5.	<p><b><u>Invoices paid outside the Mosaic system</u></b></p> <p>Payment cycles to be manually adjusted accordingly when an ad hoc payment is made outside of the Mosaic system.</p>	High	<p>Payments are routinely completed on Mosaic and when it is necessary to make payments outside of the system, the Brokerage Team are <i>advised to ensure this is also case noted to clarify the reason for the off-cycle payment.</i></p> <p>In relation to the example provided above this related to payment cycle run that day. Staff in Brokerage have been advised to ensure they check payment cycles due before making any off-system payments.</p>	Director of Adults Social Care (DASS)	July 2025	<p><b>Completed by the deadline, however we will continue to remind staff regularly around this.</b></p> <p>Staff have been reminded of the need to ensure any payments made outside of the system and recorded and adjusted for appropriately. Instances of payments outside of the system are infrequent.</p>

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
	<b>New Recommendation 2024/2025</b>					
6.	<p><b><u>Statutory Annual Care Reviews</u></b></p> <p>The service should utilise the benchmarking information available in comparison to other North-West region authorities to identify where Oldham would appear to perform relatively less well than neighbouring Councils.</p> <p>Where areas for improvement are identified as a result of benchmarking, the service</p>	High	<p>The position on reviews and the backlogs is regularly reported on and monitored in terms of our benchmarking our position locally and in comparison, with other GM authorities. The ADASS dashboard information which provides benchmarking data informs ongoing discussions in terms of how other LA's operate. These are discussed at NW ADASS meetings and GM meetings attended by the Director and Assistant Directors.</p> <p>Capacity issues, particularly with PCFT Mental Health teams being in Business Continuity, have an impact on the number of reviews that can be completed. Cases are assessed using a risk management tool to prioritise activity, and a plan is soon to be agreed on managing the backlog.</p> <p>The proposed restructuring of operational teams will see the allocation of dedicated</p>	Director of Adults Social Care (DASS)	December 2025	<p><b>Revised Implementation Date March 2026</b></p> <p>Agency Staff and Contract and Quality Monitoring Officers are being utilised to reduce the backlog of overdue annual reviews.</p> <p>We have seen a reduction in the Review waiting list over the last two months the trajectory of this has been reviewed and the revised implantation date takes this into account.</p> <p><b>Reason for slippage</b></p> <p>Resource challenges in relation to the ABOV and wider social work teams, which are being addressed by agency and permanent recruitment.</p>

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
	<p>should approach and liaise with better performing Councils in order to identify any improvements which may be made.</p> <p><b>Brought forward from previous years</b></p>		resources for review completion and will have a positive impact on completed reviews. Specific activity has been undertaken to action the oldest reviews.			
7.	<p><b><u>Out of Borough Placements</u></b></p> <p>Management should utilise the benchmarking information available in comparison to other North-West region authorities to understand why Oldham is spending the most on Out of</p>	Medium	<p>The OOB position is monitored regularly, and work has been undertaken to understand the reason why people are placed OOB. Some of this relates to individual choice and the closure of 2 care homes has had an impact on numbers.</p> <p>An Out of Area panel has now been introduced to have greater oversight of any placements out of area. Analysis recently completed shows that the authority is no longer has the highest spend in the North-West on OOB placements, and this will continue to be monitored.</p>	Director of Adults Social Care (DASS)	September 2025	<p><b>Revised Implementation March 2026</b></p> <p>The OOB position continues to be regularly monitored, and the new authorisation processes implemented give greater oversight and assurance of cases. Benchmarking analysis evidences that the authority is no longer the highest spend in the North-West on OOB placements.</p> <p>The ABOV Team review work will target this amongst the matrix approach to priority of reviews. Revised inline with trajectory or review work completion.</p> <p><b>Reason for slippage</b> Capacity challenges in relation to the ABOV and wider social work teams, which are</p>

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	<p>Borough placements compared against other authorities in the North-West and consider what steps can be taken to reduce these costs to be in line with neighbouring / comparable sized authorities.</p> <p><b>Brought forwards from 2023/2024</b></p>		<p>Out of Borough working group established to review high cost placements which are outside the North-West as a priority, with a view to re-patriation if possible.</p> <p>Mosaic Change request in process to include the out of borough check form within Mosaic which will allow us to better monitor why placements are out of borough which will assist commissioning to develop approaches to target gaps in the market.</p> <p>A new Market Position Statement has recently been published, including information on current gaps and the delivery plan in place for Commissioning to address this.</p>			being addressed by agency and permanent recruitment.
8.	<p><b><u>Credit notes description</u></b></p> <p>The description on all credit notes raised should have clear information on it to point out what period it is for and how it</p>	Medium	<p>Reminders are periodically issued to staff in Brokerage and Client Finance on the need for dates to be included on credit notes and spot checks of credits raised to continue.</p> <p>There currently is not the facility for 'authorisation' within Agresso that will better enable oversight and sign-off of credit notes for check and authorisation.</p>	<p>Director of Adults Social Care (DASS)</p> <p>Exchequer Client Manager – Revenues</p> <p>Exchequer Client Manager -</p>	August 2025	<p><b>Completed by the deadline, however we will continue to remind staff regularly around this.</b></p> <p>Reminders have been issued to staff in Brokerage and Client Finance to ensure that full descriptions are included on credit notes issued.</p>

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
	<p>has been calculated.</p> <p>In order that the reader of the credit note can understand what is being adjusted – the description of “Financial Reassessment” may not be sufficient to understand why the credit note is required or how the amount of the correction has been arrived at.</p> <p><b>Brought forwards from 2021/22</b></p>			Benefits and Welfare Rights		
9.	<p><b><u>Record of Hospital Stays</u></b></p> <p>A schedule of hospital stays,</p>	Low	The utilisation of this functionality within Mosaic has been considered previously but as we are not consistently advised of hospital admissions/discharges there would be resource	Director of Adults Social Care (DASS)	N/a	The business decision was made to not use this functionality for the reasons previously detailed. Alternative processes are in place to access hospital stay information.



No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
	<p>is a specific document within the Mosaic system. The service should consider whether they wish to use this functionality to record periods when a client is in hospital and make it easier to physically locate individual clients.</p> <p><b>New recommendation 2024/2025</b></p>		<p>implications for maintaining and monitoring this data and as such the decision has been taken not to utilise it. The alternative process in place to manage this, social care staff have access to Graphnet, the GM shared health record, which contains details of hospital admissions for staff to access when required.</p>			
10.	<p><b><u>Duplicate Records</u></b></p> <p>Staff should be reminded to check that a record does not already exist before setting up a new record.</p>	Medium	<p>Reminders are periodically issued to staff on checking Mosaic prior to creation of a new record and on using the 'wild card' and 'sounds like' functionality to reduce the risk of duplicate records being created.</p> <p>This has previously been considered with the Mosaic support team to assess the functionality of the Mosaic</p>	Director of Adults Social Care (DASS)	August 2025	<p><b>Revised Implementation Date December 2025</b></p> <p>Duplicate cases have been reviewed and 25+ cases have been merged during September. Reminders to staff are being included in ASC Spotlight and activity will be picked up as part of the Data Quality group.</p> <p>Through our own monitoring we have seen a slight increase in duplicate records.</p> <p><b>Reason for slippage</b></p>

No	Recommendation	Priority	Management Comments	Responsibility	Implementation Date	Progress update October 2025
	<b>Brought forward from 2020/21</b>		system. Unfortunately, not all duplicate records can be merged. Where financial records of payments and billing exist on both records the system does not allow records to be merged as some of this data would be lost. Therefore, as there is currently not a solution that is within our control there will remain a number of duplicate records in the system. However, as part of our new performance dashboards we will include duplicate records for improved management and oversight.			we will be completing targeted activity following the CQC inspection. We will also be clarifying the baseline position of the total number of duplicates which cannot be merged due to audit (where there has been purchase on both cases).