Resource Allocation System (RAS)

Summary:

This report is to give an update as to the findings, recommendations and agreed actions from the Audit and Risk Management Internal Audit Report on Adult Services Resource Allocation System (RAS) dated July 2011.

Actions Required:

For information on progress against actions

1. Background

An internal audit report was produced around the Adult Services Resource Allocation System (RAS) in July 2011. As part of the feedback to Audit Committee around Adult Social Care, this report has been produced to provide an update on progress against the agreed action plan that was outlined in the internal audit report.

The Resource Allocation System (RAS) was introduced in 2010. Within Adult Social Care, any person new to the service must be assessed via the RAS in order to identify an amount of funding available to meet individual needs. Receiving an individualised amount and flexibility and control over how this amount is spent gives service users more say in how their care is planned whilst offering greater choice and control in the way care is received.

The RAS is a supported assessment process. Most questions in the RAS have points allocated to them, the higher the level of need the more points an individual will score. Each RAS point has a monetary value attached, and the outcome of the RAS process is an indicative budget which is used to purchase individual need in the form of a Personal Budget.

The Adult Services RAS Action Plan laid out seven risks and a series of recommendations and agreed actions

2. Conclusion

Progress around the seven risks identified within the internal audit report are outlined below.

RAS Calculation

The report highlighted an error in the RAS Calculation that meant that information held within RAS Analysis data was incorrect. The recommendation was that until an integrated system is introduced, the data held on the two current systems would need to be checked prior to utilising the calculation to determine a budget. The action around this issue has been carried out through checks whenever a calculation is made. As part of the report, it was observed that RAS data was incorrect as a result of the systems issue outlined above. It was recommended that compliance checks be carried out. In response to this operational services have mainstreamed the need to review RAS calculations and ensure compliance. This is part of the role of the ASC Lead Practitioner's team.

The report also highlighted issues in terms of data entry, and issues where this had not been completed. Compliance checks are in place alongside training and regular reminders to ensure that data entry is complete.

It was noted that issues around data entered after approval by the Risk Enablement Group were not visible on AIS as a result of practitioners not receiving the correct training. The new operational structure has introduced additional and appropriate training to ensure that correct entry is made, and compliance checks are in place to ensure that entry is made appropriately.

The action plan refers several times to the introduction of a new financial system to support the mitigation of a number of the issues raised. Although this system is not in place, processes have been put in place to ensure that the issues outlined do not arise, or to ensure that data is cleansed appropriately.

Activity is not managed effectively

It was identified that a number of new cases had been assessed but had not gone through the RAS process. It was recommended that all new cases should be subject to the RAS and that a process be put in place to add assurance. The operational team has since been restructured around the personalisation agenda to ensure that systems to support personalisation are put in place. All new cases go through the RAS system, and all existing cases are RAS'd at the point of review. Training has been put in place to ensure all practitioners work in this way, and AIS is set up to support this. The Lead Practitioner's team ensure compliance via system checks, and audits are carried out to decrease the need for data cleansing due to incomplete processes.

The report and action plan note that RAS performance is not formally reported to DMT. Performance against the RAS, budgets linked to the RAS and performance against personal budgets are established at DMT and through performance board.

It was noted that in order to correctly link to revised budgets, the RAS needed to be recalculated in order to correctly reflect the budget. This work was carried out and a decision made by Executive to change the RAS price point was made in September 2011. Systems have been changed and the new price point is in place for all new cases and all reviews from 1st December 2011.

The RAS calculation contains a contingency budget calculation as part of the calculation. It was suggested that this needed to be revised. This was carried out as part of revising the RAS price point.

Issues around the Risk Enablement Group approval were noted. Compliance checks are carried out as part of the work carried out by the Lead Practitioner's team.

Issues were also identified around data issues and the finance spreadsheets. A new process was recommended and this has been actioned through finance.

Additional gaps in data were found when examining information from the Risk Enablement Groups, leading to additional resource pressures, and potential for errors. Additional compliance checks have been put in place – as described above – to mitigate these issues

Unforeseen events

It was noted that the ability to perform calculations around the RAS were limited to a single officer, and a risk was identified as a result. This has been mitigated through additional staff training and sharing of knowledge.

It was noted that electronic RAS spreadsheets were not protected. This has been addressed.

It was further noted that spreadsheets were only files in a personal network area. This has been addressed by placing electronically protected information on a shared drive.