1. INTRODUCTION

The Riverside Mental Health Trust covers a section of Central London with a population of approximately 280,000, drawn from a wide range of socioeconomic groups. The Substance Misuse Directorate of the Trust has expanded rapidly over the last 5 years due to central AIDS funding. It now employs 70 staff and provides a wide range of treatment modalities for drug and alcohol misusers, based in three sites.

The Service set up a standard and auditing group in 1991 to develop care standards and an audit mechanism. At first, the Group for Liaison on Auditing and Standards (GLAS) consisted mainly of nurses, but it developed as a multi-disciplinary group, with representation from all of the different units. Currently the group has nursing, managerial, medical, occupational therapy and behavioural therapy members.

The mission statement for GLAS is as follows:

GLAS was established for the purpose of bringing an auditing mechanism into the service, which engages all practitioners. Our philosophy of approach to Quality Assurance incorporates the following guiding principles:

1) We believe all practitioners should be directly involved in establishing quality.
2) We believe that quality assurance standards will directly impact consumers, and strive to include consumer input whenever possible.
3) We believe auditing to be a mechanism to change and improve our practice; it is not intended to be used in punitive manner.
4) We strive to maintain a multi-disciplinary approach to auditing and believe that a uniform system will advance practice and enhance the unity of our service.

GLAS chose to write standards which were felt relevant to staff, clients as well as purchasers. Some are based on the Patient’s Charter (DoH, 1991) and the Health of the Nation (DoH, 1992), others are based on issues more local to our Service, such as client involvement in research work. Several systems of standard writing were looked at; the group eventually decided on a modification of the Dynamic Standard Setting System (Kitson, 1989) based on structure, process and outcome statements. We currently have thirty service wide standards, as well as some...
which are site specific. We carried out a pilot audit in July 1993. Our results informed us that the 30 standards were generally realistic and relevant for the Service, although some refinement would be advantageous. The report highlighted a number of recommendations which we felt it was imperative to address prior to the formal audit.

Reliability and Validity of Audit Tool One major task was to refine the audit tool to make it a more valid and reliable instrument. Some of the standard statements, particularly relating to outcome were too nebulous to be effectively measured, and we identified an unsatisfactory level of inter-rater reliability between different auditors.

Consumer Involvement. The other principal recommendation was to ensure consumer involvement in the formal audit. Plans for a consumer survey were aborted shortly before the pilot, and we felt that an integral component was missing.

2. THE AUDIT

2.2 Aims of the Audit

1. To improve the quality of the care our Service provides to clients.
2. To involve the whole Service in the process of Quality Assurance and audit.
3. To provide an audit report for our clinical directorate, the Trust as a whole and our Purchasing authorities.
4. To improve the validity and reliability of the audit tool and produce it in a definitive form.

2.3 Methodology

Reviewing the Standards
GLAS reviewed each standard, taking into account the opinions of the various teams. We aimed to remove or rewrite ambiguous or unmeasurable statements. Our particular focus was to make the outcome statements measurable. The standard relating to medical review was altered the most, in line with the opinions of all the medical staff in the Service.

The Vision of a New Audit Tool
The pilot audit involved auditing 6 standards per site. Although it seemed daunting, we were committed to the opinion that auditing all standards at every site would produce more valid results. We decided to create a new audit tool that would encompass all the standards, provide a scoring mechanism on the same sheet and address some of our concerns about reliability and validity.

Creating The Audit Tool
This involved initially operationalising each standard statement into a question that could clearly be answered by a yes/no response. The next step was to collate these into four sections: statements that could be verified by direct observation,