Inside audit

Setting standards, auditing services against them, and using them to raise performance, are dominant themes in current drug treatment policy, reflecting the government's broader approach to public services.

Well before high profile initiatives such as the National Treatment Agency and Alcohol Concern and DrugScope's QuADS project, some local service networks had set up their own auditing systems. Among the best established is the South West Drug Services Audit Project. Set up in 1988 and now funded by a coalition of health authorities in the south west of England, it has already grappled with a process to which most drug and alcohol services may soon be subject.

Any assessment process is fraught with the potential for conflict. Without sensitive handling, drug service audits could become just another despised inspection whose judgements are implemented reluctantly and without commitment. In this respect, the Audit Project had a head start; auditing is managed and implemented by the services being audited, eliminating the us-and-them divide between inspectors and inspected. Relying on mutual support between existing services, the inspection superstructure is minimal – so too is the cost.

For would-be auditors, the Project has an important story to tell of how fears can be addressed, formality softened without compromising integrity, cooperation secured, influence exerted, relationships made, networks constructed and progress achieved (usually) without 'naming and shaming', hit squads or heavy handed tactics.

On the following pages the project's coordinator shares his experience with us and those who have audited projects and themselves been audited tell how it felt, the rewards, the obstacles, and how they'd do it differently if they could.

Featuring four frontline accounts from peer auditors and from services audited

Oiling wheels

The project's coordinator shares his experience of what it takes to make mutual assessment by drug services into an engine for improvement rather than a source of conflict.

by **Richard Elliott**

Coordinator, South West Drug Services Audit Project. The project is part of Avon and Western Wiltshire Mental Health Care NHS Trust's Specialist Drug and Alcohol Services

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DRUG & ALCOHOL FINDINGS

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Services which meet accepted quality standards can be expected not only to function ethically and efficiently but also to be capable of producing the desired outcomes. Auditing is one way to check quality and encourage its upkeep and improvement. Using the same basic procedure, services are audited against set criteria accepted as indicative of good practice.

Rather than setting up a special inspection unit, in peer audit the assessment is made by staff from the services subject to audit. Service managers readily grasp that if they get together and set their own standards and planned outcomes, they can avoid the confusion of multiple and incompatible systems imposed by people divorced from the practicalities of their work. Consensus among providers also offers funders a ready-made solution on which most will base their own specifications. Facilitating that consensus requires insight into the agencies and personalities involved.

Uniquely, the South West Project coordinates peer audit for both statutory and voluntary sector services. In the first audit round, 17 services participated from six health districts. The process starts and ends with the services themselves: they steer it on behalf of its health authority funders, provide the auditors, and are at the receiving end of the audits. At its heart are annual site visits by a team of three auditors drawn from participating agencies. During the visits staff are interviewed, records inspected, and observations made as the basis for a report on how far that service meets agreed standards.

First, set the standards

For us setting the standards was the first task. True to the spirit of the project, this was done collaboratively by the agencies to be assessed against those standards.

Participating agencies send a staff member to the Audit Group, the quarterly 'parliament' which organises and oversees the project. In relation to audit, each member has the authority to speak for their agency and take decisions on its behalf. The group agrees on standards to be assessed in the current round, the criteria for meeting each standard, and how services should be assessed against those criteria. Each year a different 'compulsory' standard is selected against which all services are assessed. Also compulsory is a review of how far each agency has implemented recommendations from the previous year's audit. Because different standards are relevant to different services which also have varying priorities, the other two standards are chosen by each agency in consultation with the Audit Coordinator.

Standards and criteria are selected to be relevant to practice and challenging but achievable. Regular reviews by the Audit Group ensure they remain so; the aim is to *improve* practice, not simply to judge it. Based on their experiences, peer auditors suggest amendments for agreement annually by the Audit Group. One example was the fine-tuning of the assessment standard.

Reasoning that all future work hinges on the initial assessment of the client's needs, the Audit Group adopted this as its first compulsory standard. Peer auditors soon realised that some advice and counselling services without prescribing responsibilities felt it was inappropriate to subject clients to a full physical, psychological and social assessment on their first appointment, especially since their contact with the service might amount to just one or two sessions of informal support. After extensive debate, the standard was divided into two. The original was renamed the 'Full Assessment' standard and applied to services which require extensive information in order to prescribe safely. A 'Brief Assessment' standard was then developed for non-prescribing services, based on the data required for the drug misuse database, enabling a short information-gathering exercise to serve both functions.[1]

Understand the context

Formally my role as Coordinator involves writing up and distributing the standards, arranging the visits, chairing and recording meetings, and ensuring trouble free, efficient audits followed by prompt, accurate and useful reports *The audit process* p. 29.

However, it takes more than formal mechanisms to turn the potentially prickly business of judging and being judged into a positive force for progress. I coordinate a process which judges the performance of about 300 people who are usually closely, often passionately, involved in their work. Good relationships are crucial. That means being friendly and informal most of the time, and making myself and the project useful to the staff and to their agencies.

Good relationships help with another important but difficult aspect of the role: keeping abreast of the factors affecting each agency's operational position – local politics, funding, staff shortages, threats to the agency's survival, management upheavals. An embittered colleague once likened audit to "going on to a battlefield after the fighting and bayoneting the wounded". To put the lie to that analogy, I need to know if an agency is in trouble so the audit can be handled sensitively and its findings set in context. Today such sensitivity is particularly important. Agencies from both sectors have recently undergone major transitions, partly intended to move people through treatment more quickly – one way to contain the 'cost per episode' bottom line which so interests commissioners.

The verdict – an open secret

Although each agency receives immediate feedback, the main feedback comes about a month after the visit in a report I write on behalf of the audit team. It documents the team's findings and recommendations for change, progress towards which will be audited the following year.

Though the agency can send (or not send) the report to whoever they wish, the Audit Project undertakes to keep it confidential. But here *realpolitik* takes over. The agency's commissioners or parent body usually know an audit has taken place. Many ask for copies of the report, perhaps because their contract with the agency requires that it complies with audit standards, or just to find out how the agency is doing. Any agency manager who refuses such a request had better have a good explanation.

All the Audit Project has to work with is peer pressure and persuasion. These levers are far from negligible, but interest from the purchasers ups the ante considerably, encouraging agencies to take audit far more seriously – sometimes to the point where managers lobby for amendments to reports. Recently a few commissioners have shown an interest in deciding for themselves which standards are to be audited in the agencies they commission. Involving themselves in setting the audit agenda is good way for the health authorities which fund the Audit Project to judge whether their investment is worthwhile.

All about improvement

The value of the project lies largely in how agencies respond to the audit report. Defensiveness is minimised by the fact that agencies have signed up to the standards against which they are audited, and that the auditors also have to face being audited. We know the project works because we assess the improvements when agencies are revisited. Often it's also been obvious to audit teams that an agency has tightened their practice in anticipation of the audit.

Initial assessment was the first standard against which all agencies were judged; how they responded was the project's first major test. Initially only two satisfied the standard's 12 criteria. Audit teams made recommendations to each agency on how to modify procedures to meet the standard. By the end of the third round all 17 had met the standard, demonstrating the commitment of the agencies and the effectiveness of the audit process. One result is that all clients are now routinely asked if they have access to satisfactory primary health care; it should have been happening anyway; audit ensured that it does.

It was a similar picture with respect to the remaining standards. Of 144 recommendations made during the first audit round, 90 had been implemented by the next audit. More time should see greater progress; in some cases, a year is not enough. For example, in a large statutory agency, turning the wheels needed to redesign and reprint assessment forms is no overnight task. Where some agencies just need an extra check box on client review forms, others need a whole new system.

Experience has shown that three topics plus the re-audit are the most that can be covered in a day, very partial. However, topics are selected to be important and to be indicative of the health of the agency as a whole. For example, auditing supervision by interviewing staff is a powerful tool for gaining insight into the agency's organisational health, and one which junior staff can exploit to bring issues to light in a way their managers will find hard to ignore, without necessarily triggering grievance procedures or involving unions. Once inside an agency, auditors very quickly get a feel for the place and its philosophy.

Not-so-incidental benefits

While standards achieved are the project's formal outcomes, much more is gained in the process. As well as recommendations

Golden Bullets

Essential practice points from this article

- Peer audit is a relatively **inexpensive** way to raise standards and improve the procedures which underpin good outcomes.
- The aim is not to pass or fail current practice but to **improve** it. If the system is clearly geared towards this objective it will be more acceptable to the participants and therefore more effective.
- This means being **sensitive** to staffing problems and operational factors affecting the agency being audited.
- Audit is a process **not a one-off inspection**. Well before the audit agencies should be helped to take steps to meet the standards against which they will be assessed, while monitoring and support after the audit helps them implement its recommendations.
- Audit works best when services opt to be assessed against standards which **stretch** and/or **challenge** their existing practice. A mandatory feature should be an assessment of progress towards meeting the previous year's recommendations.
- **Collateral benefits** for both auditors and audited agencies include staff development, the dissemination of good practice, and improved inter-agency and cross-sector understanding and cooperation.
- Outside the context of the audit process, coordinators of such systems can become a **local resource** for linking agencies and individuals who can learn from each other.
- Audit should seek the views of **junior staff** and **clients** as a means of picking up on issues not addressed by the management and to check the effectiveness of written procedures and policies.

FROM THE FRONT LINE

Difficult by design

by **Hazel Wright**

A community psychiatric nurse with experience as an auditor and as the audit link person at a statutory sector community drug team

Though it can be hard to sustain this vision, the key to profiting from audit is to keep in mind its primary purpose – not to assess practice, but to improve it. Services concerned above all to hide shortcomings see audit as an unwelcome inspection; services which embrace it as a vehicle for change get the most out of it. Even those which register full marks can still learn from the audit and from recommendations relating to met standards.

Being open to this kind of learning requires giving up exclusive power over your domain. It means accepting that yours is not the only way to do things and not necessarily the best, being prepared to share information, and having the courage to admit, "We don't do that well, we need to improve".

Getting to this point may not be easy. My team had negative experiences of audit as a paper exercise with little clinical impact. They took some convincing that the new peer system was going to be better. Now their enthusiasm and energy shows that they recognise the pay-offs. This is just as well, because being audited entails work beyond the routine, especially if you see it as vehicle for change. We chose to be assessed against standards which we knew it would be difficult for us to meet in order to stretch us and develop our work.

Services which embrace audit as a vehicle for change get the most out of it

However, nothing can hide the fact that audit day is not just another day. My experience was that staff felt free to say whatever they wished, but staff who care about their service are going to be protective towards it. Nevertheless, their comments, for example, on supervision led to some very penetrating recommendations.

Agencies are more likely to respond positively to being audited when (as they usually do) auditors recognise good practice, sensitively frame their recommendations, and present critical ones as a way forward rather than a failure verdict. We tried to adopt all the recommendations or at least to acknowledge the obstacles which would prevent us doing so in the near future. After all, they are just recommendations.

My experiences as a peer auditor have also been positive, bringing home to me how differently agencies can work yet still be effective. Most audits involved agencies and staff already known to me and who I came to know better. Often audits felt like a gathering of colleagues sharing skills, knowledge and expertise. Even agencies which failed standards had some excellent practices; I always returned charged with enthusiasm for a new practice or area of work.

Of course, there are limitations. Inevitably, the picture you get lacks depth and breadth. However, how the agency handles one important part of its work must reflect on its broader ethos and performance. Re-auditing whether recommendations have been implemented is important, but should be part of a stronger continuing support structure. Involving clients is important: we may feel less smug about our ticked boxes if we hear how it feels to the client. Peer auditors could do a better job if they had more information about the service beforehand as a context for the topics they will be assessing.

on meeting standards, teams provide 'all round' advice which agencies are free to accept or reject.

Auditors also make a point of identifying and recording any particularly good bits of practice. Feeding these back to staff at the end of the visit and in the report is a morale boost for workers who are more accustomed to criticism. Giving organised, referenced praise in writing also goes a long way towards encouraging participation in audit and smoothing ruffled feathers.

However, the confidentiality of the reports means these gems might remain within the agency rather than helping other services. To sidestep this constraint, all identified good practices are catalogued and appended to the standards in a document sent to all the services in the Audit Project and available to others on request. After the first audit round 113 instances of good practice were appended to the 1998 standards and the following year another 63 were added. This cumulating list serves as a directory of good practice sources. Any agency changing its procedures can use it contact other agencies which have already done this and done it well – a simple and inexpensive yet effective service improvement tool.

Peer audit naturally encourages networking directly between agencies, particularly at Audit Group meetings. But there is also a hub to our network in the form my post – one of only two tasked with maintaining contact with the region's non-residential drug services.[2] Audit coordinators are uniquely well placed to pass on the bright ideas and good practices they come across, and to spot links invisible from a less central location. For example, if a needle exchange is formulating a policy on under-16s, I may be able to put them in touch with other agencies who are or have recently been going through the same process. Frequent calls from drug workers asking things like 'Who's doing a lot of work with steroid users?' show they recognise and value this role.

Auditors benefit too

A shortage of volunteers to act as peer auditors is rare; after each visit, most ask to do another. This is partly because we do our best to make visits interesting and hassle free. Making sure they have maps and accommodation and will get home to pick up the kids is vital. Leaving little for them to self-organise also helps ensure smooth running. Many find the chance to see inside another service hard to resist. Peer audit provides a structure through which they can do so and ask virtually anything they like.

Staff who attend Audit Group meetings or conduct an audit both deserve and get a 'free lunch'. Their agencies also receive one in the form of staff training and agency development on the cheap. Managers send staff on audits to find out what to expect when their service is audited, to acquaint staff with how other agencies work, and to pick up new ideas and procedures to bring back home. For example, what he'd seen whilst auditing a non-statutory service enabled a nurse from a prescribing team to halve his assessment and monitoring paperwork.

Minimising exam stress

The prospect of being inspected can trigger some quite natural stress among staff, making audit a double-edged sword for their managers. It provides a

non-negotiable deadline with which to motivate staff to get everything working and tasks completed which might otherwise have dragged on – even ones which are nothing to do with the audit. On the other hand, most staff are already under pressure and many face the insecurity of annual funding cycles; adding to their stress is in nobody's interests.

During pilot audits we discovered two effective stress-reduction tactics. The first was telling staff well in advance about what's going to happen and why. Often weeks or months before the audit, I attend team meetings to explain the process and field questions. It helps too if staff know who will be on the audit team, so they need to be selected beforehand. Although it hasn't happened yet, this also gives the agency a chance to veto auditors with whom they have a potentially prejudicial relationship.

Secondly, it is very important to give staff verbal feedback at the end of the audit day so they are not left waiting in suspense for the report. It helps defuse tension, particularly if there are good things to say about their work, and gives the agency a chance to address criticisms by pointing out things which might have been missed.

In theory, handing out a full pack of documents on the agency before the visits would reduce the time spent on the day to setting the background and probing issues already dealt with in print. We tried this, but found nobody read the papers, which in any event had to be updated verbally on the day. It was far easier and just as effective for the agency to introduce themselves on the day.

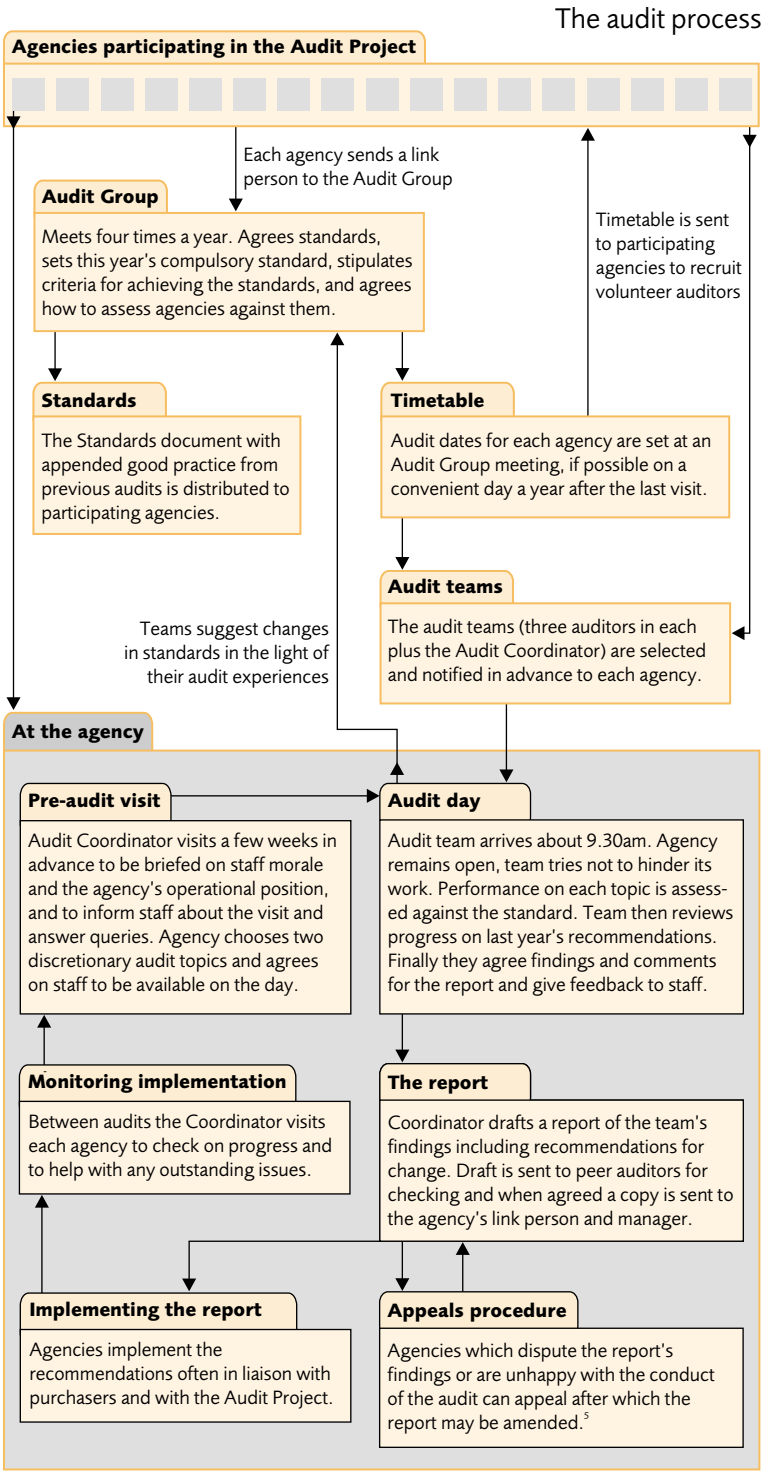
A well balanced team

Simple guidelines guide our selection of the three auditors. Choosing auditors from beyond the agency's health authority distances them from local issues. Though not always feasible, mixed-sex teams alleviate concerns over gender-based intimidation or misunderstandings.

Statutory services commonly have prescribing responsibilities and non-statutory services commonly do not, an important distinction. Two of the auditors have current or past experience of working in the same sector as the host agency, helping ensure that someone on the team is familiar with its philosophy, responsibilities and challenges. The third comes from the other sector, giving them a perspective as close as possible to the host agency's local partner (if they have one). As the Audit Coordinator, I attend all visits; it helps that (like many others) I have worked in both sectors. Managers who opt to use audit as a consultancy service sometimes request auditors with particular expertise.

In March 2000 we took the innovative step of appointing an auditor from a drug user group, one we have now repeated. Some services were anxious about extending teams to customers and potential customers, but in both cases the services and the auditors found it worked well *The first user group auditor* p. 31. Steps are now being taken to involve other drug user groups in setting and auditing standards. With no supervisory or professional structure to exert control, confidentiality is a concern, particularly when the topic entails examining client records. Often this can be avoided by examining other topics. Where it can't, we rely on user representatives to honour the confidentiality agreement that everyone signs at the start of the audit.

Within these constraints, recruitment of auditors is largely on a first-come basis. At the start of the audit round I fix audit dates and circulate the timetable. This is agreed at an Audit Group meeting, so staff who come to that meeting get first pick. Next in line are Audit Group members who couldn't make it to the meeting; they receive the list with the minutes. Remaining slots are filled by faxing all the services. At-



tending the region's drug workers' forum helps fill the few that are left and extends the opportunity to staff new to audit and those who have not seen the circulated lists.

It might seem natural to include purchasers, but for most drug services absorb just a small part of their budget – it's not worth their time. They expect to see the findings, not to conduct the audits. In any event, so many disparate authorities are involved that identifying a representative would be difficult, unless drug action team coordinators were involved – but then agencies would be even more likely to see audit as a lobbying opportunity.

No easy option

Concerns that a peer system will be too cosy are legitimate but in our experience unfounded. All but two agencies did not meet the first compulsory standard, an indication that the Audit Group had not opted for an easy life. Anyone who has taken part in an audit could bear witness to the tension often present and the inquisitorial nature of many of the questions. On several occasion I felt like I was trying to stop a pack of terriers tearing an agency apart; it's very easy to be too critical.

Many of the agencies are in competition for money; nobody is keen to let anyone else take a short cut. Being in the same game, they also know the same tricks. It is much harder to pull the wool over the eyes of your peers than, for example, NHS auditors who also audit bed sores, holiday vaccinations and waiting times for x-rays.

Admittedly, peer audit can be compromised by the need to maintain good relationships between the agencies and between the coordinator and the agencies. There have been times when reports could have been harsher, but that would have left me, as a person and as a drug worker, out in the cold; apart from audit days, I work virtually alone. This is where an independent inspection team may have the edge: they could support each other when push comes to shove. However, they would be less likely to be able to contextualise findings and could always be dismissed as ill-informed outsiders. In any event, being too harsh can do more harm than good. Value judgements are made during audits and in the reports, but at least they are based on the values of workers in the field in this region, not remote civil servants or psychiatrists from London.

Forward together?

In England the new National Treatment Agency will certainly affect audit projects such as ours, but how, and whether for good or ill, remains unclear. Jointly led by the Home Office and Department of Health, the agency will be given responsibility for setting national standards (to be in place by 2002) and for inspecting agencies against those standards.[3] What the standards will be and how they will be implemented, audited or accredited, has yet to be decided.

One option would be (where they exist) to replace local audit systems with a national inspection team, or perhaps instead to use teams from the Drugs Prevention Advisory Service's regional offices, safeguarding the Home Office's interests in crime reduction. Another option would be for the National Treatment Agency to commission local peer audit projects, especially when these are in place and working well. The first option would cost more and lose the direct and indirect benefits of local peer systems, the second would leave those systems vulnerable to local pressures.

There is a third option: the new agency could establish regional peer audit systems and employ local coordinators to run them. Coordinators would then be protected from local pressures by the support available from a national network of fellow coordinators. This option would retain the benefits of local peer audit yet locate these systems within a national regulatory framework. At the very least, agencies in the Audit Project will have been prepared by years of self-assessment and practice at providing evidence that they meet standards.

Whatever the system, the last four years have convinced me that as well as quality, we must assess *quantity* – not just how well services perform, but also how many people in need of those services actually receive them. The Audit Project can ensure

FROM THE FRONT LINE

Preparation and follow-up are key

by **Helen Cottee**

Audit link person at the Bristol Specialist Drug Service, a statutory sector service provided by an NHS Trust

Our service was among the first to join the Audit Project, a sign of our commitment to agreed standards of good practice across drug services and to monitoring them through audit. Still we viewed audit with some apprehension.

The first audit resulted in a useful report which identified many areas of good practice as well as making recommendations for change. For example, our initial assessment forms were seen as "basically good with some particularly useful features [but] often not used to their best advantage". Overall, the tone was positive.

For us audit is now more a year-long process rather than a one-off event

Next year's audit was less satisfactory. For us the main problem was how the assessment was fed back to staff. Usually the day ends with the Audit Coordinator conveying the findings to the assembled staff. For understandable reasons, on this occasion the task was consigned to one of his fellow auditors, and I was the only one there to hear their feedback. Its negativity over progress on implementing the previous year's recommendations overrode the positive comments made earlier and created considerable bad feeling, particularly since our purchasers had sight of the ensuing report.

From this unfortunate experience emerged a positive outcome. For us audit is now more a year-long process than a one-off event. Regular meetings with the Coordinator keep audit on the agency's agenda and promote a good working relationship. Staff see audit as an important team responsibility integral to everyday practice.

Preparation for the visit is vital to the smooth running of the day. Topics are agreed well in advance, and the standards make what's needed to achieve them very clear. Staff can be tasked with ensuring that the criteria for meeting these standards are worked on prior to the visit, and invited to be available on the day to receive feedback. In the follow-up phase it is important that the agency allocates sufficient time to discuss the audit's implications and the implementation of its recommendations. The Audit Coordinator visits half way through the cycle to check on and assist with implementation – better than waiting a year and then 'failing' again.

FROM THE FRONT LINE

Suspended for exposing bad practice – but it was worth it

The author (unnamed to preserve the anonymity of the agencies concerned) has acted both as an auditor and as an audit link person in a voluntary sector drug agency

Though personally uncomfortable, my experiences of audit illustrate the leverage peer auditors can exert to change dangerous practices and how junior staff can expose shortcomings within the framework of a system which can do something about them.

I was at the receiving end of audit whilst working at an agency where audit was valued, alive and integral to developments throughout the year as we worked towards the tension of the day itself. For me the tension was embodied in questions such as, 'How will my supervisor react to my feedback on the quality of supervision – and what will the consequences be for me?'

I was right to be apprehensive. A previously healthy agency had developed management problems, the context for my supervisor's aggressive and punitive reaction to the auditors' feedback on the quality of supervision, criticism clearly based on my comments. Soon I was suspended and the incident hastened my departure. But being able to speak to other professionals about my dissatisfaction, with a framework and clear standards to refer to, was very empowering. After I left, supervision was temporarily contracted out, a vast improvement. Whether those improvements are sustained, only time and re-audit will tell. I hope that, as with the initial audit, the results will be seen and understood by the management committee.

My last assignment as a peer auditor involved the assessment of a voluntary sector advice and counselling service. We were met with the familiar air of nervousness. Though reassured that the purpose was to agree on good practice and improve the quality of their work, the agency's manager was defensive, often claiming that criticised practices were 'under review'. Probably they were after our visit; I doubt they were beforehand.

But, after all, the aim WAS to stimulate change and the agency was to be reaudited the following year to check that the changes had been made. However, there was one shortcoming which could not be left for a year: client safety was being risked by an entirely inadequate initial assessment. There was no assessment of risk arising from the client's drug use (not even whether they injected) or from their sexual behaviour. Highlighting good risk assessment in needle exchanges and sharing our own agencies' practices helped rapidly improve the situation.

Being able to speak to other professionals about my dissatisfaction was very empowering

Invariably I returned from audits reminded of the good aspects of our own service, but also with a list of things we really had to attend to and ideas about how we might do so. This visit was no exception: I was impressed enough by their client follow-up procedures to suggest that my own agency consider them. Being teamed with a worker from a statutory agency was valuable for both of us.

Peer audit could be even better with more investment in familiarising staff with its history, purpose and process. Training agency staff, volunteers and chairs of management committees would help reduce anxiety and enhance process and outcomes, and give more staff the confidence to act as auditors. Perhaps a new standard on staff induction could stipulate attendance at a presentation on peer audit. To experience the changes first hand, at least one auditor from the previous round could be involved in reauditing the service.

But as it stands the project is already extremely valuable. I learnt an enormous amount from auditing and being audited and look forward to the next one – and, yes, I do expect to feel a little nervous.

that two comparable statutory services at opposite ends of the region are of a consistently high quality. It can do little about the fact that, due to disparities in resourcing relative to need, one admits new referrals in three days whilst the other has a waiting list of years.

The first step in this direction would be to agree standards. There are no agreed national standards for the minimum quantity of provision – such as the number of detox beds per district or of community psychiatric nurses with substance misuse training – a crucial omission given the national target to double the number of problem drug users in treatment by 2008.[4] It remains to be seen if the National Treatment Agency will grasp that particular nettle.

1 All but one non-prescribing agency elected to continue with the full assessment, but none are required to do so in order to meet the standard.

2 The other is the Drug Misuse Database Manager, also part of our Regional Drugs Advisory Service.

3 "National Treatment Agency." *SMAS Newsletter*: September 2000, p. 1

4 United Kingdom Anti-Drugs Co-ordinator. *Tackling drugs to build a better Britain. United Kingdom Anti-Drugs Co-ordinator's National Plan 2000/2001*. Cabinet Office, 2000.

5 Appeals go first to to the Coordinator. Failing resolution agencies can appeal to the Audit Group, then to the Audit Project's manager. If at any stage a complaint about the report is upheld the Audit Group drafts an amended report for approval. If a complaint about a member of the audit team is upheld, the manager of the Audit Project takes appropriate action. This may be to insist that the member writes to the complainant to apologise; in cases of serious misbehaviour the member's line manager would be informed in writing.

FROM THE FRONT LINE

The first user group auditor

by Corinne Webb

The author coordinates a drug user group and serves on the management committee of the National Drug Users Development Agency

Accepting the invitation to join an audit team was a natural extension to my role as an advocate on behalf of drug users. One way to ensure that drug services receive user feedback at least once a year is to give drug users and clients a prominent role in auditing those services: as any good retailer knows, customer reaction is the touchstone of quality.

The offer was a welcome opportunity to redress the under-representation of drug users' perceptions in the evaluation of projects and to use that perspective to improve services. Even users who have not been clients of the service can provide valuable insights into how it can be made more attractive, relevant and accessible. For example, I never became a drug service client partly because, when I needed help, I found that services were geared to the needs of opiate users.

No one knew what the reaction would be to my presence, but I felt respected by all those involved: the staff of the project being audited, fellow auditors, and the Audit Coordinator. There were some problems. On the day we received a less than complete picture of the service, partly because it was closed, and partly because the audit team did not schedule a meeting with service users. There was also the suspicion that the agency was trying to create a rosy picture. Despite this, I felt we helped it improve its services. It would be nice to know whether our comments were passed on to relevant staff, whether the paper work was changed, and the files updated; I hope they were.