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Supporting occupational health and wellbeing professionals

Occupational Health Audits

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Occupational Health Audits

Introduction

Audit is one of the key pillars of the clinical governance framework and an important quality assurance tool for improving and safeguarding the quality and safety of services. It is complementary to other improvement methodologies and is a useful way of learning about what is working well and where change is needed.

Audit is an opportunity to learn by recognising and sharing good practice, driving quality improvement, and enabling positive adjustments in the workplace for the employee and employer. It is an iterative process undertaken through stakeholder engagement, supporting an organisational culture of improvement.

Audit aims to provide assurance by measuring existing practice against evidence-based standards.

Occupational health (OH) is delivered in a range of settings, by different practitioners. There is a responsibility to ensure the quality of OH services delivered is maintained and improved. This document provides a high-level framework for all OH practitioners.

In summary, audit is intended to:

- Measure and improve the quality of a service, function or programme being delivered
- Identify whether the best standards (where appropriate) are being delivered
- Measure practice against explicit criteria and defined standards or guidance.

Purpose

The purpose of this audit framework is to support and encourage OH practitioners to manage risk, maintain compliance, and provide assurance through a systematic and prioritised approach to auditing.

Definitions

Audit is a systematic, independent and documented process for obtaining evidence and evaluating it objectively to determine the extent to which the audit criteria is fulfilled.[1]

Clinical audit is a quality improvement methodology that can deliver improved processes and outcomes for service users. Audit and feedback aim to improve care by reviewing clinical performance against explicit standards and directing action towards areas not meeting those standards.[2]

Quality audit is a systematic, independent examination and evaluation of an organisation's structure, processes and/or outcomes to determine whether it complies with defined quality standards, policies, procedures and regulations. The goal is to meet customer and regulatory requirements.

Audit programmes are the arrangements for a set of one or more audits planned for a specific time frame and directed towards a specific purpose.[3]

An *audit plan* is the description of the activities and arrangements for each audit.

Governance and Ethics

Equality

The process for determining the choice of audit must not discriminate against any groups, such as those based on race, disability, sex, age, sexual orientation, gender reassignment, religion and belief.

General Data Protection and Confidentiality

All audit activity must take account of confidentiality and the General Data Protection Regulation (GDPR) 2018 and guidance from the Faculty of Occupational Medicine (FOM).[4] This means that you should:

- Justify the purpose(s).
- Use the minimum necessary personal confidential data.
- Be aware of the responsibilities of everyone with access to personal confidential data.
- Comply with the law.

Information on use of data in audits should be contained within the privacy notice. This may have a dedicated section for justifying the purpose of the audit (e.g. quality improvement and compliance), who has access to data, and anonymisation of data within reports.

Ethics

Consideration should be given to the principles of ethics when conducting audits. Further information is available here.

Audit Programme

An effective audit programme should support the organisation's governance framework and align with its aims and objectives. The audit programme should also provide assurance against key risks, monitor performance, and improve quality.

Where there is no standardised process or practice, a baselining activity should be undertaken to map and measure the current practice. This may be included in the audit programme, with the expectation that an audit is undertaken once the standardised process is implemented.

The audit programme could include two categories of audit, namely external and internal audits.

External Audits

These audits are usually undertaken by an external body and often in support of accreditation, for example Safe Effective Quality Occupational Health Service (SEQOHS) standards and International Organization for Standardization (ISO) quality management system (QMS) 9001 and occupational health and safety management system 45001.

Below are some useful tips for audit preparation:

- Document library: create a consolidated document library with clear naming convention and version control for each document type, including policies, procedures and processes.
- Documentation to evidence compliance with audit requirements: such as clinical guidelines, employee records, QMS documents, training logs, risk assessments, incident reports, data protection and previous audits.

- Performance data: gather information such as clinical outcomes, quality key performance indicators (KPIs) and stakeholder feedback.
- Staff readiness: Brief staff on audit roles, assign liaisons, and consider a pre-audit. Ensure healthcare professionals are enabled to participate in clinical audits to satisfy the demands of their relevant professional bodies (for example, for revalidation and professional development).

Internal Audits

These audits are undertaken locally within the organisation, with reports generated internally. The following areas could help identify topics for internal audits:

- Risk registers and issue logs
- Lessons learnt from clinical/programme incidents, concerns and claims
- Service user feedback and experience
- Preparation for external audits – see External Audits above
- Research and development opportunities where an issue has been recognised which could be used to inform further improvement activity, for example in response to an external review or piece of work
- Areas of occupational health practice, such as record keeping, outcome reports, health surveillance delivery, and compliance with consent procedures
- Health and safety (to check compliance with current regulations)

An example of an annual audit programme is included below.

Quarter	Audit Focus Area	Timeline
Q1	SEQOHS accreditation (or similar external audit)	January – March
Q2	Service delivery	April – June
Q3	Record management and data security	July – September
Q4	Health surveillance programmes	October – December

Appendix 1 provides an overview of developing an audit programme and an example annual audit programme.

Prioritising audits

Compiling and prioritising an audit programme does not limit new audits from being added to the annual programme. The levels below may be useful in prioritising audits, based on the organisation's level of risk:

Priority level one: External audits

These are audits which are conducted by external bodies and reported externally – such as those required for accreditation schemes such as SEQOHS, ISO and Health and Safety Executive (HSE) – or where compliance needs to be demonstrated to required standards for UK national screening programmes.

Priority level two: Internal audits

Audits based on risk, cost, or high-profile topics. Examples include:

- Significant risk issues
- Serious incidents
- Claims
- Persistent/local concerns arising from trend analysis of complaints and/or incidents
- Service user feedback
- Service delivery, including KPIs.

Note: Internal audits will be required for external accreditation, and frequency should be determined locally.

Priority level three: Directorate/division/local level priority audits

There may be audits which are important at this level and arise from:

- Evidence of variation in practice
- Concerns and incidents (not considered high risk or serious)
- Audits undertaken as part of clinical speciality networks.

Priority level four: Staff member/team research and development opportunities

Audits proposed by staff for an improvement linked to training, research or development. The focus on making an improvement should still be central to these proposed audit projects.

Re-audits

When a re-audit is undertaken, the priority level and frequency should be reviewed and assigned accordingly. The priority level does not necessarily have to remain the same as that applied to the original audit. For example, an audit may have been undertaken that was a priority level one. However, the findings evidence significant variation in practice that presents a significant risk. Improvements are implemented, and a re-audit is undertaken at priority level two, as this is now addressing a high-risk concern.

An indication of the appropriate frequency of audits is shown below.[5]

Audit result and frequency	Audit score
1. Service delivery is not reaching expectation. Clinician standards to be urgently addressed. Action needs to be taken. Repeat audit in one month.	< 40%
2. Standards are below level expected, but targets set for improvement. Areas identified for further professional development. Repeat audit in one month.	40–55%
3. Average. Service delivery is acceptable, but areas identified where further professional development could raise standards further. Repeat audit in three months.	55–70%
4. Above average. Clinician is working to a high standard. Service provided should be very effective. Repeat audit in six months.	70–85%
5. Excellent. Clinician is working to a very high standard. Service delivery should exceed expectation. Repeat audit in six months.	85–100%

Audit Plan

It is good practice for organisations to have an audit plan in place which sets out the activities and arrangements for each audit. This is part of the wider audit programme, where one or more audits is planned for a specific time.

The following should be considered when creating the audit plan:[3]

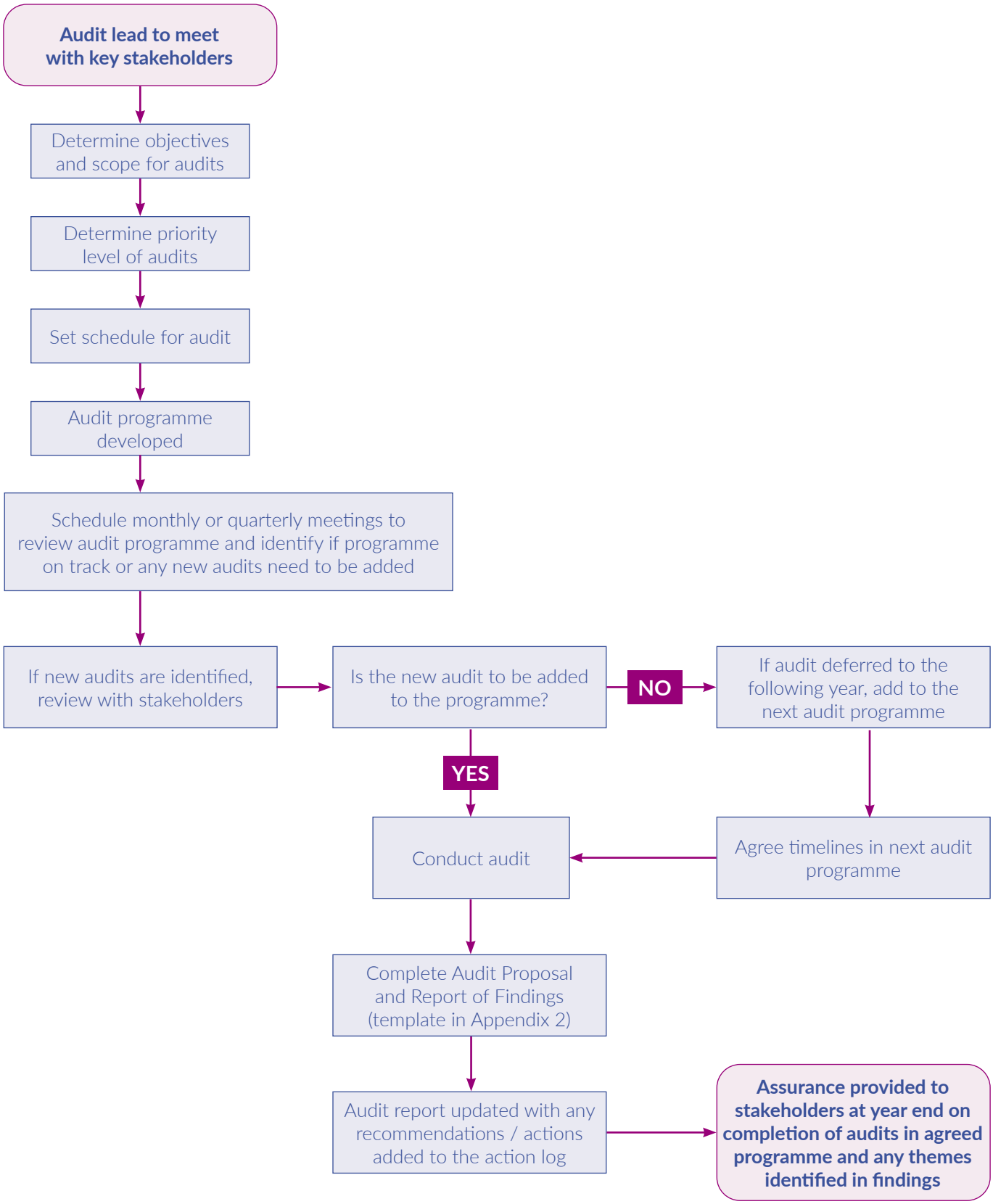
1. What are the **objectives** for each audit? What will the audit achieve?
2. **Scope** of the audit: what will be audited and what is the topic of the audit? This can include new processes, those that haven't been updated, previous non-conformances, or a new service or tool. Gather information from risk areas into similar themes.
3. Identify **roles and responsibilities** as part of the scoping exercise, including the audit team and key stakeholders, such as who the audit report will be submitted to.
4. **Frequency**: how often will they take place? Set target dates and times, and audit logistics such as resources and rooms to be used.
5. Determine **audit criteria**: this should be based on the identified audit topic and set against best practice/minimum standards.
6. Please see *Resource List* (page 10) for further information on audit criteria.

The following should be considered when developing the audit plan:

- ***Impact on service delivery and risk reduction:*** Is the audit being undertaken on subjects that will benefit the delivery of services, programmes or functions and improve quality and/or address risk?
- ***Use of evidence-based quality measures:*** Does the audit routinely include specific measures of quality, i.e. standards, criteria or indicators? Do they refer to current evidence where evidence is likely to exist?
- ***Transparency and reliability of data collection:*** Would the data collection and collation process be transparent and produce reliable data that the wider team would be willing to act on?
- ***Value for time and effort invested:*** Would the audit be worth the time and effort taken to carry it out?
- ***Potential for practice improvement and change management:*** Would the audit carried out lead to improvements in practice? If not, what barriers to implementing change should be considered?
- ***Confirmation of good practice or additional value:*** Would the audit confirm good practice or serve any other important purpose?
- ***Repeatability for measuring improvement over time:*** Could the data collection be routinely and quickly repeated to see if an improvement has been made?

Undertaking an Audit

Figure 1 (below) outlines the overall process for developing an audit programme. *Appendix 2* provides an overview of creating an audit. *Appendix 3* outlines an audit proposal, a report of findings and recommendations, and an action plan, with suggested templates.



Reporting and Review Process

Findings from the audit/s should be formally reported to the agreed stakeholders, with progress against actions reviewed on a determined basis. Any audit at risk of not being completed in the agreed timeframe should formally be reported, including the rationale for non-completion. An example of an audit report is included in *Appendix 3*.

One of the main purposes of an audit is to drive quality improvement. Where the results of an audit indicate sub-optimal practice or an improvement opportunity, a draft action plan should be produced by the person responsible for the audit. This plan should be specific and measurable, with identified leads and a realistic timescale for each action. Progress against actions should be monitored and reported to locally agreed timescales.

The audit is not considered complete until evidence shows compliance with standards and any actions have been closed out. This evidence should be obtained by a second round of data collection so that comparative data from both rounds can be included in the audit findings section above.[6]

Sharing Learning from Audits

Where possible, share the learning from audits with stakeholders and colleagues to promote collaborative discussion and engagement in quality improvement culture.

Learning points could include:

- Audit methodology
- How change was implemented
- Evidence of compliance with recommendations for change
- Impact on care/clinical outcomes
- Impact on service delivery
- Challenges and how they were overcome.

Training

Staff conducting audits should keep their knowledge and skills up to date, taking part in appropriate and regular learning and professional development activities that aim to maintain and develop their competence and improve performance.

This will raise the profile of the audit and build capability and capacity, thus acting as a contributory driver for quality improvement.

Resources

Prioritisation of audits

Some may find that the below standards apply to them:

England: The Care Quality Commission's assessment framework is made up of five key questions asking if services are safe, effective, caring, responsive to people's needs and well led: https://www.cqc.org.uk/guidance-regulation/providers/assessment/single-assessment-framework

Scotland: the Health and Social Care Standards, which came into effect in 2018: https://www.nhsinform.scot/care-support-and-rights/health-rights/health-and-social-care-standards/health-and-social-care-standards

Wales: Health and Care Quality Standards 2023 reporting where further improvement could be made (i.e. a score of 4 or 5). This may be specific to those working in Wales, as this applies to Welsh ministers and their health functions, such as NHS health boards and Trusts and special health authorities that operate on a "Wales only basis". See page 14 of the guidance: https://www.gov.wales/sites/default/files/publications/2023-04/duty-of-quality-statutory-guidance-2023_0.pdf This is not applicable to social care.

Audit criteria

The below may be useful when determining audit criteria:

- Principles for Best Practice in Clinical Audit by NICE
- Clinical Audit – Statutory and Mandatory Requirements by HQIP
- Best practice in clinical audit by HQIP
- Audit and service improvement by NICE

Acknowledgements

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Appendix 1: Example Annual Audit Programme for an Occupational Health Service

Internal Audit

Audit is an important mechanism for providing assurance in the provision of safe effective care for those who use OH services. It is also a useful way of learning about what is working well and not so well.

Example Annual Audit Programme for Occupational Health Service

This is an example of an annual programme which can be tailored to the organisation's needs.

1. Introduction

The annual audit programme is to help ensure the Occupational Health Service (OHS) adheres to best practices, complies with legislative and regulatory requirements, and facilitates continuous improvement. This document outlines the scope, objectives, schedule and methodology for audits to be conducted throughout the year.

2. Objectives

The primary objectives of the annual audit programme are to (for example):

- Identify priority levels of audits
- Develop a programme of audits for the year – this may include topics, frequency, stakeholders to consult
- Demonstrate compliance with stakeholders
- Demonstrate commitment to quality improvement
- Monitor implementation of recommendations from previous audits.

3. Audit Scope

The scope of the audits could include the following key areas:

1. Legislative and Regulatory Compliance:

- Compliance with local, national and international occupational health laws and standards
- Adherence to industry-specific health and safety regulations

2. Operation and Service Delivery:

- KPIs
- Supplier management
- Facilities and equipment

3. Policy and Procedure Review:

- Evaluation of existing policies and procedures for occupational health
- Verification of policy implementation and staff adherence

4. Health Surveillance Programme/s:

5. Record Management:

- Review of medical and health records for accuracy, confidentiality and compliance with data protection laws

6. Training and Awareness:

- Evaluation of staff awareness and participation in training programmes related to occupational health

4. Audit Schedule

The following schedule outlines the proposed audits for the year:

Quarter	*Audit Focus Area*	*Timeline*
Q1	SEQOHS accreditation (or similar external audit)	Jan – Mar
Q2	Operation and service delivery	April – June
Q3	Record management	July – Sept
Q4	Health surveillance programme/s	Oct – Dec

5. Audit Methodology

Planning: Define the audit objectives, scope and criteria. Communicate with stakeholders and prepare the audit plan, based on defined standards.

Fieldwork: Conduct interviews, review documents, observe practices and collect evidence, including data.

Analysis: Analyse findings to identify non-compliance, risks, and areas for improvement.

Reporting: Prepare audit reports, including findings, recommendations and action plans. Include stakeholders as part of the reporting process.

Follow-up: Monitor the implementation of corrective actions and evaluate their effectiveness. Plan a re-audit if required.

Appendix 2: Example Annual Audit Plan for an Occupational Health Service

Guidelines for Creating an Audit

When writing an audit, a clinician should ensure it is clear, focused, and relevant to improving care and service delivery.

The following guidelines help structure an effective audit:

1. *Define the aim and objectives*
    a. Clearly state the purpose of the audit.
    b. Specify what aspect of the OH service is being evaluated, for example health surveillance or record keeping.
2. *Identify the standards and criteria*
    a. Base standards on evidence-based guidelines (e.g. NICE, Royal College guidelines).
    b. Define measurable criteria that reflect best practice.
3. *Determine the data collection methods*
    a. Specify the data sources (e.g. employee records, electronic health records, surveys).
    b. Define the sample size and selection method.
        i. Sample size must be carefully considered to ensure the results are representative of the population. A sample size calculator, such as this one from Clinical Audit Support Centre, can be used to identify the sample size required for the population size and the degree of confidence required in the result. A level of confidence is often set at 95%, with a margin of error of 5%.
        ii. SEQOHS advise that if a recognised sampling method (e.g. ISO or a statistical approach) is used, this is sufficient. If not, aim to audit at least 10% of medical records from employees seen during the audit period, selected randomly. This applies only to records reviewed during the audit period, not all clinical records held.

            Example: For a service managing 5,000 employees, if 500 were seen in one quarter, audit at least 50 records. Up to six errors may be acceptable.
    c. Identify how the data will be collected: try to ensure consistent collection.
    d. Microsoft Forms is a useful online tool to collect data.
4. *Create the audit template*
    a. Develop customised templates for your practice. Generic templates may not accurately reflect your processes, leading to less meaningful outcomes.
    b. Examples of templates are included below (e.g. management referral reports and respiratory health surveillance).

Audit – Management Referral Reports

Case note number		Site	

DO NOT INCLUDE ANY EMPLOYEE OR ORGANISATION IDENTIFIABLE DATA

Date of referral		Date of consultation	
Date of report		Is it a first report?	Yes ☐ No ☐
Was the report copied to the employee?	Yes ☐ No ☐	Is it a follow-up report?	Yes ☐ No ☐
Nature of original referral	Management ☐ Self ☐ Other		

Audit point			Yes	No	N/a
1.	Employee information	a) Name			
		b) Address			
		c) Date of birth			
		d) Job title / Occupation			
2.	Has sufficient information been provided by the referring manager?				
3.	Consent: Has consent been obtained to be referred to the service?				
4.	Consent: Has consent been received for release of report back to the referring manager?				
5.	Indication of current health situation				
6.	Evidence of objective assessment that has informed decision-making (i.e. is there separation of employee perception and clinical opinion?)				
7.	Indication of whether at work/off work				
8.	Treatment received or planned				
9.	Prognosis – indication of timescales for further recovery/level of ability				
10.	Statement of fitness for work				
11.	Indication of likely return to work date				
12.	Advice on adjustments/phased return, with a comment on the manager accommodating				

13.	Signposting: Has appropriate signposting been provided to the referring manager?			
14.	Signposting: Has appropriate signposting been provided to the referring employee?			
15.	Equality Act mentioned			
16.	Specific questions answered			
17.	Has clarity been provided on next steps (e.g. referral closed)?			
18.	Format of report – is the report professionally written and easy to read (e.g. correct spelling, grammar, use of pronouns)?			
Summary, conclusions and further action recommended by the person undertaking the audit				

Signed: **Name:** **Date:**

Audit – Respiratory Health Surveillance

Case note number		Site	

DO NOT INCLUDE ANY EMPLOYEE OR ORGANISATION IDENTIFIABLE DATA

Date of referral		Date of consultation	
Date of report		Is it a first report?	Yes ☐ No ☐
Was the report copied to the employee?	Yes ☐ No ☐	Is it a follow-up report?	Yes ☐ No ☐

Audit point			Yes	No	N/a
1.	Employee information	a) Name			
		b) Address			
		c) Date of birth			
		d) Job title / Occupation			
2.	Has a general medical history been obtained?				
3.	Has a specific medical history been obtained on respiratory symptoms?				
4.	Has the smoking/vaping section been completed?				
5.	Has workplace hazard exposure been captured?				
6.	Has personal protection equipment (PPE) been detailed?				
7.	Has pre-test criteria been checked prior to conducting spirometry to ensure no contraindications?				
8.	Has equipment calibration been undertaken?				
9.	Have height and age been documented?				
10.	Has the spirometry result been documented?				
11.	Has the outcome and advice section (spirometry) been completed?				
12.	Has the review date been given?				
13.	Does the spirometry result have the name and date of birth completed?				
14.	Has the spirometry result been assessed correctly?				
15.	Has the skin section been completed?				

16.	Has the skin assessment been indicated?			
17.	Has skin care been noted?			
18.	Has the outcome and advice section (skin) been completed?			
19.	Is the review date given (skin)?			
20.	Has the nose and eyes section been completed?			
21.	Has the outcome and advice section (nose and eyes) been completed?			
22.	Has the referral section been completed?			
23.	Are the signature and the name of the clinician included?			
24.	Has the report been dated correctly?			
25.	Is there an absence of abbreviations?			
26	Is it concise and legible?			
27.	Are black ink/errors crossed out and initialled?			
28.	Has the report been written in the correct format?			
29.	Is the letter to the GP in the correct format?			

This audit is designed to help staff undertaking respiratory health surveillance improve their practice. Feedback from the audit and any trends identified may suggest a need for change to individual practice.

Is it necessary for the individual to receive mentoring/clinical support or any additional training? Yes ☐ No ☐

If yes, please detail below:

Summary, conclusions and further action recommended by the person undertaking the audit

Signed: **Name:** **Date:**

Appendix 3: Audit Template
This should be tailored to the organisation's needs

Audit title:	

Audit proposal and report of findings

Directorate (optional):		Division (optional):		Programme / team (optional):	

Audit lead:	
Audit project team:	
Audit reference number:	
Agreed distribution list for audit report:	

Section A: Audit Proposal			
1.	Timescale	a) Proposed start date:	
		b) Timescale for data collection:	
		c) Timescale for data analysis:	
		d) Proposed deadline for final report:	
2.	Rationale for the audit (*why*)		
	Provide a summary of why the audit is to be undertaken and what you wish to achieve. If this is a re-audit, please include details of the previous audit(s) and what improvements have been made. Is this a re-audit? Yes ☐ No ☐ *If yes, include details of previous audit*		

3.	Priority level
	Please select one: ☐ Priority level one: External audits ☐ Priority level two: Internal audits ☐ Priority level three: Directorate/division/local level priority audits ☐ Priority level four: Staff member/team research and development opportunities
4.	Standard being measured against (*what*)
	What agreed best practice/standard are you measuring against, e.g. NICE guidance, national guidance, local standard operating procedure (SOP)?
5.	Methodology (*how*)
	Outline areas to be audited, such as health surveillance records, the total sample size, and the period from which the sample has been selected. Consider the method of how you will gather, record and analyse your data.

Section B: Audit Results

6. Findings

This could include:

- *The audit criteria being measured: these are statements that are used to measure your identified standard. These form the basis of your audit tool and will come from your selected standard, e.g. evidence of consent received from all employees at appropriate touchpoints.*
- *Number of cases measured for each criteria, shown as N=x.*
- *Exceptions: note any exceptions to the criteria (not always applicable).*
- *Compliance: number and percentage of cases audited that were compliant.*
- *Re-audit: if this is a re-audit, include the previous findings as a comparison.*

The table below can be used to display your findings. You may also wish to use charts.

Criteria (examples)	Compliance		Exceptions	Previous audit results (if re-audit) 2023–24	
	No.	%		No.	%
All employees provide consent to be referred to the OH service	120	96	N/A	105	84
All employees provide consent to proceed with their OH assessment	120	96	N/A	105	84
All employees provide consent to have their report released	120	96	N/A	105	84

7. Evaluation and discussion

Review audit objectives and determine whether these have been met. What overall observations can be drawn from your findings? Detail any key themes arising from the audit process, in terms of good practice and areas for improvement. You may wish to consider using root cause analysis during discussion with your stakeholders to identify specific areas for improvement.

If this is a re-audit, have the implemented changes made a demonstrable improvement?

8. Recommendations

If there was any non-compliance identified in your findings, it is expected that actions will be taken to implement change, with the intention of bringing about improvement to meet the standard/s.

Please outline these recommendations and actions to be taken in Section C.

Section C: Recommendations

Audit Title:	
Audit reference number:	
Action plan lead:	

Recommendations *Consider root cause analysis to inform recommendations*	**Action required**	**Action by date**	**Action by person (initials)**	**Comments/action status** *(Provide examples of action in progress, changes in practices, problems encountered in facilitating change, reasons why recommendations have not been actioned, etc.)*
1.				
2.				
3.				
4.				
5.				
6.				

Plan the re-audit

Set a timescale for a re-audit (not before changes have been made). The re-audit should use the same design as the audit, but you only need to re-audit standards where changes have been made (unless the changes may have affected other standards).

When completed, write up the details of the re-audit in the same manner.

References

1. British Standards Institution. (2015). BS EN ISO 9000:2015 Quality management systems. Fundamentals and vocabulary.

2. Healthcare Quality Improvement Partnership. (2020). Best practice in clinical audit.

3. British Standards Institution. (2018). BS EN ISO 19011:2018 Guidelines for auditing management systems.

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5. Wendy Ladd. (2020) SEQOHS Stage A training.

6. Healthcare Quality Improvement Partnership. (2016). Documenting local clinical audit: A guide to reporting and recording.

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