



HEALTHBRIDGE OCCUPATIONAL HEALTH CLINICAL GOVERNANCE POLICY

1. PURPOSE

To ensure:

- Safe, effective, patient-centered** occupational health (OH) services.
- Continuous quality improvement** through audits, feedback, and risk management.
- Compliance** with legal/professional standards (GMC, UK GDPR-Data protection Act 2018, ISO 45003, Equality Act 2010).

2. SCOPE

Covers all **clinical activities**, including:

- Remote/in-person OH assessments.
- Report writing and employer advice.
- Data handling and record-keeping.

3. GOVERNANCE FRAMEWORK

3.1 KEY PILLARS

Pillar	Actions
Patient Safety	Incident reporting, risk assessments, safeguarding protocols.
Clinical Effectiveness	Evidence-based guidelines, peer reviews, audit cycles.
Data Integrity	Secure records, GDPR compliance, audit trails.
Staff Competency	Annual appraisals, CPD, mandatory training.



Pillar	Actions
Complaint Handling	Transparent process, root-cause analysis.

4. ROLES AND RESPONSIBILITIES

Role	Duties
Clinical Lead	Oversees governance, chairs quarterly reviews.
OH Practitioners	Follow protocols, report incidents, complete audits.
Data Protection Officer	Ensures GDPR compliance, manages breaches.
Administrative Staff	Secure data handling, log complaints.

5. QUALITY ASSURANCE MECHANISMS

5.1 AUDITS

- Monthly:** 10% random case note reviews (accuracy, GDPR compliance).
- Quarterly:** Referral-to-report turnaround time audits.
- Annual:** Full clinical audit against **FOM standards**.

5.2 PEER REVIEW

Blinded peer feedback on 5% of reports (consistency/clarity checks).

5.3 EMPLOYER/EMPLOYEE FEEDBACK

Surveys post-consultation (Net Promoter Score + free-text comments).



6. RISK MANAGEMENT

6.1 INCIDENT REPORTING

Tier	Definition	Response Timeline	Reporting Pathway
Tier 1	Minor (e.g., report delays, typos)	Resolved within 5 days	Logged internally (e.g., SharePoint).
Tier 2	Moderate (e.g., consent disputes)	Investigated within 48h	Escalate to Clinical Lead.
Tier 3	Major (e.g., data breach, misdiagnosis)	Reported within 72h	ICO/GMC notified; root-cause analysis.

Process:

- Staff complete the *Incident Report Form* (Appendix A) for **all tiers**.
- Tier 3 triggers a **quarterly governance review** to prevent recurrence.

6.2 RISK REGISTER

Risk	Mitigation	Owner
Misinterpreted OH advice	Standard disclaimer: "Employers must contextualise recommendations."	Clinical Lead
Remote tech failures	Backup phone consultations + encrypted email follow-ups.	IT Manager
Practitioner burnout (ISO 45003)	Monthly well-being check-ins; workload caps (max 4 assessments/day).	HR Director
Data breach	Mandatory GDPR training; pseudo-anonymisation for case studies.	Data Protection Officer



7. EDUCATION AND TRAINING

- Mandatory annual training:** GDPR, safeguarding, Equality Act 2010.
 - CPD:** Minimum 50 hours/year (FOM conferences, e-learning).
 - Induction:** New staff shadow 5 assessments before solo work.
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8. POLICY REVIEW

- Annual** formal review.
- Ad-hoc updates** after regulatory changes (e.g., new GMC guidance).

9. VERSION CONTROL

Version	Date	Changes Made	Approved By
1.0	30/07/2025	Initial policy draft.	Dr. James Stanley
1.1	[DD/MM/YYYY]		

Approved by: Dr. James Stanley

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