

# THE MANAGEMENT OF OUTPATIENT STAFF LEAVE

January 2014

*Outpatient Services Performance Improvement Programme*

**Guidance**

**007**

1. In order to reduce inconvenience to patients and capacity lost due to short-notice cancellation/reduction of clinics, a minimum of six (6) weeks' notice in writing of planned leave/absence must be given to the clinical director/clinical lead and outpatient management.
2. The only acceptable reason for a clinic to be cancelled/reduced at short notice is due to the unplanned absence of medical staff or lead clinical staff (i.e. AHP, Nurse Specialist). It is expected that this can only result from sickness, carer's leave, or compassionate leave. Clinics should not be cancelled/reduced for any other purpose unless there are exceptional circumstances.
3. Senior and junior medical staff, allied health, nursing and administrative staff are also required to provide six (6) weeks' notice of leave. It is the consultant's/lead clinician's responsibility to ensure their senior and junior staff are aware of this requirement.
4. Only receipt of written notification to the clinical director/clinical lead and management will trigger administrative actions such as cancellation or rescheduling of individual patients or full clinic lists.
5. Urgent patients whose appointments are postponed/cancelled or rescheduled due to clinic reduction/cancellation are to be appointed and seen within one (1) week.
6. Routine patients whose appointments are postponed/cancelled or rescheduled due to clinic reduction/cancellation are to be appointed and seen within three (3) weeks of the original date.
7. Monthly reports on the number of reduced/cancelled clinics (including the number of patients cancelled) as a result of unapproved leave should be produced and actions taken where necessary.