

Standard Operating Procedure

SOP ID	General Surgery Reconfiguration – Ring-fencing the GI Surgical bed-base
Version	DRAFT 0.2
Title	Ring-fencing the 5 th Floor for General Surgery Patients
Issued by	Divisional Director – Surgery
Date Issued	TBC once finalised
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Directorate	Surgical

1. Introduction

GI Surgery is an overarching term for upper gastrointestinal (UGI) surgery and colorectal surgery, for both planned and emergency patients.

This SOP is based on a proposed service model (which is subject to public consultation) and consists of:

- Emergency GI Surgery and complex planned GI surgery centralised at GRH.
- Increased provision of day case upper GI and colorectal surgery at CGH.

In order for GRH to absorb the additional planned and emergency work, the existing bed-base for GI Surgery needs to be protected (ring-fenced).

2. Responsibility

It is the responsibility of all staff including the Site Team, Nursing, Medical and Allied Health Professionals to follow this SOP in accordance with the Trust Escalation Policy and Corporate Strategy.

3. Ring-fencing of the GI Bed-base

There are currently 51 GI Surgery beds on the GRH site, on the 5th floor of the Tower Block. Bed modelling has demonstrated that in order for GRH to accommodate existing and additional planned and emergency patients, all of the current beds are required to be available to GI Surgery patients only, **at all times, unless authorised by COO or Gold on call (overnight).**

The breaching of the ring-fenced environment should be as a last resort and typically would occur in scenarios of internal incident. The safety of all patients is the primary concern and should a breach of the ring-fenced environment occur, this will be managed through clinical review of suitable patients.

4. Impact on other surgical and medical specialties

By ring-fencing the GI Surgery beds, the impact on other specialties that are currently 'outlying' into these beds is anticipated to be.....

Awaiting analysis from Sarah Hammond