

I'm not telling you anything you don't already know when I say that our biggest challenge over the last two weeks has been keeping up with demand in the face of Norovirus.

When we have cases of this highly contagious infection on our wards it means we can't admit new patients to that ward – to protect them and to try and prevent any further spread. And so, at any one time recently, we've had beds out of action in both surgery and medicine totalling up to three-wards worth. We've had to move the Discharge Lounge's location on more than one occasion; and it's been a daily test for all our teams to keep services up and running.

I know that I'm prone to repeating myself in these briefings when I comment about the way staff pull together when there's a problem to resolve. Although I absolutely make no apology for mentioning it again this week. All our teams (I don't want to risk leaving anyone out by listing them) – whether they are clinical or a support service - have worked in collaboration to do the best for our patients.

One other thing Norovirus has driven us to do this week, after much debate, is reduce our hospital's visiting hours - down to two, two-hour slots (2-4pm and 6-8pm). This helps to lessen all but essential 'footfall' going in and out of our wards all day, gives staff more time to clean, more time to care for patients affected by the illness and more time to do everything possible to stop the infection in its tracks. We are fortunate to have had support from relatives and our local community, although some people didn't know – not everyone follows social media, uses the website or reads/listens to local news. A first ask from me this week would be to make sure you're talking to patients and their relatives about the new times, why we've made this difficult decision and how their help will enable us to 'get back to normal' as quickly as we can.

My second ask is that all of us – and I mean ALL of us – illustrate that we practice what we preach. There has been some feedback from the public that they don't feel our staff always clean their hands like we tell them to. So please illustrate scrupulous hand hygiene at all times as you move about the hospital. Wash and gel hands when you should – make sure people see you and encourage visitors and patients to do the same. We've told our patients and their relatives and carers that they SHOULD ASK staff if they've washed their hands if they're unsure. We can also challenge each other – not in a critical way, but to remind all of us that we all have a part to play in keeping ourselves and our patients safe in hospital.

So what does activity look like as a result of all this? Well, we have no medical outliers at present, although this is down to the fact that emergency surgical and trauma cases have risen sharply. We have had to postpone a small number of our routine orthopedic operations, which is something we've tried to avoid this winter. Overall we continue to be a hospital in high-demand, with patients admitted because they're really poorly with a variety of conditions.

Finally this week I wanted to say how much all of us on the Board of Directors appreciate how difficult it is to be resilient day after day, coping not only with the extra work Norovirus brings, but also working in areas of the hospital you may not necessarily be familiar with to help to fill-in where there's staff sickness (we're not always immune to Norovirus and other illnesses either at this time of year) and doing your absolute best to maintain the high-standard of care and services you all strive to provide. Remember, if you need support, or you're concerned about a situation, please speak up, either through your own line manager, me and the other executive directors, or our Freedom to Speak Up Guardian, Jenni Fellows. As I said earlier in this briefing keeping you safe – and well – is as important as doing the same for our patients and the best thing we can do right now is continue to look after each other.

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