Princess Eugenie
SCIC expansion opens

Pain management programme
Jenny’s story

Neurophysiology
Lisa explains all
So, as we race into Autumn, we look back on a year full of activity across the Trust. Most notably, the Stanmore redevelopment programme has made vast strides and we can now see the distinct shape of the new inpatient ward block. This time last year, it was a big hole in the ground and this time next year, it will be ready to take its first patients. You’ll be seeing the external brickwork, cladding and the main atrium glass being fitted in the coming weeks as we run up to Christmas. Our thanks go out to the contractors and the RNOH Redevelopment Team for their superb work in keeping the project on schedule – and to budget! On the page opposite you’ll see we passed a major milestone in late June with the ‘topping out’ ceremony. More details on the redevelopment can be found on pages 16-17 in this issue.

Summer also saw our annual RNOH Charity Buttercup Walk. This year it was rain free, which was a bonus! Even better was the turn out and the money raised that goes to help fund additional facilities and services for our patients. The Buttercup Walk took place alongside all the other feverish fundraising that has been going on from patients, staff and supporters alike. We’re eternally grateful. Read more about fundraising on pages 18-23.

One major project that received a massive boost from the RNOH Charity and fundraisers was the expansion of the Spinal Cord Injury Centre, opened by the Patron of the RNOH Charity, HRH Princes Eugenie of York. Over £400,000 was raised via our innovative online crowdfunding Make It Possible campaign. This has enabled us to expand provision of much-needed specialist rehabilitation to complex and seriously injured patients. Thanks to all who donated.

Reflexions is all about you, our patients. We could not produce this magazine without you. In this issue we have some great content from patients including a detailed insight into our residential pain management and rehabilitation programme. Written by blogger Jenny Coles, it gives us a privileged look into her condition and how she copes with the help of RNOH staff. Another patient, Emily Fishman, writes about the impact scoliosis has had on her life and how, despite it, she has manged to gain a place at Cambridge University. These and other patient stories inspire and motivate us every day to provide the very best care we can. Thank you for sharing them with us.

As ever, the RNOH volunteers continue to do sterling work across the trust. The buggy service goes from strength to strength and as of mid-September they have carried an astonishing 22,000 passengers since starting in July 2016. Our thanks go out to the drivers and all the volunteers. If you’re able to spare any time, please sign up and lend a hand to their valuable work.

Finally, our annual Staff Achievement Awards are taking place. It’s our opportunity to say thank you to our staff and you can be part of that by voting in the Patient Choice Award. Details are on page 39.

Best wishes,

Rob Hurd, Chief Executive
Everything is tip top.

A major milestone in the construction of the new inpatient ward block was reached last month when the ‘topping out’ ceremony took place. Traditionally, topping out is a builders’ rite held when the last beam (or its equivalent) is placed atop a structure during its construction. It can trace its roots way back to ancient Scandinavia – a time before IKEA.

Despite the damp conditions, everyone donned their best Bob the Builder gear and made their way to the roof to hear from Prof Tim Briggs and Trust Chair Prof Tony Goldstone before laying a few bricks themselves. It’s good to know that if a career in medicine doesn’t work out, they have trade to fall back on. Our longest serving nurse Sue Lister also lent a hand.

![Tony Goldstone Topping Out](image1)

![Sue Lister trowel at the ready](image2)
Having enjoyed drawing from a young age, I took ‘O’ Level Art in school but hadn’t sketched for years as I’d been busy with the family. I didn’t think I could hold a pencil but my therapist recommended putting sticky holders on the pens to prevent my fingers from slipping. Watercolours were best as I wouldn’t have to apply a lot of pressure. We went to an art shop and chose oil pastels in a few colours and also a draughtsman pen. These allowed me to build up the picture without using too much pressure.

Over time as I became more absorbed in my drawing I noticed that my left hand, which had been paralysed, became more useful. I was passing items from my left hand to my right without thinking about it. My brain had started to reconnect which was fantastic! My drawings started with a ewe in lamb and as I became more competent and confident, moved on to horses with foals with more detail and colour.

During my time at the RNOH, Emma Linley, Occupational Therapist has been a great support. I emailed my drawings to her to illustrate her how I had progressed. My sketches are now proudly displayed in the corridor surrounding the Mike Heaffey gym at the Aspire Leisure Centre.”

Emma has been impressed with Penny’s art: “Penny’s pre-injury passion for drawing has been both her motivator and exercise regime for regaining further control of her hands since her discharge. The provision of an accessible work table has also been instrumental.
The Bedside Trolley  
- A new Volunteering service!

Feedback from patients’ is at the heart of what we do in the Volunteering team. For some months now we have been planning a new bedside trolley service, offering a selection of newspapers and confectionary with additional items from our on-site grocery shop.

We have affectionately christened the service "The Chocolate Chariot"; it will launch in September 2017 and visit all wards during weekday mornings. Our keen team of volunteers are "chomping at the bit“ to get this service started - we know it will be a great success.

Lisa Haig, Volunteer Coordinator, has been busy painting our new venture in the signature volunteering colour of Sunshine Yellow.

If you know of anyone who would like to help run this valuable service, please contact Volunteering@rnoh.nhs.uk or visit the RNOH website and follow the links to Volunteering.
Stanley the Hairy Bassett Hound

Our Pets as Therapy ambassador is a seven year old Grand Bassett Griffin Vendeen, otherwise known as Stanley. Pets as Therapy (PAT) is a humanitarian charity founded in 1983, in the forefront of community animal assisted therapy. The pets provide companionship, friendship, confidence and enjoyment to those in hospitals, hospices, nursing and care homes.

Stanley’s owner, Jonathan, adopted him as a puppy to join his family of Daschunds’, Betty and Wilmer. Jonathan and Stanley volunteered to meet some of our young patients and their parents on the paediatric Coxen Ward in early June. Jonathan commented:

“I saw a photo of this unusual dog in a magazine and researched its breed. I had been thinking about volunteering, when having seen the way people generally react when they meet Stanley, I approached the PAT charity and it went from there. As a volunteer member, both Stanley and I were interviewed and after a criminal register check (me not Stanley!) and annual immunisation/hygiene standards compliance we were given the go ahead. We also had to comply with the Trust’s very vigorous independent checks.

“During our first visit we were immediately struck by the tremendous friendliness displayed by the doctors and nurses, who clearly understand the great benefits of the patients’ interaction with an animal. Accompanied by a nurse throughout our visit, we were introduced to the patients. Parents who were in attendance were eager to find other outlets to stimulate their children and Stanley was just the spoonful of sugar they needed.

“Stanley definitely is a gentle soul, apart from the postman...
and squirrels whom he regularly chases - though I suspect he’d just lick them firmly if he ever caught either. Patients, relatives and staff usually beam when they see him. The subsequent petting seems to have a therapeutic effect on children which often leads to conversations about pets, a welcome distraction from medical talk.

“We often see children who are fed up with their predicament or too ill to fully respond but it’s always amazing when a parent exclaims ‘It’s the first time they’ve smiled in days’. A few weeks ago a little boy practically ran across the ward to stroke Stanley. His mother was amazed “That’s the furthest and fastest I’ve seen him move since he’s been here!” On another occasion, a teenager whose movement was fairly restrictive as he was recovering from extensive back surgery determinedly shuffled to the edge of the bed to get a better look and stroke of Stanley. This was much to the surprise of his nurse who said ‘It was very difficult to get him to move at all!’

“I’m not saying that our visits make all the difference but they certainly help. Stanley and I would like to say a big thank you to Pets as Therapy, for giving us the opportunity to provide and receive such mutually rewarding experiences!”

Keeping it in the Family.

Sharing your hobbies and giving something back together can be even more rewarding when you do this with family. Pictured here are married couple Philip and Davina, two of our award winning buggy drivers. They came along to help support the Buttercup Walk on Sunday 25 June in glorious sunshine. The buggy service was an extremely popular experience, transporting visitors around the site. So popular, visitors had to queue for the arrival of the next buggy.

Pat Jones, Chair of the Patient Group, with husband Colin Jones, another member of our buggy driving team, joined in and supported the event by engaging visitors, and inviting them to become volunteers.

We cannot thank our volunteers enough for the great service they provide for patients and visitors at the RNOH. They do us proud!
After a competitive application process, Senior Clinical Pharmacist, Jalak Shukla has been selected as the RNOH’s Darzi Fellow in the ninth cohort of the programme starting September 2017.

During her 12 month fellowship, Jalak will complete a postgraduate leadership programme with London South Bank University while taking on leadership of the RNOH’s project to reduce hospital length of stay for our most acute patients.

“I will be undertaking a transformational change project with the aim to reduce length of inpatient stays in complex orthopaedic patients. I will focus on a multidisciplinary approach to streamlining the discharge process. Exploring the wards and clinics has given me the opportunity to collaborate with other members of the MDT and identify common barriers to discharge, building upon this knowledge to improve patient outcomes.“

The London South Bank University has endorsed the course stating that “the programme takes Fellows on a journey learning the foundations of change, developing an understanding of methodologies for change as well as personal strategies and skills for leadership including working with peers and with diversity. A major strand throughout the programme is developing the ability to work effectively and productively with peers from diverse backgrounds including service users.”

The RNOH will be applying to host a Darzi Fellow again in 2018 so if you are interested in furthering your clinical leadership skills and knowledge, please contact valyou@rnoh.nhs.uk to stay up-to-date with our progress.

The Darzi Fellowship is a prestigious, high profile initiative coordinated by the NHS Leadership Academy. Over the past six years, Darzi Fellows have led major service improvements, implemented safety and quality initiatives and made substantial savings for NHS Trusts across London.
We’ve always known that our volunteers are a very special bunch and to cement this, it is being shouted loud and clear on the Duke of Gloucester ward. Patient Ann Cooper, enthused about the care and thoughtfulness, dished out from the daily menu of our Mealtime Buddies.

“They’re amazing. The volunteers appear on the ward and refill your water jug without asking. Nothing is too much for them. They even popped over to the shop in Outpatients and picked up some mousse for my hair. My favourite newspapers are delivered with a smile. They’d do anything for you.”

Our caterers were also lined up for a compliment: “I cannot fault the food – it’s been excellent. If anything, there’s been too much of it”

Regular taste testing sessions are held at the hospital. The volunteers act as guinea pigs, rating the sample menus being considered for our patients.

Whilst her stay at the hospital has been unexpectedly extended, Ann had been very impressed by the hard work and dedication of the nursing staff. “Overall, I’d give the volunteers 11 out of 10 for their attention to detail, care and enthusiasm.”

Are you interested in becoming a volunteer? The RNOH believes that volunteers can make a big contribution towards enhancing our services and improving patient experience. Volunteers can bring a variety of skills, experiences, and enthusiasm, and the Trust offers many meaningful and valuable roles.

Contact Volunteer Services on: 020 8909 5394 or volunteering@rnoh.nhs.uk for further details.
A team of eleven multidisciplinary staff took part in the customer care training last year. The team, unofficially known as the Customer Care Champions, are working on developing a mandatory in-house training package to focus on better customer care. Our “customers” at the RNOH are patients or staff; in fact anyone we come in contact with.

The training will focus on how we make an impression, the importance of listening, dealing with difficult conversations and the power of positive communication. The team also felt it was important to acknowledge we are not at our best when we are tired, hungry or need a break. As staff members we must also look after and nurture our colleagues to enable us to give our best to our patients.

We also work with the Patient Advice and Liaison Service (PALS) and Complaints team to ensure there is link between teams and that best practice is used to manage any adverse situations.
Volunteer with us

- Our volunteers really make a valuable difference
- We have a range of patient facing and administration roles for volunteers aged 18+
- Speak to one of our friendly team about your perfect volunteer role!

“I did not expect to feel the personal satisfaction and get so much back from volunteering.”

Sukhveer, RNOH Volunteer

Telephone: 020 8909 5394
Email: volunteering@rnoh.nhs.uk

Funded by The RNOH Charity
Get Involved!
Join our Patient Group

The Royal National Orthopaedic Hospital’s Patient Group is an independent voluntary team of current and ex-patients, former staff, and interested members of the local community. We are currently looking for new members to join the group.

What does the Patient Group do?
The Patient Group helps to ensure that standards of patient care are met through:
• Carrying out ward inspections
• Reviewing patient information leaflets
• Attending specialist group meetings
• Interviewing patients at the hospital.
The Group meets monthly to discuss recent activities, to hear from a guest speaker (often one of the hospital’s senior managers or directors), and to decide upon future activities. They also arrange monthly ward or service inspections, usually carried out by two members, where they visit a particular ward to evaluate the standard of care and service. The members then prepare an inspection report for the Trust Board, including interviews with patients, and recommendations for improving the experience of our patients – this helps to ensure that the patient voice is heard at the highest level.

Who can join?
We welcome applications from:
• Current and former patients of the RNOH
• Patient family members or carers
• Interested members of the local community.
We are especially keen to ensure the group reflects the diversity of our patients, and would encourage prospective members from all backgrounds and age groups.

Members need to be able to:
• Commit to monthly meetings (usually held on Thursdays between 12:30-14:00)
• Travel to and from the site independently
• Be mobile enough to conduct ward and department visits
• Be able to keep in touch via email
• Complete a DBS check (the hospital will arrange this free of charge).
A group of enthusiastic volunteers enjoyed a fascinating visit to the House of Commons, organised by Bob Blackman MP for Harrow East.

The tour started in the 12th Century Westminster Hall where Henry VIII played tennis in the 1500s and King Charles I was put on trial, found guilty of treason and executed in 1649. More recently, Winston Churchill, Queen Elizabeth the Queen Mother, lay in-state within the hall before their funerals. The tour took us up the steps into the stunning Palace of Westminster, a Victorian building designed by Charles Barry with a Gothic interior by Augustus Welby Pugin.

We also journeyed through the sumptuous surroundings of the Queen’s Robing Room, to the House of the Lords with the Sovereign’s Throne emblazoned in gold and heraldry, into the less ostentatious House of Commons.

Our guide outlined the history of the Commons and how voting in ‘The House’ takes place. We were struck by how outdated it all seems (a silver cigar cutting mechanism is still on the wall) yet somehow it all still manages to work.

Long overdue renovations to the building are being undertaken and many of the walkways and statues were out of bounds or covered up. The famous (or infamous) statues of Winston Churchill and Margaret Thatcher are still visible.

As photography was not permitted inside we would recommend a visit to see for yourself; it was truly awe-inspiring.
Mark Lane: Gardening Greatness

I was born in Hertfordshire but grew up in Brighton & Hove. School was not an enjoyable experience. Whilst I didn’t struggle academically and was always at the top of the class for just about everything, my only salvation was in music and art.

A keen flautist and artist from a young age, I steered towards architecture and horticultural therapy as a profession but went on to study Art History at University College in London instead. I continued playing the flute and became principle flautist for the university orchestra.

After university I went into publishing and worked my way up to the managing editor position at a leading international arts publisher. It was at this time that my car accident curtailed my career and I had to review the life I had and what I enjoyed and how I was going to go forward in this new position.

With my love for gardening and art background, I decided to study landscape design. As a child, I had followed my grandparents around their large garden with string, a pair of blunt scissors and a small fork and trowel tie in the clematis and runner beans, deadhead the roses and sow seeds. I have a sneaky suspicion that Grandad cared for the seeds when I wasn’t there as I was always amazed at how well they had grown.

I spent a long time at RNOH following a car accident 17 years ago. Amongst my many therapies, I met a wonderful horticultural therapist who told me that I had to go forward...
and to champion being in a wheelchair. After a four year rehabilitation, I left the RNOH and started looking for horticultural courses and visited many schools. If I was shocked at the terrible layout of the campuses and limited options for someone in a wheelchair, I was horrified to be told that they would not be able to validate the course because I wouldn’t be able to do the physical side of the course, for example, dig holes and complete site surveys. With a strong and dogged determination, I looked online and found a suitable Open Learning course.

Even as an established garden designer, I have had to explain to clients that I have help to undertake physical side of site survey and digging. Sometimes I have bad days which mean I will be unavailable but every client has been welcoming and understanding. Finding something as meaningful to me as garden design, has really helped remove the spectre of depression that hung around my shoulders after my accident. Of course I still have down days but with the right medication I know I can continue, albeit at a managed pace.

To help me negotiate muddy sites, I have 2 all-terrain wheelchairs to help me. At home I have a height adjustable desk and a wheelchair desk chair. Other than that, I suppose the biggest adaptions I have made are from within. I am more determined, level headed and passionate about what I do. In a strange way for me, becoming a wheelchair users full time has been positive. I probably would not be where I am today if I had carried on my publishing career.

My first professional commission was a large garden for a lovely retired headmistress, whose brief was low maintenance; would help with her physiotherapy and be a joy to look at 12 months of the year. I designed 2 circular lawn areas with a pathway wrapping around the two in a figure of eight.

I have not looked back from taking my first nervous steps as a garden designer. After designing numerous gardens, I started writing articles for magazines which were picked up by a BBC research team. This opened the door to my BBC presenting work. Whilst I do not class myself as a celebrity, it is surreal watching myself on TV and people asking for photographs and autographs. I have thoroughly enjoyed the presenting work and hope it continues for years many to come. More importantly, if someone with a spinal condition sees me doing TV work, undertaking landscape designs then all the better. Hopefully it will inspire others to get on with their lives.

I was honoured to be asked to be the Health, Wellbeing & Community ambassador for Groundwork, a charity which focuses on improving communities by addressing environmental issues and improving deprived areas of the country by either building, redeveloping or maintaining green sites. Thrive, a gardening disability charity to which I can relate to, bestowed the title of ambassador to me, and centres on positively changing lives through horticultural therapy.

I am where I am today because of the very wise words of Linda Exley and Viv Williams, RNOH horticultural therapists. Thank you so much for your words of wisdom and encouragement – it would be great to see you again. I owe so much to the RNOH and their incredible staff.
Richard Scott, Redevelopment Programme Manager, catches up with Siobhan Keenan from architects BDP and Vijay Patel from Balfour Beatty to find out the latest news on the new hospital.

Talking with Siobhan Keenan, Project Architect at BDP
How did you get into designing?
I always enjoyed art and design at school and went on to study Architecture at the University of Manchester. I then specialised in healthcare architecture and now work for BDP who have been commissioned by Balfour Beatty to work on the New Inpatient Ward Block ‘NIWB’.

What other projects have you worked on?
Most notably I was involved in the Dublin Children’s Hospital design which was a £500 million project.

Do you have a favourite building design?
Yes, I particularly like the Cancer Centre at Guys Hospital designed by Richard Rogers.

How do you get inspiration for a building?
There is generally a collaborative brainstorming session by the senior architects with ideas very much influenced by constraints of the site and following healthcare efficiencies albeit unique to each project. For the NIWB project the glass Atrium is a unique design feature of this development and will also deliver on bringing day light to patients on the wards and with views across the site. After future phases this building will become the Main Entrance and gateway to the rest of the hospital.

Design specifications
for the NIWB

I have been involved with this development design since July 2015 when the project was re-started and I will continue up until it finishes in 2018. Throughout this time there have at various stages been up to 10 people working on different elements of the design, such as the clinical room layouts, documentation for Council planners and completing regulatory paperwork.

To arrive at the final design there will be probably over 4000 drawings produced; 1500 by us, 500 by other consultants and the rest by the various specialist trades and if just one copy of each drawing was stuck end to end is would be almost exactly half of the football pitch at Wembley.

Talking with Vijay Patel, Design Manager, Balfour Beatty

How did you get into contractor design management?

I originally qualified as an architect but I enjoyed delivering on projects and working on site so I moved into the construction sector. In fact, as you know Richard, I joined Balfour Beatty three years ago and started working on a high rise project with you as my Senior Project Manager. Now I am working here at the RNOH only to find that you have moved to work in-house at the RNOH and now the client we are working for!

What does your role involve?

I am responsible for delivering on the project design; ensuring the design is as intended in terms of the Trust’s brief and requirements. I work closely with you and Trudy Johnson on internal design requirements as well as other consultants/contractors working on, for example, landscaping the children’s garden and planting the meadow area with wild flowers and some trees.

Today we have been in the Design Review meeting ironing out and finalising the room designs.

Fundraise for us! Email Fundraising@rnoh.nhs.uk Call 020 8909 5362
Marathon runner raises over £13,000 for The RNOH Charity!

In David’s words,
I ran this fab event to raise money for the RNOH, as they have spent the last eight years doing a brilliant job of looking after my daughter, Charlie-Rose, who was born with a very poorly formed hip socket. When Charlie had her first operation in the hospital, I could imagine my grandfather lying in the same bed 50 years earlier – with not a lot different. With the possibility of Charlie having to go back in for further operations in the future, I decided then that if I ever did a crazy fundraiser it would be for this charity, to help improve the facilities for all the children and adults, both patients and staff, at the RNOH.

Huge thanks goes to everyone for their support leading up to the marathon. It was a great, but tough day, enjoyed by many. The support around the course was unbelievable! Everyone has been very generous in their donations and this carried me around a total of 27.33 miles in 5 hours and 33 seconds, which I am more than happy with.

If you or someone you know gets a place in the 2018 London Marathon and would like to support The RNOH Charity, please ask them to get in touch.
Fundraising @rnoh.nhs.uk
Diane Young’s Isle of Wight Challenge.

The RNOH’s very own Patient Involvement Lead recently took on the Isle of Wight Challenge to support The RNOH Charity, raising over £1,000 in the process! The Charity currently funds the volunteers department, which makes such a difference in the lives of RNOH patients. Well done to Diane for taking on such an incredible challenge – we’d like to thank both you and your blisters for your achievement. If you’d like any information about taking on the 2018 Isle of Wight challenge, just get in touch.

Max Reid appears on national news!

Max Reid can often be seen on London Underground busking pitches wowing commuters with a medley of pieces played on the fiddle. Max has been wheelchair-bound since suffering spinal malformations and has been treated numerous times by specialists at the Royal National Orthopaedic Hospital. Since April 2015, Max has donated all of his proceeds from busking on the Underground and at the London Marathon to The RNOH Charity. This has now reached a staggering £45,550!

Max said: “My running days are over, but if people are going to throw money at me for sitting down and playing fiddle tunes, that’s fine with me. “About twenty years ago the Spinal Cord Injury Centre at Stanmore patched me up and gave me my life back - or rather, a new life as a street musician. The least I can do to thank them is to help raise money towards improving facilities for the hospital’s spinally-injured patients.”

If you missed Max’s recent interview on ITV News, you can catch up via our Facebook page.
Eleven employees from Twickenham-based housing association Thames Valley Housing showed their support for The RNOH Charity by putting on their running shoes to take part in the Hampton Court Half Marathon, raising just over £6000 for the RNOH’s Spinal Cord Injury Centre (SCIC).

Rachel Allen, who co-ordinated the team’s efforts, said: “Our aim is to raise awareness of the amazing life changing work undertaken by staff at the spinal unit, and to give thanks to the support and care provided to Kim and Jon’s families. Money is being raised to help fund further improvements to the spinal unit, to help treat more patients so that they can confidently return to the normality of their life and cope with any adjustments needed to regain their independence.”

We are so grateful to the team from Thames Valley Housing for their donation. This is such a great achievement and one which will enable us to do more for the patients we treat. Huge thanks go to everyone that took part.

The hospital holds personal resonance for Thames Valley Housing staff, as two members of the team, Jon Clowes and Kim Shanahan, have both had close family members treated at the hospital’s SCIC.

In June 2016, Kim’s partner Ashley Grealish, a crane operator, experienced a major accident at work and suffered a severe spinal cord injury. He also received support and rehabilitation from the SCIC and with the help of the spinal team is now doing much better.
London Irish Ward Appeal surpasses £600,000!

7 am on 3 May saw eight cyclists setting off bright and early for an intense cycle challenge spanning over 300 miles, from their start point at the Royal National Orthopaedic Hospital to Our Lady’s Children’s Hospital (OLCH) in Dublin. The cyclists triumphantly arrived at the OLCH at 7pm on Friday 5 May, ready for the next day’s Charity Cycle Dinner to celebrate their enormous achievement and to raise even more money.

The sponsored cycle ride is one of a series of events being organised by The Kelly Group, as part of their London Irish Ward Appeal. This particular event was in aid of both The RNOH Charity, and CMRF Crumlin, the fundraising body for OLCH. The event raised a staggering £101,000 which brought the Appeal total to an incredible £577,418.

This was followed by another incredibly successful charity golf event, bringing the total raised to over £600,000!

Professor Tim Briggs, the RNOH’s Director of Strategy and External Relations, said:

“The Appeal aims to build and fit out one of the RNOH’s new 32-bed adult wards, which will treat patients with a range of complex conditions, such as bone tumours, spinal deformity and sarcoma, a rare form of cancer requiring highly specialised treatment.

We are incredibly grateful to Tim Kelly, who is leading the London Irish Ward Appeal, and to everyone that has so generously supported the appeal.”
Hundreds of walkers came out to support The RNOH Charity’s 15th Anniversary Buttercup Walk, and were treated to a day of sunshine, great music, and delicious food, amongst other attractions.

The walk was led by our amazing 96 year old champion, Mary Tye, whose determination and positivity shone through as she took the first few steps of our one-mile route.

Rosie Stolarski, Fundraising Director of the RNOH Charity said: “The Buttercup Walk has so far raised over £20,000 and monies for sponsorship are still rolling in so we are absolutely delighted.”

We’d like to say a massive thank you to everyone that gave up their time to volunteer on the day and all those who participated in the walk. We hope to see you all again next year!
Sian decided to take on the challenge after her father was treated at the RNOH for sarcoma in his right arm. Although the treatment he received was of the highest quality, Sian couldn’t help but notice that the facilities were more than a little outdated, so she decided to do what she could to help.

**In Sian’s words,**

“On March 28th, dad underwent major surgery at the RNOH in Stanmore to almost entirely replace the bone in his upper right arm which was, by that point, almost entirely bone tumour. Despite all our fears, worries and anxieties, the surgery went well and our dad recovered well at the RNOH, getting fantastic care. We are more grateful than we can say; the hospital have saved his arm, saved his life, and preserved a beloved man. I’m running the London 10k for the hospital and would love to raise as much money as possible to support the amazing, life-saving work they do. They’re currently undergoing works to bring their 100 year old hospital up to date.”

The money that Sian has raised will go towards our £15 million Redevelopment Appeal, helping us to rebuild our hospital replacing inefficient and outdated buildings, and ensuring that the RNOH is on the cutting edge of orthopaedic research and innovation. If you would be interested in taking on the 2018 Vitality London 10,000, just get in touch for more information about how to secure a place!
My name is Jenny Cole, I’m 28 and have a genetic condition called Ehlers-Danlos Syndrome (EDS), alongside other related medical diagnoses, which result in a host of symptoms including chronic pain, joint dislocations, fatigue, difficulties with mobility and digestive, cardiac and urinary problems.

I recently had a three-week stay on the Jubilee Rehabilitation Ward at The Royal National Orthopaedic Hospital in Stanmore, as part of their specialist pain management and rehabilitation programme. Although it is not exclusively for people with EDS, they do see a lot of people with the condition as there are so few places that specialise in it.

I was quite nervous about what to expect before my admission, so decided to keep a diary on my blog, Ramblings of a Jaffa Cat, to help other people who may be waiting for a referral to the hospital. There’s a lot packed into a three-week stay, but I thought I would try to summarise a typical week on the ward for Reflexions magazine. During your initial assessment the team will decide whether you need to be in the hospital or the hotel programme.

**Monday**

It was an early 8.30am start at the hospital. I received a warm welcome from the ward volunteer, who showed me to my bed space and gave me a tour around the ward. After going through my admission paperwork with one of the nurses, I went to a welcome meeting where we were given a pack which, amongst other things contained our timetable for the next three weeks. Groups and therapy sessions are interspersed with rest and relaxation. My first group session was run by one of the Psychology team and centred on ‘Making Changes,’ to help
us prepare for the programme and understand the steps needed to make a change.

After lunch, we had another group session. This time it was run by one of the physiotherapists and was on ‘Pacing.’ The staff try to make all groups interactive in order to let patients get the most out of them, so they involve a lot of discussion and questions. The book we were given at the welcome meeting also included detailed notes of all group sessions over the three weeks. Each patient also has individual sessions with their Physiotherapist and Occupational Therapist. The first session was with both of them together. We went through some questionnaires to try and work out what goals I wanted to achieve by the end of my admission. Every Monday evening, after dinner, an Art Therapist runs an optional group. I was a little apprehensive but it was a lovely way to get to know the other patients and relax.

**Tuesday**

After a 7am breakfast - which is a bit earlier than I’m used to - we headed over to the main hospital for a 9am activity. We started every day on the programme with ‘Your Move’ in the Physiotherapy department - a seated gentle stretching session to music, which we all found very relaxing. It was always made very clear on the programme that we should do as much or as little as we felt able to. An individual session with my physiotherapist, Greg, followed. We discussed what my worst problems are (not an easy thing when you have a list longer than your arm!). Starting on my walking, after an initial assessment, I was given exercises to complete. I then met up with Occupational Therapist, Chloe, who also went through a long assessment that looked at different areas of my life to focus on during my admission: e.g: self-care, socialising, household management and productivity.

After lunch, one of the OT’s led a group relaxation session. Stress and its link to chronic pain were discussed, alongside different relaxation techniques like deep breathing, visualisation, progressive muscle relaxation and mindfulness. As well as the physical problems that cause pain, there is an opportunity to have individual sessions with a psychologists attached to the unit. I was assigned Declan, with my first session talking through my goals for the programme and my perception of failure. We later discussed more sensitive issues and with my permission, Declan liaised with my local mental health services. Another psychologist took the last group of the day on the topic of pain: how and why we need to communicate it and how physical pain can impact our psychological wellbeing. Some patients had visitors but the majority would spend time together chatting or playing games.

**Wednesday**

Our Tai Chi instructor wasn’t available and instead we had the usual ‘Your Move’ session. Greg, my physiotherapist, considered another area to work on - core strength. Again, he assessed my level of strength before introducing new exercises to improve it. A later session with the OT Chloe went through my list and we chose to focus on exploring the traffic light pacing system. Pacing your day can really help with symptoms like pain and fatigue. Chloe explained about red activities (those that significantly increase symptoms), amber activities (moderately increase symptoms) and green activities (turn symptoms down, relax or distract). A key approach was having a combination across a
day/week rather than an abundance of red activities, becoming unwell and being bed bound. Talking of pacing, I was able to go back to the ward with plenty of magazines and books to relax with.

Our first session was a group on ‘Coping Skills’ led by one of the Psychology team. This session focused on family and friends and how pain and other symptoms can affect them. Further groups were held on managing mood and assertiveness. Every Wednesday afternoon everyone goes to the Aspire Leisure Centre, which is on the hospital complex, for Recreational Movement. The patients from the hotel programme join the hospital patients, which is an opportunity for the two groups to mix. It sounded a lot like school P.E but thankfully it was a lot better. The sports hall is set up with activities including table tennis, badminton, gym balls and mini golf. Everyone then gets the opportunity to try out each activity in a way that suits their individual needs. For example, I sat on a perching stool and gave table tennis a try and did a few gentle stretches on a gym ball. After dinner, every other Wednesday, a representative from EDS UK arrived to chat to those who were interested. The session was brilliant and I came away with information about EDS I wasn’t aware of and recommendations of a couple of specialists I could be referred to.

**Thursday**

After our daily ‘Your Move’ session, we had a joint session with our Physiotherapist and Occupational Therapist to set goals. During the first two weeks, these goals had to be completed during our weekend leave, whilst in the last week we set goals to work on over the next three months. Greg and Chloe helped me work out achievable objectives that were personal to me, but without the pressure to achieve everything. I then met up with Elaine, Therapy Technician, who worked out my baseline times for sitting and standing. This is helpful to know when trying to pace my activity levels. Back on the ward, a weekly Health Promotion group led by a senior nurse, focused on managing medication, nutrition and smoking.

Thursday afternoons are an optional water-based physiotherapy activity at the Aspire Leisure Centre. The pool is specially adapted for people with disabilities, with wheelchair access into the pool. A physiotherapist leads the session, with very gentle stretches using various pieces of equipment. I found it less painful to do some of these exercises in water than I would on land; although the heat of the pool severely affected a condition I have called Postural Orthostatic Tachycardia Syndrome (POTS). The team were brilliant, giving me lots of water to drink and allowing me to rest in the wheelchair when needed. After the pool, I took my electric wheelchair down to the small lake in the grounds with one of the other patients. It’s a real hidden gem and a lovely tranquil place to escape to for half an hour. Every Thursday evening, everyone on the ward joined together for a little party, to say goodbye to the people leaving the following day. We ordered a take-away to come to the ward and had a lot of laughs. You would never guess we were all in hospital!

**Friday**

On a Friday we were encouraged to do some of the stretches ourselves. This was followed by a discussion group with a different topic each week. These included pacing and sleep. Then in weeks one and three we had a relaxation
session with Elaine, the therapy technician, where we actively tried out a specific type of relaxation like visualization or progressive muscle relaxation. In week two, Elaine ran a session about postural management, where good posture was discussed and then examples of different types of supports and cushions were viewed. By lunchtime, it was time to go home for the weekend. Those returning could leave their belongings on the ward rather than carting everything back and forward. On our last day we were given a survey to fill out and then said our goodbyes to all the staff and patients.

Overall, the three-week programme was an incredibly positive experience. It was hard work and very tiring, but all the staff were so knowledgeable, caring and genuinely wanted to help. I learnt a lot although for someone with EDS, it won’t be a quick fix, I have exercises and strategies to work on to try and improve my quality of life. I will be invited back for a three-month and twelve-month follow-up appointment alongside the rest of the three-week patients I shared the experience with. It will be a chance to find out how I’m getting on since the programme started. I have also made some great friends over the course of the three weeks and their continued support and friendship will be invaluable.

If you would like to read more about my time at the RNOH, there are detailed posts over on my blog – www.jaffacat.co.uk

Chloe Kitto, OT and Greg Booth, Physio commented: the Pain Management and Rehabilitation service is a multidisciplinary team of occupational therapists, physiotherapists, therapy technicians, psychologists, nursing staff, consultants and other medical staff. We deliver a holistic self-management package for patients with persistent (chronic) pain. Common diagnoses include rheumatological conditions, such as Arthritis and Ankylosing Spondylitis, Generalised Chronic Pain, Hypermobile Spectrum Disorders, Ehlers-Danlos Syndrome, Complex Regional Pain Syndrome and Post-Polio Syndrome. Our therapy and advice is based on the priorities and goals of the patient. We work closely with patients to improve their quality of life through moving, thinking and functioning better with their pain condition.
Nordic walking was originally a summer training regime for cross-country skiers. It’s based on using specially designed walking poles in a way that harnesses the power of the upper body to propel you forward as you walk. It is now a recognised way to turn a walk into whole body exercise that can be done by anybody anywhere.

Nordic walking is suitable for people of all ages and fitness levels. Classes range from gentle walks for people with health concerns, to workout walks, which are a great way to improve fitness, lose weight and tone the whole body. Tracy Reeve and Sharon Walsh from the Watford Nordic Walking group agreed and explained more.

“We are hugely proud to be awarding Freedom Passports to the guys from OPUS at Stanmore. They completed their ‘Learn to Nordic Walk’ course with style, enthusiasm and lots of laughter. The group had a fantastic time, and with the use of the poles, managed to walk on grass, walk up and down slopes with ease and more confidence. There was great team spirit and camaraderie.

Congratulations to you all and may your Nordic walking journeys be just the beginning of something very special.”

If you are interested in learning to Nordic Walk please contact OPUS or Nordic Walking Watford at:

For further information on Nordic Walking, visit: www.nordicwalkingwatford.co.uk

RNOH's Stanmore site is home to a number of charitable and voluntary organisations which provide support and facilities to our patients and staff. Find out more about their services in the ‘RNOH Community’ pages of Reflexions.
One of our volunteer buggy drivers has found his experience of driving a buggy at the RNOH has made him a bit of a “buggy spotter” on his travels. Arvind Sanghrajka has been with the RNOH Buggy service since its inception in July 2016. On his worldwide travels he has started to notice they are following him – or is he imagining it?

He visited the Singapore Presidential Palace, and found one of the machines President Tony Tan Keng Yam has at his disposal for travelling around the palace grounds. He managed to persuade one of the palace guards to allow him to have his photo to be taken with it.

Then, on a trip to the Palace of Versailles in France, Arvind was drawn towards the “for hire” machines, which are very similar to one of our own RNOH vehicles.

However, Arvind is not alone; Voluntary Services Assistant Keith Reeve, who coordinates the service, also spotted one when he visited the Statue of Liberty in New York. Fortunately, for once, Keith was on his best behaviour so it was not needed to apprehend him.

These two in the picture were spotted on the Isola de Garda, the largest island on Lake Garda, Italy. The one on the left is a close relation to our own green buggy. Bellisimo!

RNOH Patient Involvement and Volunteer Services have recently met with Stanmore College to discuss the possibilities of working together. The College has many courses including Art & Design, Media and Health & Social Care. Students often need a working environment to gain valuable employability skills and experiences to help give them an advantage securing university places or employment.

We plan to work closely with the College to promote the role of volunteers within the hospital and how this can provide skills for their futures. Only volunteers over the age of 18 years are accepted by the RNOH, and many of the current and previous volunteers are studying health care subjects or are planning to do so in the future.

For more information or to request a role description and application form, please contact the team at: email: volunteering@rnoh.nhs.uk or telephone: 020 8909 5394.
The Volunteer Allotment Holders

Many of you may not be aware that there are allotments at the RNOH. The allotments are situated in the Orchard near the Orchard Court flats. Prior to 2009-10 they had not been used for over 20 years but the then gardener, Ken Cousins, resurrected 16 plots which were then in high demand. However, as the years have gone by tenants have found that they have not had the time to maintain them and we now have several empty plots. A couple of months ago, Hayley Williams and Sukhy Sanghera - Volunteers supporting and enhancing the patient’s experience - have taken on one allotment each. It is in a beautiful part of the hospital grounds, especially when the sun has popped its hat on.

Hayley Williams has decided to put down a membrane and have raised beds on her allotment, and is ready to harvest carrots, peppers and cucumbers. Hayley said: “It's great to be able to grow and eat something that is healthy and organic, and to know where it has come from. It is hard work but my partner and son have been enjoying its fruits and helping too. I tend to it about three times a week, and make sure the rabbits have not eaten anything else.” Sukhy is working hard on her plot too, and plans to grow flowers. It certainly is a labour of love.

Last summer the gardener, Kerry Sear, and the Community Payback Scheme workers, have made a huge effort to clear up the greenhouse, replacing the roof so the allotment keepers to have a storage space. This year they have been clearing the overgrown empty plots and the surrounding area trying to make it more attractive for potential plot holders.

Hayley Williams and Sukhy Sanghera

If you are interested in and would like to find out about more about having an allotment, please contact: Kim.Kenealy@rnoh.nhs.uk.
A royal visit
SCIC opening
fit for a Princess

Princess Eugenie of York, the Patron of The RNOH Charity’s Redevelopment Appeal, visited the hospital on Friday 7 July to officially open the new wing of our Spinal Cord Injury Centre (SCIC).

During her visit, Princess Eugenie was given a tour of the new wing, and talked to many of the Centre’s patients. She learned how they sustained their injuries, and the ways in which the SCIC has helped them to recover, and to regain their independence.

Before she officially opened the new wing, Princess Eugenie praised the SCIC’s staff – whose work is internationally renowned – and paid tribute to the incredible resilience of the patients she met.
A patient and visitor guide to safe food from home.

Patients and their visitors sometimes bring in food whilst staying in hospital. A dietetically-led quality improvement project supported by UCL Partners achieved improvements for patients at RNOH.

Preparation
- Has the food been prepared and wrapped at home or in a manufactured, controlled environment?
- Is the food/ingredients within the recommended use-by date?
- Do ingredients include high-risk items?

Transport
- How has the food been transported?
- What was the ambient temperature during transportation?
- How long was the food exposed to temperatures that influence the growth of bacteria?

Storage and facilities
- How is the food going to be stored at a safe temperature?
- Potential risks of contamination for items stored and prepared in shared facilities?
The hospital menu provides an extensive range of hot and cold meal and snack options. These include a starter, main course and dessert for both lunch and supper. The menus offer culturally appropriate meals, meals suitable for those experiencing allergies, and requiring modified textures and vegan diets.

The Catering Department takes great care to ensure the safety of the food at all stages prior to the point of serving to patients. This involves all the stages of the food journey to the patient.

The hospital cannot ensure food brought into hospital from home has the same level of safety in order to protect patients from harmful effects of food-borne illnesses and for this reason does not recommend patients bring in meals.

**Use of the ward kitchen**
Cross-contamination is one of the most common causes of food poisoning. To reduce this risk and ensure compliance with food hygiene and safety regulations, patients and visitors are not allowed to enter or use the ward kitchens.

**Foods requiring chilling**
Chilling food properly helps to stop harmful bacteria from growing. Some food needs to be kept chilled to keep it safe to eat, e.g. food with a ‘use by’ date, cooked dishes and other ready-to-eat food such as prepared salads and desserts.

It is very important not to leave these types of food ‘standing around’ at room temperature. All chilled food should not be kept out of the fridge for any length of time. Items should be transported to the hospital in a cool box.

**Cooked foods**
Thorough cooking kills harmful bacteria in food. It is extremely important to make sure that food is cooked properly all the way through. Therefore, bringing in food which should be eaten hot is discouraged as it cannot be reheated by any staff.

The following list includes suggestions that other patients have found helpful during their hospital stay and may help others to plan for their admission:

Bring in only small amounts of food or drinks which are easy to eat without utensils.

Sealed items with a long life, in small individual portions not requiring chilling, preparation and cooking, are the most suitable and easiest to manage.

**Drinks**
Choose individual long-life drinks such as milkshakes, fruit and vegetable juices, fizzy drinks, squash and water.

**Fruit**
Go for fresh fruit washed, prepared and ready to eat. Small sealed packets of dried or fresh fruit may be a suitable option.

**Sweet and savoury snacks**
Select individually wrapped and sealed packets of sweet and savoury biscuits, crackers, crisps, nuts, seeds, cakes, cereal bars, long-life salami sticks or long-life desserts.

**Remember**
Once opened, all long-life products should be treated as fresh produce.

Storage instructions on the food packaging once open should be followed.

(Guidance has been taken from the Food Standards Agency 2014) http://www.nhs.uk/livewell/homehygiene/Pages/Homehygienehub.aspx
In September 2008, Mr Sean Molloy, consultant spinal surgeon, performed two major spinal operations to correct the curvature of Emily’s spine. “The experience of being in hospital for three and a half weeks was painful, both mentally and physically. Having to learn to walk, sit and stand up again changed me as a person. Each day I worked towards achieving small goals: whether it was walking a few steps around the ward or sitting up in a chair”

Emily was discharged in late September to continue her recovery at home. “It took a while for me to return to school and I missed an entire year of my education. However, without the surgery I wouldn’t have been able to have a future. I can look back now, ten years later, and am extremely thankful and grateful for all the support and kindness given during my sojourn.”

The experience taught Emily to ‘live in the moment’, cherish life and to strive for her goals. “My ambition after I left the RNOH was to attend university and graduate with a degree. Using my experience of working towards little goals helped to achieve my big goal.”

In 2013, Emily was offered a place at the University of Cambridge, reading history. “I haven’t looked back. I plan to graduate this year and hope to pursue a career in journalism. I would also like to get involved with the RNOH in the future, to help inspire other patients to fulfil their dreams.”

Emily Fishman: Scoliosis

Diagnosed with ‘S’ curve scoliosis in 2007 and fitted with a back brace aged 10, Emily Fishman suffered for many years with chronic pain from her severe curvature. Being hospitalised also meant missing a lot of her education.

Emily graduating at Cambridge
Staff and Patients from the LSCIC attended the annual Inter Spinal Unit Games back in April 2017. This is an event organised by the charity WheelPower and held at the Guttman Stadium in Aylesbury across four days. Patients from all 13 spinal injury units in the UK - who have been injured in the last year - are eligible to compete.

Entrants have the opportunity to try sports such as tennis, fencing, weight lifting, golf, wheelchair racing, hand biking and many more. Everyone that took part across the event did exceptionally well. The RNOH team managed to secure second place overall after winning the tetraplegic American Pool, male para table tennis, a second place in the female para table tennis and third in the rifle range. We also had exceptional performances in the pool. Everyone who attended had a fantastic time and the staff at LSCIC were immensely proud of everyone’s performance.

Graham Brown spoke about his experience: “The week was very enjoyable and to attempt sports which I would never have thought about prior to my accident, certainly opened my eyes to the fact that there are no barriers for a spinal injury person. The highlight had to be the dinner and awards when it was announced that Stanmore had come joint second; a fantastic achievement by the team.”

Sarah Haeneghan said: “Being a part of the games was the first time in the 4 months I had been in hospital, where I felt like I could contribute to something, to myself, to a team, to the ‘real world’. It was invaluable and well worth going.”

If you are a SCI patient, who has been injured in the last year and require further details on ISUG, contact Gemma Carpenter on: 020 8909 5500.
Lisa Griffiths
Neurophysiology Measurement Technician

What was your route to becoming a Neurophysiology Measurement Technician?
“I studied Biology, Chemistry and Psychology for ‘A’ levels and then a BSc Neuroscience at Kings College University and went straight into neuroscience research. Having decided to try for something more hands on which encompassed my neuroscience knowledge, I needed to make the leap from research into clinical work. Fortunately I found the perfect role on the NHS Jobs website and didn’t hesitate in applying. The Neurophysiology Measurement Technician position has a really nice mix of clinical work and research.”

What kind of patients do you see?
“As well as spinal patients, we also work with peripheral nerve injury (PNI) surgeons in theatre providing nerve stimulation techniques to assess the nerve’s integrity. Some patients may sustain damage to the brachial plexus following a traumatic incident such as road traffic accident, surgeons may want to assess the nerve integrity in theatre, the nerves are exposed and the surgeon will directly stimulate the nerve. We record responses from the nerves and let the surgeons know if the nerve is intact. It’s fortunate that I’ve never been squeamish!”

What does your role involve?
“The main focus of the role is in theatres, monitoring spinal cords during surgery alongside the surgeons. When the patient is anaesthetised, we put electrodes on them to enable us to monitor the signals going along the spinal cord. In doing so, we can alert the surgeon if the signals change as it could mean that there is potential damage to the spinal cord. We’re responsible for creating the reports at the end of the monitoring. This will go into the patient’s notes with all of the traces from the spinal cord, along with a summary of the outcome. It’s been really interesting the things we get to see and we get to work closely with surgeons, anaesthetists, theatre staff and nurses as we’re an integral part of team.”

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clinics but have technician led clinics to test and diagnose patients on whether they have Carpal Tunnel Syndrome or not. Our reports need to be approved by Dr Cowan before they are returned to the referring GP.”

What is a typical week for you and the team?

“We start the day at 8:00am. Our manager, Emma Carter, Head of Neurophysiology, has already written up our allocations for the day - e.g. in theatre with either the spinal or PNI surgeons or in clinic. The Carpal Tunnel Syndrome clinic is straight forward as we go through the clinic notes with Dr Cowan first. With theatre work, we head down to theatres and check the surgeon’s list for the day. A team brief is held before the surgery to discuss the patient and what monitoring is needed.

Our monitoring of the muscles is tailored according to the level of the spine the surgery is taking place on and different sensory nerves. This is also dependent on the neurology the patient has: weakness in their legs, arms or numbness in certain areas which need to be identified before surgery so we know what to expect. In theatre, once the patient is positioned on the operating table we try to elicit responses from the patient after applying a stimulus, recording Sensory Evoked Potentials (SEPs) and Motor Evoked Potentials (MEPs). Responses obtained at the start of surgery are our baseline recordings. If changes occur during surgery, I review this against the original baseline traces. If the signals change in a significant way then we alert the surgeon who would take remedial actions and hopefully prevent permanent upset to the nervous system. If a patient has no muscle power in their legs, when you stimulate their motor system you would not expect to get a response.”

We see many different cases including healthy young adolescents having spinal surgery for scoliosis; elderly patients with degenerative spines; traumatic fractures. My learning has taken in not only the different surgeries we monitor but how the surgeries will take place: from the back of the spine; side and the front. We see patients with many different conditions and my knowledge of these has grown; I’ve experienced Chiari malformations – the bones in the base of the skull are not formed properly and neurofibromatosis – tumours growing on nerves. When we need advice about a particular case, we can approach Emma Carter or Dr Cowan.”

What are the challenges of your job?

“The team work long hours because we cover late surgical lists, on-call and Saturdays. The on-call service is reserved for emergency surgery. For example, a patient may be referred because a tumour may be pressing on their spinal cord, causing them to lose the function in their legs. Spinal fractures are referred as an emergency from other centres. In these cases, whilst I may be at home for the on-call service, the Trust requires all on-call staff to live within an hour of the hospital should their service be required in theatre. I’ve been called in on Christmas day too!”

What are you working on at the moment?

“The team are working on a research piece with the Speech & Language therapists on the laryngeal nerve and the monitoring of it during neck surgery, such as operations to replace the discs with cages - a highly intricate operation. We are looking at the impact this operation has on this nerve and swallowing post-surgery.”
The recent rise in refugees coming to Europe has left many children alone and searching for asylum. Adnan was just 14 when he made up his mind to leave Syria and make his way to Calais – the only chance he had to join his surviving relative, his brother, in the UK. For the majority of his five months in the Calais “jungle” camp he was entirely alone.

“I knew the situation in the Calais camp was really terrible, but I was desperate to join my brother in the UK and that was the only way I could get to him. My Aunt’s husband was with me to begin with, but he couldn’t deal with the dreadful conditions in the camp and so he went to another European country, and I was left alone for three more months.

It was really tough as I could speak only a few words of English and no French which made life even more difficult in the camp. I could not communicate with anyone. It rained a lot when I arrived and I really suffered. I was staying in a tent dripping with water with no heating. Sometimes I slept in the street. I felt very humiliated having no shelter and with the police being violent to us. All I wanted to do was to leave.

Luckily I was in contact with my brother by phone while I was in the jungle and he told me about an organisation helping children stuck in Calais with relatives in the UK. I asked another Syrian and he took me to register my name. Safe Passage UK got me out of Calais just one month later.

I can’t describe how I felt when I first saw my brother again, after two years. At that moment I felt hugely thankful to Safe Passage UK and everyone who had helped me. I started school a month ago here in Manchester and have started to learn English. The main reason I am enjoying it is
because the teachers and other students here treat me with so much kindness.”

In an independent inquiry into the situation of separated and unaccompanied minors in Europe, the Human Trafficking Foundation found that children were facing serious risks of trafficking and exploitation in parts of Europe. Children without safe and legal options were left in limbo, stranded in dangerous and often violent situations. Shocking evidence has found that police indiscriminately use truncheons and tear gas on children. Children were turning to smugglers, putting themselves at risk of dangerous journeys and exploitation to pay the smugglers.

Safe Passage UK would like your support to help build safe legal routes; identifying unaccompanied minors; train interpreters and lawyers; support refugee children on their arrival. If you would like to help volunteer your services, donate or fundraise, please contact telephone: 020 7112 4984 or email: volunteer@safepassage.org.uk or fundraising@safepassage.org.uk.

Nominate your winning RNOH staff

Each year we celebrate the hard work of our staff at the RNOH Staff Achievement Awards. The Patient Choice Award is open to patients, their friends and family, as well as carers who would like to recognise an individual or team who has gone the extra mile to provide outstanding care during their treatment at the Royal National Orthopaedic Hospital.

You are invited to submit your nomination(s) using the Patient Choice Award form on the RNOH website or via the paper forms available throughout the Trust, in Outpatients and on the wards. Nominations must be in by Friday 24 November 2017.

The Awards ceremony will take place on Friday 2 February 2018 and winners will be announced on the website shortly after.
To date you have helped us raise a staggering £6,750,250 towards our £15 million Redevelopment Appeal. Thank you so much to everyone who has generously contributed to this incredible amount.

If you would like to help us reach our £15 million goal, please get in touch by emailing fundraising@rnoh.nhs.uk or calling us on 020 8909 5362. Alternatively, take a look at the Get Involved section of our website www.rnohcharity.org.

Our beautiful but slightly neglected Spinal Injury garden was long overdue for some tender loving care. Step forward green fingered Tristan, a volunteer whose passion for horticulture has made a huge difference to this important area of the hospital. Used by patients, staff and visitors alike, the garden has brought happiness and inspiration to those who seek peace within it.

Volunteer services are developing a small (but perfectly formed) team of volunteer gardeners to bring this area back to life over the coming year. If you like to dabble in gardening - be it tomatoes or geraniums - and would like to join Tristan and the team in their endeavours, please get in touch. A warm welcome awaits and the kettle is always on!

Call 020 8909 5394 or email Volunteering@rnoh.nhs.uk for further information.