Our inspirational cover girl, Anoushé, on the climbing wall
Photo credit: Ben Grubb

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NEWS FROM
Royal National Orthopaedic Hospital
NHS Trust
Welcome

Welcome to Issue 6 of Reflexions, the Royal National Orthopaedic Hospital NHS Trust’s patient and community newsletter.

This is an exciting time for the Royal National Orthopaedic Hospital. After many years of developing business cases for a new hospital, we are within sight of the opening of the Stanmore Ward Centre. We’re very excited about the facilities that the new building offers our patients and we’re confident that the environment will enhance even further the experience of receiving care in the Trust. We will be ‘commissioning’ the building from September to November, with a move planned for December. During this time we’re concentrating on making sure that all of the correct equipment is in place, staff have any additional training they need and planning the logistics of the move itself.

As a specialist centre in neuro-musculoskeletal care, we’re excited to be taking a leading role in a review of adult elective orthopaedic services in North Central London. At present, elective adult orthopaedic care is currently delivered in 10 different sites in the area. The NHS believes there may be opportunities to improve the quality and the outcomes of that care by creating a smaller number of specialist centres with ring-fenced facilities to carry out adult elective orthopaedic hand, ankle, foot, hip, knee and shoulder surgery. Patient feedback on the proposed changes is essential to ensure that we have a system across North Central London that meets your needs as a patient. There is an opportunity for you to read the case for change and give your feedback and if you would like to do this then you can access these on the RNOH website www.rnoh.nhs.uk.

Finally, we have recently received notice from the Care Quality Commission (CQC) that they will be undertaking a routine inspection of the Trust’s core services. When we were last inspected in 2014 the CQC gave us a rating of ‘Requires Improvement’ with a number of actions that we needed to take. We’ve worked hard to implement these and we’re looking forward to being able to show the CQC the progress that we have made and the excellent standards of care that our expert staff deliver. We do not have a definite date for the inspection, but once it is complete we will provide further updates in future editions of the Reflexions magazine.

Prof Paul Fish,
Director of Nursing,
Quality and Patient Experience

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Tell us what you think
If you have any comments about Reflexions or suggestions for future articles, please contact the Involvement and Volunteering team by email rnoh.volunteering@nhs.net or call 020 8909 5394. You can write to us at Involvement and Volunteering Department, Eastgate House, Royal National Orthopaedic Hospital, Brockley Hill, Stanmore, HA7 4LP.

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Volunteer with us! Email rnoh.volunteering@nhs.net Call 020 8909 5394
Get Involved!

Join our Patient Group

The RNOH Patient Group is an independent voluntary team of current and ex-patients, 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.

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)

How can I get involved?
To apply, or for more information please contact the Trust’s Involvement Team
Tel: 020 8909 5394
Email: rnoh.volunteering@nhs.net

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.
Kathryn Martin and Shakespeare’s King Richard III.

Little did Kathryn realise, on receiving corrective surgery for her spinal curvature, that she was connected to one of Shakespeare’s most notorious characters, a King of England. Richard III, infamously linked to the disappearance and possible murder of his nephews in 1483, also had a curvature of the spine.

Since receiving her life changing surgery under Mr Jan Lehovsky, orthopaedic surgeon in 2006, Kathryn has gone on to study BA (Hons) in Illustration at the University of Worcester, and an MA in Visual Communication at the Royal College of Art. She is now practicing as an illustrator, writer and university lecturer.

Kathryn wrote: “After the discovery of King Richard III’s remains in 2012, I have very much wanted to create a piece dealing with his spinal condition, as I inevitably feel an affinity towards him, having had scoliosis myself. This opportunity arose with my entering the Graphic Shakespeare Competition, choosing to adapt the opening monologue from Shakespeare’s Richard III in the style of a graphic novel.

“It features my own x-rays, which I purchased from the RNOH shortly after I was discharged from their care. The story addresses the stigma around Richard III’s ‘deformity’ that is conjured up in the play, and challenges the role his spinal curvature plays in his character portrayal. His spinal curvature is often used as a tool to enhance his evil character, a trope that is an unfair slur on everyone, including myself, who has suffered from and received treatment for scoliosis.
“While I was working on my entry for the Graphic Shakespeare competition, I was also lucky enough to have the opportunity to showcase my scars in photographer Sophie Mayanne’s incredible photography series, Behind the Scars.

“To have such a personal project be recognised in an international illustration competition is wonderful, and I really hope you too enjoy seeing something the RNOH helped create! If it wasn’t for your incredible care I think my life now would be rather different, for which I cannot thank all the staff at the hospital enough.”

Such is the beauty of Kathryn’s illustrations, the Trust will be displaying her prints on site to allow other patients to discover and learn from her journey. Congratulations on your Graphic Shakespeare win Kathryn.
The Welsh 3000’s Challenge requires participants to have been at the top of all 15 mountains in Wales over 3000 feet within the space of 24 hours, without using any form of transport. The length of the walk is about 24 miles, but the walks to the start point and down from the finish point can take it to over 30 miles.

Why they’re doing it:
“We are all therapists who work, or have worked, in the London Spinal Cord Injury Centre and have been inspired by the daily challenges our patients go through during and after their rehabilitation. We would like to raise some money to enable the creation of a beautiful wheelchair accessible garden.

Horatio’s Garden is a charity that creates and lovingly cares for beautiful accessible gardens in NHS spinal injury centres. Horatio’s Garden provides patients with somewhere to find much-needed solace in an oasis of planting, even if on bed rest. Patients can take part in gentle rehabilitation activities in the gardens organised by the charity, including garden therapy, art therapy and music events.

The garden design will include garden rooms as places for patients to use the space whatever the weather. It will be a fully accessible, beautiful space enabling patients to have time surrounded by natural elements.

We would be 100% grateful for any contributions that you are able to make whilst we clamber our way up 15 mountains. Our JustGiving page can be found at this address: www.justgiving.com/fundraising/caley-sarah-toomey1.

Love Caley, Frankie, Joe, Selina, Rachel and Michaela xxx

On the 6th October a group of physiotherapists from the London Spinal Cord Injury Centre (LSCIC), will be taking part in the Welsh 3000’s challenge.
Fellows in Yellow: The Volunteer Service.

The Art Volunteers.

Regular art sessions have been taking place at the RNOH for a couple of years. In the last couple of months, two trainee art therapy students from the University of Hertfordshire, Lesley Baker and Rachel Levine, have been working voluntarily with patients in the Jubilee Rehabilitation Ward.

Lesley and Rachel said: “Art therapy can be a powerful tool for reducing anxiety as well as expressing feelings.

“When patients arrive in the group art session, there are those that can be immediately familiar and confident with the art materials, responding easily to others within the group session. For others, it can be quite daunting in the space, and they can arrive anxious or slightly apprehensive. By encouraging them to create and express themselves through a variety of art materials in a supportive and non-judgmental space, we often find that by the end of the session the patients have become relaxed and engaged, having often formed good friendships. This calm setting also helps them to relieve stress as well as providing a sense of accomplishment as they learn to use new materials. The final part of these sessions involves discussion, reflection and sharing within the group.

“We have found it to be very rewarding to see the patients; not only to be supportive and encouraging of others within the group, but also expressing how enjoyable and valuable this time has been to them.”
“Hello, I am Christie, a meal-time buddy at the RNOH. Before becoming a volunteer, I did not realise how much I would enjoy each shift here.

“As a meal-time buddy, my role is to assist patients at meal times and be a friendly figure to talk to. I have learnt that despite being on a busy ward, it can be lonely for the patient at times – this is where my role as a volunteer really helps. From providing cups of tea to chatting with patients over dinner, I have found that many enjoy speaking to someone who is not a healthcare professional (despite my ambition to become a doctor), just to take their mind off the hospital if only for a few minutes.

“Becoming a volunteer was a simple process. After completing all the relevant forms, I attended a volunteer training day along with many others where we learnt more about our roles. One of the benefits of volunteering at the RNOH is the great support network established for the volunteers. Our training was very thorough and I feel secure in the knowledge that there is always someone I can talk to if I have any concerns over the role.

“On my first shift, I was introduced to the staff on the Margaret Harte ward who were all very friendly and I have been volunteering there ever since. I feel appreciated by staff and patients alike because often it is busy, so by taking the time to do certain tasks, I can help contribute towards the running of the ward and enhancing patient experience.

“Volunteering at the RNOH provides an amazing insight into the workings of a major specialist hospital. I find it immensely rewarding to be part of a team working towards improving patient experience at this leading hospital. Not only has my role as a volunteer been beneficial to the patients, it has also given me the chance to improve my bedside manner in helping to develop my communication and listening skills. I would highly recommend volunteering at the RNOH to anyone wanting to give something back to the community.”
Friends & Family Survey

One of our volunteers, Ian Farr, has been diligently working away at entering Friends & Family Survey data when he comes in each week for Outpatients department.

Ian took words that were repeated and created this. It’s a perfect way to see what patients’ think of our volunteers.

“I have only been volunteering for a month now on the Margaret Harte ward. I normally study at St Dominic’s Sixth Form College and am looking to study medicine in the future. Every time I go in, I’m enlightened by the amount of empathy on that ward. The nurses make the time I volunteer fly by with their jokes.

“Helping on the ward has really opened my eyes to the amount of hard work and dedication the nurses put into maintaining patient care during their stay. I had wanted to have direct patient contact, and this is exactly what I get from RNOH. I get to see patients every week and have impact on their care directly, which is far more suitable for me than doing clerical work from behind a desk.

“It’s so joyful being in that ward that sometimes I spend longer there than I’m supposed to purely because I just lose track of time. Supporting the patients gives me a new perspective on the world. It’s really gratifying being able to help the patients whilst reminding myself of how lucky I really am to have this opportunity.”

Rahul Puspassen

Rahul Puspassen
Corporate Volunteering Day

In April, the Volunteer Services welcomed a group of people from Cincera, a local video production company, to the RNOH for their corporate volunteering day. The team soon set to work decorating staff quarters in Cholmeley Court in preparation for its new occupants. Abs Pabari organised a well ordered team who clearly enjoyed the experience. The outcome was excellent, with the freshly painted flat awaiting its residents.

ISS Corporate Volunteering Day

A big thank you to the ISS regional managers and our own resourceful James Collins, who were fully prepped and ready for window cleaning action on the RNOH slope and Spinal Unit in July. It costs a whopping £12,000 a year to clean the windows of the various buildings on the Stanmore site. Without the help of corporate volunteering, our patients and staff would be destined to spend time their time with us in dark wards and offices.

Well done and thank you to everyone from Cincera and ISS.
The Stanmore Ward Centre redevelopment 2016-2018.

How it all began with Lord Prior turf cutting 6 JUNE 2016

Demolition of the Patient Centre is underway 7 OCTOBER 2016

And then it was gone - site of the former Patient Centre 25 OCTOBER 2016

Aerial view DECEMBER 2016

Starting to take shape on 30 MARCH 2017

The building starts to rise 23 MARCH 2017

The crane that dominated the site FEBRUARY 2017

Fitting out the corridors AUGUST 2017

The Atrium exposed to the elements DECEMBER 2017

The final stages of the main build JULY 2018

The Atrium hall early SEPTEMBER 2018

Bright single rooms for child patients

Fresh facilities for staff and patients

The new sign on the outside

Fundraise for us! Email rnoh.fundraising@nhs.net Call 020 8909 5362
Anoushé Husain
Facing my fears.

“I’m Anoushé and I was born missing my right arm below the elbow, have had cancer and have Ehlers-Danlos Syndrome (EDS) which causes my joints to dislocate spontaneously, among a whole load of other things.

“I was born and bred in Luxembourg which is a beautiful country but quite small so I didn’t meet another limb different person or know any growing up. In one sense, this had a lot of positives. I was treated the same as everyone and was expected to be the same. It did have some disadvantages though: I had no one to ask when I did encounter problems like learning to tie my hair, cut my nails safely or how to manage if my normal arm ever had any issues. Thankfully, I had a really good support network from my family and doctors and I was encouraged to find my own way through things.

“As a child, I was a competitive swimmer and as a teenager I moved towards competitive martial arts. Aside from a few instances of discrimination in karate and a little bit of bullying in school, I had a relatively normal childhood. I was poorly quite often but that didn’t stop me from living life.

“Around my teenage years, things started going a bit weird and my right shoulder would pop out of its socket. I thought this was a really cool party trick but my medical team unfortunately disagreed. We didn’t know why it had started happening or why my other joints seemed to be following suit. My relatively carefree life started to fill itself with worry. Something was happening to my body and I had no control over it, nor did I have any understanding. Over time, I was eventually told to stop martial arts, a sport I had fallen in love with and one that I was doing 16 hours a week as I had just started winning podium places in competitions. Besides the heartbeat, stopping karate led to more joint problems. We didn’t know I had EDS at the time and that my physical fitness was the one thing stopping things from degrading heavily.

“The next eight years were pretty awful. At 18, I started needing surgery to stabilise my joints and limit damage; first on my left hand and eventually needing back surgery at 21 years old. The surgery put me into forced rest and each resting period led to more joint problems. My pain levels increased and I went from being fit to struggling to walk from pain and misalignments. I tried my best to find a way to stay active but every attempt backfired.

“I thought things couldn’t get worse but they did. At 23 I was diagnosed with cancer and had to go through six months of...
treatment. I came out of there not only physically broken but also mentally and emotionally exhausted. I had nothing else to give. The treatment also left me with problems with my left arm, I couldn’t raise it above my head and I was struggling with the basics like putting my socks on or washing my hair.

“The doctors didn’t know why I got cancer at my age. Everything had been done from a medical perspective; the rest was in my hands. I had to find a way to get active. The hospital team set me up with a supervised gym programme but one of my friends knew that would never be interesting enough for me to enjoy. She suggested I try climbing. I thought she was insane given the situation I was in but I had tried it on a school trip once as an eight year old and loved it.

“The first session with her was truly awful. I barely managed anything, I was incredibly deconditioned and I was in pain for a few days after but during those few moments on the wall, for the first time in ages, my mind was clear and I felt like a normal person, not a patient. That feeling made me return and keep trying. I stuck with the gym to get stronger for climbing.

“I took a break from it once I moved to London and took it up two years ago. Now I am competing nationally to try and get on Team GB. My health is still hugely erratic but I have incredible support from the medical teams here who are helping me with prosthetics (including ones for strength training), physio, and anything to try and keep me going and maintain my quality of life. As I have grown stronger, my life has taken a new purpose. My prosthetist at the RNOH is Morven McAlinden, who has made four arms for me: one bionic and the other three sports versions (one of which was due to weight loss). I rely on my sports arms for strength training and to advance my climbing. We have discovered ways to adapt them, which is exciting because it opens more doors for me as a sports person.

“I love the arm making process – it has me skipping around like it’s Christmas: the casting process is really enjoyable and then there’s the excitement of choosing a skin. My first skin for my yoga arm was sky blue with clouds – a very peaceful image; my bionic arm has sharp pinks, purples and blues to contrast with the black hand – the warrior. My strength arm has very clear and sharp blues to show strength and determination, and my new Spiderman arm is because of my love for Marvel comic characters – the hero – which will allow me to do things I consider super human.

“Yes, I may have a very complicated health picture that is worrying but I am also empowering myself to make choices within that.”

**Prosthetics**

Morven McAlinden, Prosthetist commented: Creating prosthetic solutions for Anoushé is always pleasurable as she knows exactly what she needs and gives us a very specific brief. Along with the help of Specialist Technician Rob Phipps, we have created limbs which have allowed Anoushé to continue to improve her strength and flexibility. This means she can continue to pursue her passion for climbing, but at the same time maintaining her overall fitness level. All of our patients have the opportunity to personalise their limbs, and Anoushé loves this element of the process. The most recent ‘Spider web’ design seems highly appropriate for her!
Our intrepid Dementia Leadership team: Jane Macdonald, Deirdre Coll, Roz Veitch and Helen Landers are taking part in the 9km Memory Walk to raise funds for the Alzheimer’s Society.

The event is taking place on Saturday 15 September at Cassiobury Park.

Please click or go to this link: https://www.justgiving.com/teams/MW59628 to donate to this worthy cause.
The girls were inspired by the RNOH Great Summer Bake Off which was held May but had been disappointed to discover that the Bake Off was only for RNOH staff. As an experienced baker of two years who regularly bakes at home and school, Shania wanted the opportunity to show off her great tasting cupcakes.

Both girls created posters to grab the attention of patients and their parents on the ward. Over a two day period the girls set up a stall and sold their cakes raising money for both the RNOH Spinal Cord Injury Centre and Stand Up to Cancer. Despite her passion for baking, Shania has her eyes on training to become a maternity nurse and sharing the care she has received from the Coxen ward nurses to new mothers in future years. Leah has her GCSEs coming up in the future and is at a crossroads as to what to study in the future. We have no doubt that these two creative and resourceful young ladies will be a great success on whatever path they choose.

With the help of staff nurse Simone Butcher and the play specialists on the Coxen/Adolescent unit, the school room was set up to allow 12 year old Shania and fellow patient, Leah, 13, make and bake cakes to sell on the ward for charity.
Share your story.

Ian’s Fibromatosis Story

Late last year, Ian Apperly had been referred to Mr Panos Gikas, consultant orthopaedic surgeon at the RNOH, who was keen to go ahead and try and remove the cancer that had been found.

Previously diagnosed with a fibromatosis, bone sarcoma of his right humerus in November 1990, Ian had been a private patient unit in another trust but had been turned down for surgery as they did not think they could successfully perform the operation. In September 2017 Ian was referred to the RNOH and was seen Mr Gikas. Surgery was arranged for February 2018.

The stress of living with cancer for over ten years had taken a toll on his life. He had been forced to give up work as a car mechanic and had been on high blood pressure medication. His family were feeling the strain.

On coming around in Recovery after the operation, Ian was surprised and confused to discover his right arm was intact. He surmised that the operation had probably not gone ahead or that he was still dreaming. When fully recovered from the general anaesthetic, Ian was informed that Mr Gikas had successfully removed the cancer and replaced his humerus with a titanium rod.

He was advised to rest his arm but start exercises suggested by his physiotherapist, Abbie, to regain muscle strength and mobility.

Since his operation Ian has been ‘buzzing’. He has a new zest for life and the NHS. His high blood pressure is all but a distant memory and his children are rediscovering the father they once knew. He has been in touch with The RNOH Charity and is looking at methods of raising money to donate to the RNOH.

His brave offer of doing a sky dive has been vetoed, as Mr Gikas has only just repaired his arm.

Ian’s view of the RNOH has been elevated since his arrival. The skill, expertise and the care he has received and has been second to none. The pain he had been told to expect after his operation never arrived and he regularly travels to Stanmore to meet his physiotherapist and every visit finds his physical strength and mobility improving. He really cannot thank Mr Gikas and his team enough for saving his arm.

Ian summarised: “Cancer has changed the way I think. I believe you should enjoy life with the time you’ve got, as life is too short. One of my goals was being able to drive again, which I now am. I flew for the first time to Dublin in June, and am determined to take on a challenge with The RNOH Charity to help raise funds for the hospital. I’ve got a second chance on life and I plan to live it to the full.”
To keep this service going:

- We have 4 months to raise £15,000 to buy a replacement patient buggy
- Will you help us?
- This volunteer service is fully funded by The RNOH Charity

www.justgiving.com/fundraising/volunteering-new-buggy
Share your story.
The Adventures of Amanda at the RNOH

When Amanda Huggett first arrived in the world in the 1960s, covered in hair and contorted, her parents were told by doctors that it was highly unlikely she would survive a week and if she did, she would be a ‘vegetable’. Her mother was then left alone in the room with an extra pillow.

Following a recommendation, her parents wisely sought a second opinion from the RNOH, and Amanda was diagnosed with the rare condition Arthrogryposis Multiplex Congenita (AMC). There were several scenarios relating to the cause of her condition and Amanda fitted into one category better than others: it is likely that her mother didn’t carry a lot of fluid in her womb, which caused a restriction of the the baby’s movements.

Arthrogryposis Multiplex Congenita (AMC) is the general term for the development of contractures affecting one or more areas of the body prior to birth. A contracture is a condition in which a joint becomes permanently fixed in a bent or straightened position, completely or partially restricting the movement of the affected joint. The most common form of an isolated congenital contracture is clubfoot. When arthrogryposis affects two or more different areas of the body, it may be referred to as AMC.

At 5½ months, Amanda had surgery at the RNOH on her club foot and to straighten her ankles. When she was two, plates were put on her hips, which involved a lengthy stay of 22 months on the Coxen ward. Her pregnant mother would travel every day from Harrow to visit her and her brother was born on the men’s ward, as her mother went into labour whilst visiting in July 1968. Such was the novelty of this event it made the news across the country and as far away as New Zealand.

As Amanda remembered: “We used to have fun on the ward. Staff arranged ovens to be brought in to allow the children to make and bake fairy cakes. Sandpits were also brought onto the wards for the less mobile patients. We were allowed to touch it, filling our bed sheets sand. One of the visitors made skateboards for the children, adding pillows for the less able. The children were placed on the boards and pushed across the wards with great zeal. We loved the boards and when we fell off we’d be picked up and put back on.”

Amanda went on to normal state school and then spent a year in a specialist residential college in Coventry, which she found amazing. There were two Youth Opportunities programmes of six months each: Kodak in Harrow where she worked in the office and medical department – transcribing doctors’ notes; and a second job at a computer company in
Watford, working on a ‘Dolls Eyes’ style 70s switchboard. She has since spent many years working for the Royal Mail until she was medically retired due to her condition becoming too painful.

Amanda had a spate of around 10 years where she had multiple operations, far too many to remember. “There have been times when I thought I cannot do this anymore, but I always seem to find the inner strength, which seems to make me strong. My husband has been brilliant, supportive and helped carry me through.”

Her consultant for many years was Mr Catterall, a paediatric surgeon, who still teaches at the RNOH. “I would like to thank him for his knowledge, support and wisdom. He would bring his students to see me for a prod and a poke.”

The RNOHs present medical director, Mr Aresh Nejad, operated on her right hip, and Prof Tim Briggs performed a hip replacement operation on her left hip. She had been warned before the operation that there was a chance she may lose her leg due to the deterioration of her muscles. It was with great relief to discover her leg had been saved.

“If it hadn’t been for the RNOH I don’t know where I’d be - they saved my life. The clinical staff are amazing, far better than other hospitals I have been in. I’m happy and love my life.”

Volunteer Stories.

Ashik Shah, Chief Pharmacist, thanked the three volunteers, David, Richard and Viv, who deliver medication across the site, for their hard work.

The volunteers in pharmacy have been amazing. They are great for not only our patients but our staff too. They support the pharmacy by physically linking up the clinical areas over the wide geographical spread of the hospital, and they do so by bringing prescriptions to pharmacy and taking medicines back for patients. This assists us a great deal especially when the pharmacy porter is already busy in a different part of the hospital and cannot return to either pharmacy or a ward to complete these jobs. This also saves valuable nursing time by ensuring nurses and HCAs continue to provide care by patients’ bedsides and not running between pharmacy and clinical areas.

Our volunteers bring more than their legs to the team. They have instantaneously become part of the ‘pharmacy crew’. Their sheer presence cheers the team up and brightens our day: David has such wonderful stories he shares with us, Viv spoils us with her diverse baking skills and Richard talks a brilliant game of cricket. Their absence is noticeable, and we cannot thank them enough for what they do to help our patients, the pharmacy and the hospital as a whole.

“What a great surprise for me. I would like to thank all those in the Pharmacy with whom I have worked. A great bunch of people and a pleasure for me to be able to help out at the RNOH”

Richard, Volunteer

“I honestly cannot thank you enough for the amazing volunteers we have. They are all so friendly and play a key role in making sure pharmacy deliveries are made in a timely manner” Vish, Chief Pharmacy technician

If you are looking for an opportunity to be part of this rewarding service, please contact the Volunteer Service on: rnoh.volunteering@nhs.net or call 020 8909 5394 for further details.
Share your story.

Isobel’s Active Scoliosis Journey

In the summer of 2017 Isobel Bower’s parents noticed their daughter had a more prominent area to her right shoulder and upper back. Whilst she had had no physical symptoms, an x-ray was arranged and their local hospital referred Isobel to Mr Jan Lehovsky, orthopaedic consultant specialising in spinal deformity and injury at the RNOH.

Isobel’s mother, Anna, continues the story: “At the time of Isobel’s diagnosis we were scared and worried about what the future would hold for her. We were referred to the RNOH and Mr Lehovsky advised that she would need a back brace and possible corrective surgery within two years. “As soon as we visited the Orthotics department at Stanmore, the uncertainty about all that was ahead of us was immediately reversed. During the brace fitting we were reassured by Orthotist Holly Phimister and felt so much more positive. The brace was only slightly uncomfortable in the hip area but this was rectified by adding pads. “Isobel is an active child, taking part in swimming and pony riding. Despite having to wear the brace for 23 hours a day, physical exercise has been encouraged to continue wherever possible. I am pleased Isobel is in such good hands with the RNOH and have every confidence with them. “I felt so inspired by the work of the RNOH, I decided to do a skydive in June 2018 to raise money for scoliosis research. Hopefully this will help improve some of the facilities at the Stanmore site. Please donate to my JustGiving page: www.justgiving.com/crowdfunding/anna-bower.”

Holly Phimister, Orthotist at the RNOH, advised: “The Orthotics Department at the RNOH treat a huge number of people with AIS and scoliosis with the use of a custom made spinal brace. The department consists of eight experienced orthotists and a large team of technical staff who manufacture the braces on site. We are the biggest orthotic centre in the UK for the provision of spinal bracing and complex orthopaedic cases. At the first appointment a
A plaster cast is taken of the body and the orthotist uses their hands to apply forces to correct the spine as much as possible. We use x-rays and feel along the length of the spine to determine where these forces should be applied. The brace takes around 3-4 weeks to be made. This involves a skilled orthotic technician filling the cast with plaster and rectifying the positive model of the body and applying more forces to the spine. The cast is then wrapped in a sheet of melted plastic and when this is cooled it is removed and trimmed and finished off. The brace is now made.

The fitting stage may take a few hours and this involves optimising the brace and adding pads and windows to improve function. The brace must be broken in gently and this may take several weeks. It should then be worn for approximately 23 hours a day. We review the brace several weeks after to check progress. A recent study found that the use of bracing in scoliosis is effective in slowing the progression of a curve within certain limits and improving it in some cases.

**NHS 70th Birthday Celebrations**

The NHS turned 70 back in July and to celebrate, staff at the RNOH held a garden party Stanmore and a special lunch at Bolsover Street. Staff from across the Trust, gathered to mark this major milestone and shared food and each other’s company. As part of the celebrations, there was also a live TV broadcast from Abbey Road Studios, and several members of RNOH staff went along to represent us. Despite the downpour of rain their spirits weren’t dampened and they joined in the sing-a-long that went out live on ITV.
“It was with alarming realisation in late 2016 that the small lump just below my right knee had grown substantially. A visit to my local GP resulted in a minor op for a sebaceous cyst at the surgery. Unsurprisingly, in retrospect, it refused to come out and a great deal was left behind.

“It was also disturbingly associated with what was later called ‘Tinel like signs’ – a tingling in the nerves passing down the leg to the foot when the lump was pressed. After some follow up and an MRI, the lump was identified as a neuroma which had wrapped itself around some important nerves in my right leg, hence the Tinel like symptoms. The sensation is named after French neurologist Jules Tinel (1879–1952).

“A consultant from the West Suffolk hospital explained during an eye opening conversation that an operation was highly likely to result in nerve damage, impairing proper foot movement and walking. As I walk a great deal, my lifestyle and work depend on being able to freely move. It was agreed to do nothing until the neuroma’s size made this risky operation inevitable. In the meantime, I was referred to Mr Marco Sinisi, neurosurgeon at the Peripheral Nerve Injury unit at the RNOH, well known for its excellence in this field.

“I was admitted to Stanmore in late November 2017 for surgery. I almost didn’t make it to the Stanmore site, as I had stupidly not read the paperwork properly and travelled to the Bolsover Street site in central London instead. Fortunately, I managed to get to Stanmore on the last bus, late in the night, before the planned operation, for a very short sleep and early rise.

“Hospitals are very busy and pressured places, so it’s important to be patient and understanding when waiting for your operation - taking a book helps. I teach statistics known as ‘Survival Analysis’ at university. Such a book provided useful and curiously appropriate reading before and after my surgery. The issue of concern was not really survival of course, but possible life changing collateral damage to the nerves in my leg. However, I had confidence in Mr Sinisi and his team and was therefore not unduly worried. They fully justified my faith in their skills.

“The anaesthesia took temporary toll but otherwise the operation put me in no serious discomfort. The post op paperwork mentioned ‘blunt incision’, which I believe is more like separating than cutting with a knife. In any case it worked 100%, most particularly in terms of no damage to the nerves plus a clean and quick post-operative healing of the long cut in the skin they needed to incise.

“I suffered no sign of the dreaded ‘drop foot’, a quite self-explanatory, undesirable side effect of this type of operation. In fact I was able to talk and move about as normal the same afternoon.

“A little over six months after the operation, I have been able to resume exercises such as cross training and long walks as before, without the Damocles sword of that growing neuroma. The scar from the op is long but very neat and unobtrusive, a testament to the surgical skills of the surgeon. I could have been in a very different place had I not had the good fortune of being referred to the RNOH and put in the exceptionally skilled hands of Mr Sinisi and his team.”
Are you visiting the hospital alone?

Would you like somebody to sit and chat with whilst you wait for your outpatient appointment?

Maybe you live a long way from your family member and you cannot be with them for their appointment, then you could ‘book a buddy’ for them.

Here at the RNOH NHS Trust we offer a service that can help.

A volunteer can come and meet you, support you whilst you attend your appointments, escort you to various departments.

Contact:

rnoh.volunteering@nhs.net or 020 8909 5394 to book

This service will need 7 days’ notice and is subject to availability.
Recognising great care.
Award your badge to someone who deserves it

Recognising Great Care is a patient-led initiative to recognise and celebrate excellence in caring

Nobody is better placed to recognise and identify great care than patients and included in your Welcome Pack is a pin badge for you to give to a staff member or volunteer you think has gone that extra mile and delivered great care to you.

It can be any member of staff or volunteer that has made a big difference to your experience at the hospital. By giving the badge to the member of staff or volunteer, you are not only thanking them for their work but you are also helping to make excellence visible. There is no obligation to award badge if you would prefer not to.

The badge is mounted on a card. There is space on the back of the card that can be used if you want to write a small message to the staff member. All staff value positive feedback from patients, and we want them to know that their work really makes a difference.

Maya Benny, who has received a Gold badge for her hard work said, “I think it's very motivating. I have been a nurse for 21 years and it's nice to get real appreciation for nurses from a director and patients. It proves that we are continuing to deliver great care.”

Maya Benny, Staff Nurse receiving her gold badge
Neonatal One-Stop Hip Clinic

Christine Douglas: Extended Scope Paediatric Physiotherapist
Penina Edel: Clinical Nurse Specialist

The ‘One-Stop’ baby hip clinic was first established with the support of Mr Aresh Nejad and Mr Peter Calder in January 2016 within the Paediatric Outpatient department. This practitioner-led service works with baby hip pathology referrals under the age of six months.

Developmental Dysplasia of the hip describes a poorly formed hip joint and is a common presentation in babies, affecting one in every 500 babies born. We do not know why the condition is present but it is much more common in babies that have been in breech presentation prior to delivery and those with a family history of the condition. The condition is not painful for the baby but does require urgent treatment.

NHS England have published national guidelines on the Newborn and Infant Physical Examination which all babies are required to have, at 72 hours and 6-8 weeks after birth. All babies born in the UK should have an examination of their hips and if an abnormality is detected, they are referred to our ‘one-stop’ neonatal hip clinic as soon as possible.

The team includes an Extended Scope Paediatric Physiotherapist, Clinical Nurse Specialist, a Radiologist or Sonographer, offering clinical and ultrasonography assessment, diagnosis and treatment for babies in one convenient clinic appointment. We were fortunate to have funds secured via The RNOH Charity for our portable ultrasound machine and Graf Sonofix support system for optimal baby positioning to aid our clinics.

If a diagnosis of Developmental Dysplasia of the Hip (DDH) is made, the baby will usually be fitted with a Pavlik harness, a set of straps to hold the hips into a position of flexion and abduction (up and out to the side). The harness is worn for 6-12 weeks and is very effective in treating hip dysplasia in most babies. If harness treatment is successful, the baby will present with a normally developing hip.

The Neonatal Hip Study morning held in June this year, was an opportunity for us to share information, provide updates on national guidelines and provide practical training to health care professionals involved in baby hip examination and screening. The course educated 22 delegates from the fields of medicine, nursing, radiology and radiography, nursing and physiotherapy. Delegates attended from Hull, Birmingham and Ashford, as well as more local representation from Watford and Northwick Park Hospital. We look forward to running a similar study day next year.
Social Work at the RNOH

By Angela Sobers, Team Lead

The RNOH have an ‘in-house’ Social Work team consisting of a Team Leader, a senior Social Worker specialising in paediatrics and a Social Worker focussed on adult care. The team work within the Medicines & Therapies directorate and are based in the Therapies Outpatient department.

We identify the support and care a patient and their families/carer may require at the outpatient pre-assessment stage or as an inpatient. We see patients with a variety of health issues ranging from spinal deformities and amputees to those affected by soft tissue/bone cancer in upper and lower limbs and adults with complex joint issues. We identify difficulties and work with patients and families and our aim is to empower and advocate for the individual, to identify the presenting issues that are having a negative effect on their well-being.

Social work at the RNOH is about helping patients and families address the impact of illness and treatment. Tremendous stress often stems from hospitalisations that are related to long term illnesses/disability and can have a detrimental effect on work, finances, day to day functioning, relationships, families, friends, emotional and mental health.

The team paediatric Social Worker, Jeeva Govender, works to assess children/young people at the pre-operative assessment stage who will need care and support post-surgery. She liaises with the local authorities to make sure the appropriate care is arranged for a child in need when they leave hospital.

There are a wide range of situations where an individual or family might need Social Work support including:

- Struggling with the challenges of growing old
- Suffering serious personal troubles and mental distress
- Having drug and/or alcohol problems
- Facing difficulties and isolation as a result of their disability and experiencing practical family problems
- Children needing support from Health or Children Services post-surgery in order to remain safe at home
- Emotional support to the parents of children and families of adult patients who have had complex surgeries
- Provision of social work services in Outpatient department, pre-assessment and inpatient wards

For further information about the Social Work team please contact Angela Sobers, on 020 8909 5835 or email: rnoh.socialwork department@nhs.net
Dear Sir or Madam,

I write with reference to my recent experience at RNOH Stanmore hospital RNOH ward 4. You will be pleased to know this is a letter of appreciation and not a complaint. We are all too quick to complain and not so quick to compliment when an exceptional service has been experienced.

My condition consisted of a prolapsed disc at level L5 S1. Initially I had a private appointment with Mr Casey in 23rd February 2018 who kindly agreed to include me on his NHS list. Mr Casey advised that if I completed my GP referral by the following Monday this would drastically speed matters up. I contacted Mr Yank (Mr Casey’s secretary) and dropped the GP referral letter off by hand. My pain at this stage was manageable but I could not sit or stand for any prolonged time. Mr Yank immediately noticed the GP referral letter was incorrect as it was not addressed to Mr Casey. Mr Yank could see my frustration and the pain I was in. Instead of sending me away Mr Yank contacted my GP surgery and explained the dilemma over the phone exchanging fax numbers and the error was duly rectified. I would like to thank Mr Yank for his assistance and his helpful manner as this alleviated some stress and prevented me from travelling back to me GP and then a return journey to Stanmore which would have exacerbated my pain further.

Without going into too much depth, my pain became unbearable where I could no longer go to the toilet or even stand for any period of time and I was eventually admitted to Romford Hospital. This was on the advice of specialist nurse Louise Ward (Stanmore) who again was a life saver as I was nearing breaking point at this stage. Louise remained in contact with me during this period and reassured me that everything was being done to bring my surgery forward. I then received a phone call from Louise and Lee Papas (Spinal surgical unit) confirming my appointment had indeed been moved forward by 3 weeks. This was music to my ears as I was now on high dosage pain relief and still unable to stand. Louise however went the extra mile as my pre-surgical assessment had to be completed which normally involves a face to face appointment. Louise pulled all the stops out and my pre-assessment was conducted over the phone. During this phone call Louise put my mind at rest re the surgery and was very informative on my forthcoming stay at the hospital. I found Louise to be very professional, courteous and had a can do positive attitude which put my mind at rest prior to my surgery.

My surgery took place on 4th April 2018. The surgery went well and I am currently recovering with very little pain. I will thank Mr Casey personally when I have my follow up appointment on 14th May 2018. However, I would also like to add the staff I had contact with whilst on Ward 4 were excellent and a great credit to Stanmore hospital. This includes porters, catering staff, nurses, anaesthetists and physiotherapists who were all exceptional. The nurses were professional, had time to speak to you and were comical at times which believe you me is what you need whilst in hospital. Overall my whole experience whilst at Stanmore hospital was exceptional and I would not hesitate to recommend the hospital to anyone.

Kind Regards
Martin Godsave
VOTING IS NOW OPEN

NOMINATIONS CAN BE MADE VIA THE GRAPEVINE

(CLOSES FRIDAY 23RD NOVEMBER)