

**See what went  
BOOM on page 4!**

**Look at what's been  
going on in the  
Knowledge Hub on  
pages 6 & 8!**



**Good news  
stories on  
page 5!**

## Over 1,000 patients have taken part in ROH Coffee Catch Up events



(L-R): Harshadkumar Rajgor, Patrick Thies, Alicia Stanton, Gayle Kwidini, Rachel Richards, Gareth Stephens and Nikita Khela

### We've now hosted over 20 events, and welcomed over 1,000 patients to our Coffee Catch Ups!

Coffee Catch Ups are a part of our JointCare pathway - the Royal Orthopaedic Hospital's (ROH) innovative hip and knee replacement programme.

JointCare is an optimised pathway, characterised by wellness.

JointCare encourages patients to get up and out of bed to aid their recovery, and is based on three core principles of better preparation,

early mobilisation, and family involvement.

A group dynamic is central to the pathway, and making sure patients are as fit and well as possible before and after surgery. If you're on the JointCare pathway, you'll be able to attend a pre-op workshop and physiotherapy classes which are built in to the programme, to encourage peer support - and friendly competition for recovery times!

Patrick Thies, Physician Associate at the Royal Orthopaedic Hospital said: "I love being part of the Coffee Catch Ups, I see many of

our patients throughout their journey before, during and after surgery and it's wonderful to get together again in a relaxed setting and hear how their recovery is going. Hearing from patients how they have less pain and they're getting more independence is just wonderful. It's also a chance for us to hear about the things we're doing well, so we can keep doing them, and understand if improvements can be made. We're able to take this feedback and share it with staff across the JointCare pathway to celebrate the positives and be able to



(L-R): Patrick Thies and Alicia Stanton



Akash Sharma

implement changes where needed."

One of the most important elements of JointCare are our Coffee Catch Up events. These are reunion sessions, where the service improvement and clinical teams can meet with patients, answer any questions, and gather feedback in an informal and relaxed setting. Gathering feedback in this way is invaluable and means we're constantly improving and refining the experience for future patients.

Roger, a hip replacement patient attended our 20th session, and said: "It's superb - I've been delighted with the whole experience! It's amazing to see the clinicians again at the Coffee Catch Up, right from the beginning everything has been handled well. I'm made to feel important as a patient here."

Pam had her second knee replacement at the ROH and said: "It's been truly marvellous. I had a goal to get back on the exercise bike, and at the end of the fourth physio session, I did it! Everyone I've met has been fantastic, from the Porters to the Consultants. It shows that people take pride in their work here, they should be so proud!"

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**More pictures on  
page 3**

## Got a story? Contact us!

### Welcome to this edition of ROH life.

We want to feature the fantastic work and interesting stories from people across the Trust.

Whether you're a patient with a story to tell, or a member of staff who wants to share some great work, you can get in touch using the details below. We would love to hear from you and hopefully feature you in an upcoming issue.

### Email:

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# A message from Jo Williams



### Welcome to this edition of ROH Life, our Trust newspaper for patients, visitors and colleagues at The Royal Orthopaedic Hospital NHS Foundation Trust (ROH).

We wanted to showcase the fantastic innovations from Arthroplasty (joint replacement) in this issue, from JointCare to day cases.

Day case joint replacement is the same procedure as traditional joint replacement, but the focus is on a faster recovery and getting back to normal activities sooner. At ROH a joint replacement can be performed and a patient sent home within 24 hours. The process involves careful planning, streamlined procedures, and emphasis on patient participation in their recovery. You can read more on page 10.

Coffee Catch Ups are a part of our JointCare pathway - the ROH's innovative hip and knee replacement programme. One of the pieces of feedback received via our Coffee Catch Up cards said: "Fabulous coffee catch up event, never known a hospital like it. This sums up the ROH - you care."

I'm so proud to lead an organisation with so many fantastic people who are always striving to make things better. We'll get a chance to recognise our team at the annual staff Blue Heart Awards later this year - keep your eyes peeled for the shortlist.

Jo Williams  
Chief Executive

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## Spinal Surgeon Mr Jwalant Mehta, is joining a new programme at the Scoliosis Research Society

**The Scoliosis Research Society (SRS) is one of the worlds premier spine societies. In order to support the development of the next generation of leaders, the Society have launched a comprehensive programme for members focusing on Leadership, Education and Development (L.E.A.D.). The inaugural L.E.A.D. SRS cohort was selected from a very impressive group of members who have already made significant contributions to the Society.**

Mr Jwalant Mehta, Consultant Spinal Surgeon at the Royal Orthopaedic Hospital is among this prestigious cohort.

Over the next nine months, the programme aims to support the development of outstanding leadership. It will provide participants with insight on how to enhance and nurture leadership skills. The curriculum covers topics critical to leadership

and will help participants understanding leadership within the Scoliosis Research Society.

Mr Mehta said, "It's a great honour to be part of the L.E.A.D programme. The importance of capable and principled Leadership is sometimes overlooked in the clinical space. But it is vital to sustaining an environment where people can develop and deliver the best outcomes to patients."

One of the architects of this programme and SRS President, Serena S Hu M.D said, "Leadership means different things to different people but is critical in all environments whether it be in hospitals or health systems, clinics, operating rooms, research groups or organisations such as the SRS. We are excited to host this amazing group of individuals, and to participate in their leadership journey."



The Royal  
Orthopaedic Hospital  
NHS Foundation Trust



ORTHOPAEDIC NURSING  
AND AHP CONFERENCE

INNOVATION & QUALITY IMPROVEMENT

## TUESDAY 30 APRIL 2024

We're looking forward to welcoming attendees to the inaugural Orthopaedic Nursing and Allied Health Professional (AHP) Conference dedicated to the development of Orthopaedic Nurses and AHPs. This year, the focus is on Innovation and Quality Improvement. Attendees will hear from a range of experts on innovation approaches, cutting edge techniques and transformative quality initiatives.

### AGENDA HIGHLIGHTS

- Genomics
- Role of Professional Nurse Advocates (PNAs)
- Arthroplasty panel discussion
- Research
- Patient stories
- Quality improvement in Pharmacy
- Pain Services
- Therapy Services
- MSK transformation in Birmingham and Solihull

### DATE

Tuesday 30 April 2024

### TIME

8:30am - 4:30pm

### LOCATION

The Knowledge Hub  
The Royal Orthopaedic Hospital,  
Bristol Road South, Northfield  
Birmingham. B31 2AP.

### FULLY BOOKED

The conference is fully booked. Email [roh.comms@nhs.net](mailto:roh.comms@nhs.net) to be added to the waiting list.





# Your journey doesn't end after surgery, we want to know how you are and how we can do better



**Find stories from our coffee catchups keep up to date via our social media pages**



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# BOOM Consensus



**At the end of January the Birmingham Orthopaedic Oncology Service at ROH welcomed specialists from across the globe to the Birmingham Orthopaedic Oncology Meeting: The Consensus. Headed by Lee Jeys, Vineet Kurisunkal and Guy Morris, the meeting explored global challenges in Chondrosarcoma and Infected Oncology Reconstructions to gain a global consensus on diagnosis and treatment.**

This meeting welcomed a scientific

committee from over 120 major units to shape the key controversies and research the evidence in order to agree international guidelines.

Guy Morris, Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital, said: "In a speciality as critical as Orthopaedic oncology, decisions about treating patients can be difficult with little evidence or conflicting evidence about key topics.

"Chondrosarcoma is a rare type of primary bone cancer (also called bone sarcoma) of the cartilage cells. There is currently a wide discrepancy in diagnosis and treatment around the world and with recent changes in definition of chondrosarcoma by the World Health Organisation (WHO). This has led to further confusion about best treatment. Added to this is the challenge that biopsies are rarely accurate in establishing aggressiveness

of tumours, which can result in varied management strategies and poorer oncological outcomes."

In addition to a discussion on chondrosarcomas, the consensus considered Infected Oncology Reconstructions. For some patients with a sarcoma, there is a need for a prosthesis due to the removal of the affected bone. Periprosthetic joint infection (PJI) remains one of the dreaded complications of surgery for bone tumours.

Because oncology patients undergo varied treatment plans (chemotherapy, radiotherapy, etc.) depending on the nature of their diagnosis, and as there is a higher prevalence of primary bone cancer in young patients, management of oncological periprosthetic joint infections is not well defined and therefore there are wide variances in treatment across the world.

Professor Lee Jeys, Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital, added: "This meeting welcomed over 300 attendees from over 50 countries and brought together orthopaedic oncology specialists from across the globe for the first time to agree international guidelines and help co-ordinate orthopaedic oncological practices here in the UK and across the globe."

The meeting was really successful and the outcomes will be published in a major journal in the coming months. A big thank you to the Oncology team for leading such an important discussion which will help co-ordinate global orthopaedic oncological practices helping both orthopaedic surgeons and patients.



(L-R): Guy Morris, Lee Jeys and Vineet Kurisunkal.



## Waiting well

**The pandemic has meant that many operations and procedures have been postponed. Some people are waiting longer for surgery and other treatments. There are things you can do to help manage your physical and mental wellbeing while you're waiting. Even small changes can make a big difference.**

To find more waiting well resources, [please scan the QR code.](#)



## Versus Arthritis team visit the Royal Orthopaedic Hospital

**The Royal Orthopaedic Hospital was pleased to welcome Chief Executive, Deborah Alsina MBE, and members of the Versus Arthritis team for a visit focussed on partnership and collaboration.**

Versus Arthritis is the UK's largest charity dedicated to supporting people with arthritis and The Royal Orthopaedic Hospital is one of



L-R: Nikki Brockie - ROH Chief Nurse, Zoe Chivers - Director of Services & Influencing, Lucy Donalson - Director of Research & Health Intelligence, Joanne Dolan - Head of UK Delivery, Deborah Alsina - MBE, CEO and Jo Williams - ROH CEO.

Europe's biggest orthopaedic units. Both organisations share the common goal of supporting people and communities to be healthier, and achieve this through investing in world-class research and delivering high-quality services.

The Versus Arthritis team visited Birmingham to discuss opportunities for collaboration and met members of The Royal Orthopaedic Hospital Team to learn more about the Trust. It was an opportunity to discuss the latest in research, and how initiatives like Art For Health can benefit patients with chronic pain. Versus Arthritis shared more about their excellent resources, their research and their campaigning to help build a future free from Arthritis.

Jo Williams, CEO of The Royal Orthopaedic Hospital was appointed to the Versus Arthritis Board of Trustees in January 2023.

## Digital Transformation



**Head of Digital Transformation at the ROH, Gavin Newman, was recently interviewed by Digital Health to share insight into the digital initiatives across the Trust.**

Gavin talks about digitising outpatient appointment messages, introducing a digital pre-op pathway and how the most important thing to remember is that it's all about getting the basics right.

Scan the QR code to read the [full article.](#)



## LGBTQ+



**February is LGBTQ+ History Month and we're proud to fly the progress flag**

This year we're celebrating LGBTQ+ people's contribution to the field of Medicine and Healthcare both historically and today.



# ROH Patient Stories: meet Diana



**ROH Patient Stories – Meet Diana**  
Diana is no stranger to osteoarthritis. Suffering for years with the impact of the condition, she had both hips replaced at the Royal Orthopaedic Hospital in 2017 and 2018, and returned to the ROH in 2023 this time for her left knee.

Her osteoarthritis had affected her knee for many years, and in recent years her condition worsened. As a venue finder in the hospitality industry, Diana is used to being on her feet, travelling around the country, but the arthritis in her knee had got so bad she was almost housebound. She couldn't walk a distance, and stairs were really painful. She had to adapt how she worked too, doing what she could from home.

Diana explained how she came to be referred to the ROH: "My GP's husband had been treated at the ROH, and had a good experience so referred me here. As I'd already had two successful hip replacements at the hospital, it was a no brainer to be seen by the ROH."

As Diana was suffering from constant pain, and the knee had become so damaged from the arthritis, a knee replacement was recommended by her consultant, Mr Yuvraj Agrawal.

### Preparing for a Total Knee Replacement

Preparation is key for surgery, you want to be as healthy as you can be going in for treatment to help with your recovery. There are some small things you can do, with your lifestyle and habits can have a really positive impact whilst you wait for treatment. Keeping your alcohol intake low, stopping smoking, managing your weight and keeping moving within the limits of your pain are all good ways to improve your health. Diana took this on board fully and shared her tips with us.

"I decided to be really careful with my diet, I'd upped my water and cut out alcohol completely the two weeks before my surgery. Hydration was a big focus for me and I'm so glad I did that. I also spoke to a friend who recommended I join a Facebook group which turned out to be really helpful in getting additional information and helpful tips from others who've had a knee replacement."

Diana is now three months post-op and is enjoying getting back to doing the things

she loves – she's able to drive again now and can go on walks alongside her Yugoslavian Shepherd dog. He's roughly 33kg so it will be a while before she can be pulled by him on a lead! Diana is ahead of schedule according to the physio team, regularly doing the post-surgery exercises she was prescribed. Now that her knee is recovering, Diana is looking forward to travelling and getting back to her life with less pain and more independence.

"Everyone's been fabulous the minute I walked through the doors of the hospital before my surgery and the care has been superb. My consultant was really empathetic, he covered everything I'd need to know and answered all my questions. I've been so impressed and want to thank everyone, the nurses, reception, the physio team, everyone's been so wonderful and they really treat with you dignity, respect and compassion."

We asked Diana if she could give one piece of advice to other patients about to receive a total knee replacement. She talked to us about the importance of having support around you, and some unexpected emotions you might feel.

"I'm normally a very positive person but I was taken aback by how emotional I felt afterwards. It is a big procedure and you may need more help than you usually do with simple things."



[To learn more about Total Knee Replacements, read our patient guide](#)

*"I'm absolutely fine now, but I just didn't expect it. I spoke to a few people who have had the procedure done in the past and many had said the same that they felt upset in the weeks after their surgery. It's really common, so I'd suggest to anyone getting a knee replacement to make sure they read up about how they may have different emotions after their treatment so they're aware."*

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# ROH Spinal Team complete 100 surgical cases with the Pulse Nuvasive kit

**Congratulations to Mr Andrew Young, Consultant Orthopaedic Surgeon at ROH, and his spinal colleagues who have completed 100 surgical cases with the Pulse Nuvasive kit!**

The team celebrated with cake after theatre in the break room.



Andrew Young holding cake for the team.

The Royal Orthopaedic Hospital has been using the platform since 2021 to improve the workflow through theatres with reduced operating times and increased accuracy of operative techniques to improve outcomes and minimise risks (including radiation).

Pulse is a single platform that helps surgeons adopt more efficient, less disruptive surgical approaches in all spine procedures. The platform combines neuromonitoring, surgical planning, rod bending, radiation reduction, imaging and navigation functions to improve a surgeon's ability to utilize minimally invasive surgery (MIS) techniques.



(L-R): Damanti, Sejal, Beena, Rajesh, Amber, LJ, Steff and Andrew

# Professional Nurse Advocates Programme launches at the Royal Orthopaedic Hospital

**The Professional Nurse Advocate (PNA) delivers restorative supervision for all nursing colleagues.**



(L-R): Rajesh Rajan and Jennifer Pearson

techniques to have reflective conversations including restorative clinical supervision (RCS).

Jennifer Pearson, Head of Nursing for Division 2 at the Royal Orthopaedic Hospital, said: "Restorative clinical supervision (RCS) focuses on addressing the emotional needs of the workforce and provides psychological safe spaces to support our nurses through reflective conversations, building personal resilience. This can be done one-to-one or in a group environment and pilot studies have shown that RCS improves the health, career, emotional well-being, and supporting staff to take personal action."

A Professional Nurse Advocate includes, restorative clinical supervision, supporting quality improvement initiatives, providing clinical leadership, career conversations and signposting to further additional support where required. At ROH we currently have four PNA's and plan to increase this number. The team includes:

- **Jennifer Pearson**  
Lead PNA Head of Nursing Div 2
- **Rajesh Rajan**  
Theatre Practitioner PNA
- **Sherrell Moorhouse**  
Sister ADCU PNA

The PNA is a practising nurse, who has completed the PNA accredited masters level course to support the nursing workforce using the (A-EQUIP) model, Advocating for Education, Quality, and Improvement.

The role of Professional Nurse Advocates was originally launched in 2021 during the third wave of the pandemic, because of the impact it had alongside other pressures on the workforce. The programme is the first of its kind for nurses that addresses the emotional demands of their roles and uses tools and



# Annual IPC Study Day 2023



Neil Edmonds - Water Hygiene Authorising Engineer

**At the end of November, the IPC team held the annual Infection Prevention and Control Study Day here at the Royal Orthopaedic Hospital. Rachel Powell, Senior Infection Prevention and Control Nurse at ROH shares her thoughts from the day.**

**What is the importance of this annual event?** It is important to keep IPC at the top of everyone's agenda as it impacts on all aspects of our patients journeys and as our keynote speaker and DIPC Nikki Brockie rightly said, without effective IPC we cannot deliver safe high-quality care and achieve our vision of 'Less pain. More independence. Life-changing care.'

The annual study day is great as it gives staff the opportunity to learn, update on and discuss themes both impacting us locally at ROH but also topics impacting the wider health economy. Days such as this give staff a chance to network and share ideas.

Our theme for the day was 'Evolve, Sustain, Excel' and sessions covered a myriad of different topics including Clostridioides difficile, biofilms and the switch from IV to oral antibiotics. It is vital for patient safety that we continually seek out ways to improve – Evolve, Sustain, Excel!

**What are the main challenges IPC is facing?** There are a multitude of challenges facing IPC, possibly too many to list! However, antimicrobial resistance is one that is high on the agenda. This is why antimicrobial stewardship and multidisciplinary teamwork as Gulshada Begum our Lead Antimicrobial Pharmacist discussed is so important for us here at ROH.

Of course now we are in winter, respiratory viruses including Covid-19 and Influenza are on our radar, and as always Clostridioides difficile too. Dr Pauline Jumaa (Consultant Microbiologist at UHB) presented on how reducing and managing Clostridioides difficile is a multifactorial challenge and highlighted the importance of early detection and environmental decontamination.

**Were there any stand-out sessions from the day?** All of the sessions were engaging and well received by the attendees, generating a great deal of discussion and ideas.

The 'Biofilms in healthcare, What is lurking beneath?' session presented by Dr Phil Norville (Clinical and scientific director at Gama Healthcare) and 'Legionella and Pseudomonas, the bacteria, and the risks' delivered by Neil Edmonds (Water Consultant at Tetra Consulting) generated a lot of discussion around water safety, use or misuse of hand wash basins within clinical areas, importance of water flushing and how waterborne pathogens can be easily spread.

Graham Pike's (Associate director of Nursing and IPC and clinical sustainability lead at Great Western Hospitals NHS Trust) session on Sustainability and IPC discussed climate change, introduced the concept of 'yellow washing' and looked at how IPC and sustainability can co-exist. Again this generated talk of ideas that could be implemented here at ROH. Dr Abi Jenkins' (IPC Pharmacist at UHB) IV to Oral switch: a new approach session, highlighted work she had undertaken looking at the switch from IV to oral antibiotics focused on time and workforce capacity along with the impact on carbon footprint.

**Do you have any final reflections on the day?** The day went very smoothly and was well received with lots of positive feedback, including for the cake at lunchtime! It was fantastic to see so many people attend and their enthusiasm was infectious – we're looking forward to the IPC study day in 2024



## Surgeon in focus



Our very own Matthew Revell was featured in Orthopaedic Product News Surgeon in Focus. Executive Medical Director and Consultant Orthopaedic Surgeon at the Royal Orthopaedic Hospital, Mr Matt Revell shared highlights from his career, insights into orthopaedics research and the ROH's involvement with the National Orthopaedic Alliance. Read the piece by scanning below QR code or by clicking [here](#)



## National Apprenticeship Week

National Apprenticeship Week took place between 5 to 11 February 2024, celebrating the achievements of apprentices around the country and the positive impact they make to communities, businesses, and the wider economy. Many colleagues at the ROH have benefited from apprenticeships and we wanted to share their stories – because apprenticeships are fantastic and add so much value! You can hear more about why Donna, Jenny, Laura and Coralie chose an apprenticeship below.

• [Donna](#)



• [Laura](#)



• [Jenny](#)



• [Coralie](#)



# QSIR

## Quality Service Improvement Redesign

This programme was designed by the ACT Academy, and aims to support/create a culture of continuous improvement by supporting leaders to develop core quality improvement skills and knowledge.

If you're a member of staff at ROH, looking to learn better ways to support your team and increase your knowledge, then the QSIR course is for you.

For any further information please visit the QSIR Hub via the Education & Training Department page on our intranet or to book a place on one of the courses, please email: [roh-tr.qsiradmin@nhs.net](mailto:roh-tr.qsiradmin@nhs.net)



# Royal Orthopaedic Hospital launches medical education programme with implantcast



(L-R) Matthew Revell – Executive Medical Director at the Royal Orthopaedic Hospital, Adam Dring – General Manager implantcast UK, Guy Morris – Consultant Oncology & Arthroplasty Surgeon at the Royal Orthopaedic Hospital, and Rachael Campbell – Senior Key Account Manager implantcast UK.

The ROH has partnered with medical technology company, implantcast, to offer a programme of medical education to professionals.

The training will take the shape of surgery observation, with guest consultants invited to

attend surgery at the ROH and see procedures performed by the Trust's specialists up close.

Mr Guy Morris, Consultant Oncology & Arthroplasty Surgeon at the Royal Orthopaedic Hospital said: "The ROH is a leader in treating metastatic bone disease and we have been using implantcast materials for 10 years with really positive patient outcomes.

"There is a drive to improve treatment of bone disease nationally, however this is currently limited by surgeons' relative inexperience in this type of surgery. We're over the moon to be able to start offering this programme of surgery observation and education. The aim is for more patients to be treated in their locality and benefit from the service as well as improve

patient outcomes for metastatic bone disease nationally."

Further guidance on metastatic bone disease procedures through lectures will be introduced during the second phase of the education programme. This will include techniques for endoprosthesis insertion (a procedure for replacing a joint in the body that has lost its functionality either through injury or disease in part or whole with an implant).

Adam Dring, General Manager at implantcast UK said: "implantcast is proud to partner with the Royal Orthopaedic Hospital to deliver a UK-leading training programme for the management of metastatic bone disease. This partnership is testament to the alignment of our goals - to advance healthcare education and make a meaningful impact on improving patient outcomes.

"Together, we aim to set a new standard in line with BOAST guidelines and empower healthcare professionals with the knowledge and skills to provide world-class care for patients affected by metastatic bone disease."

## ROH Patient Stories: Meet Andrew

After a sportingly active life, in 2017 at the age of 59 Andrew developed frequent pains in one leg and into his groin and backside. An X-ray established



he had severe Osteoarthritis in one hip and minor Osteoarthritis in the other. He was able to manage this by exercise and physiotherapy for a time, but by December 2021, the pains were becoming increasingly difficult to cope with.

After an X-ray confirmed a serious deterioration in one hip, a referral for surgery was recommended. Andrew chose the ROH due to a friend's positive experience.

Following his consultation with his surgeon, Mr Shakir Hussain, Andrew opted for a total hip replacement. At this time Andrew was given a booklet entitled 'Patient guide for hips' which became his bible. He took on board everything contained in this detailed publication, starting with the pre operation exercises. Andrew explained: "It helped me see my path forward to better health. I felt empowered. At that first face to face contact I felt as if I had been taken into a new family with open arms."

Following his operation, Andrew was supported by ROH physiotherapists and ROCS (Royal Orthopaedic Community Scheme).

Andrew added: "I found it all so very reassuring. Even though I was there only for one night I felt that I was genuinely being well looked after. All of the staff could not have been any more helpful. I was released home the next day and the morning after that, a nurse from the ROCS (Royal Orthopaedic Community Scheme) team visited me at home to check that I was well and that I had everything I needed to continue my recovery.

I stuck resolutely to the exercises given to me by the physiotherapy team and also attended the ROH gym for eight sessions with guidance through a variety of additional exercises using their equipment."

Andrew continued with his recovery for about six weeks before returning to the hospital for his planned review. He was also able to return his crutches which he no longer needed – a real watershed moment.

He is now back in his kayak, paddling at his local club. He recently completed a paddle on the River Severn of 9.5 plus km length, a distance he never previously achieved. Andrew is also walking up to around five to six miles a day, most days, and is completely pain free.

Andrew adds: "I cannot thank Mr Hussain and everyone involved in my treatment enough. I genuinely feel privileged to have chosen the ROH for my treatment. I also cannot thank my wife and daughter enough for their love and daily support throughout. As a family we are starting to form plans for travel and holidays next year, and for me I also seek to be a more active member of my canoeing club. The future for us all looks far better than it has done for many years."

# ROH signs sexual safety charter

NHS England has launched its first ever sexual safety charter in collaboration with key partners across the healthcare system (all NHS trusts, Integrated Care Boards and other organisations across the healthcare sector).

Signatories to this charter commit to taking and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace, and to ten core principles and actions to help achieve this.



Signatories to the charter commit to implementing all ten commitments by July 2024.

Steve Russell, Chief Delivery Officer at NHS England said: "As the biggest employer in Europe, it is right that the NHS takes a lead role in tackling sexual misconduct, violence, harassment, or abuse in the workplace.

"By signing up to this charter, NHS staff will now receive more support if they have suffered any form of misconduct, while workers will also receive further training so they can help colleagues and the patients they treat."



Jo Williams signing sexual safety charter.




## SEXUAL SAFETY CHARTER

Those who work, train and learn within the healthcare system have the right to be safe and feel supported at work. Organisations across the healthcare system need to work together and individually to tackle unwanted, inappropriate and/or harmful sexual behaviour in the workplace. We all have a responsibility to ourselves and our colleagues and must act if we witness these behaviours.

As signatories to this charter, we commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards our workforce. We commit to the following principles and actions to achieve this:

1. We will actively work to eradicate sexual harassment and abuse in the workplace.
2. We will promote a culture that fosters openness and transparency, and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours.
3. We will take an inter-sectional approach to the sexual safety of our workforce, recognising certain groups will experience sexual harassment and abuse at a disproportionate rate.
4. We will provide appropriate support for those in our workforce who experience unwanted, inappropriate and/or harmful sexual behaviours.
5. We will clearly communicate standards of behaviour. This includes expected action for those who witness inappropriate, unwanted and/or harmful sexual behaviour.
6. We will ensure appropriate, specific, and clear policies are in place. They will include appropriate and timely action against alleged perpetrators.
7. We will ensure appropriate, specific, and clear training is in place.
8. We will ensure appropriate reporting mechanisms are in place for those experiencing these behaviours.
9. We will take all reports seriously and appropriate and timely action will be taken in all cases.
10. We will capture and share data on prevalence and staff experience transparently.

These commitments will apply to everyone in our organisation equally.  
Where any of the above is not currently in place, we commit to work towards ensuring it is in place by July 2024.

  
Jo Williams  
Chief Executive Officer

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# Sarcoma Research Training Day



**In January we held a Sarcoma Research Training Day in partnership with the Bone Cancer Research Trust and supported by the Royal Orthopaedic Charity. The event focused on the latest in Sarcoma research, how the ROH continues to be a pioneer in the field and the important role that research nurses are playing. It was a brilliant day gaining useful and practical skills to integrate into practice, and we heard all about the research into sarcomas happening right here at ROH.**

The day started with an overview from Mr Jonathan Stevenson on the current challenge presented by sarcomas before Mr Scott Evans joined us to talk through surgical management of Sarcomas. He shared examples of Sarcomas and explained how surgical options range from limb-salvage surgery to amputation. Anish Patel joined us to talk through the use of cryoablation, a minimally invasive interventional radiology procedure that uses extreme cold to freeze and kill abnormal cancerous cells. At the ROH cryoablation is being used to support patients as a pain management tool, as killing the cancerous cells can often bring pain relief, and for patients where radiation isn't possible in a localised area. This is because sometimes it can be dangerous for radiation to be given to the same area.

Diagnoses of primary bone cancer are often made a few months after the patient notices signs – this delayed diagnosis is down to several issues. Bone Cancer Research Trust's Head of Research & Information, Dr Zoe Davison, explained this is often down to misdiagnosis of symptoms, with primary bone cancer often mistaken for common medical conditions like arthritis and tendonitis or even growing pains. It's also not a focus area for medical students meaning GPs and those on the front line have less awareness of what to look for. Dr Davison went on to explain how we can improve earlier diagnosis through engaging with primary care professionals and providing educational tools around signs and symptoms.

The afternoon turned to research – Lead Research Nurse at ROH, Ellie Keeling shared

more about the ROH research team and highlighted some of our genomics and tissue bank work. The research team is made up of 22 staff members and we have a vast research portfolio across Orthopaedic and Oncology specialties. The research tissue bank was established over twenty years ago and contains the world's largest archive of frozen bone tumour samples. It currently holds over 23,000 bone and muscle samples, including all orthopaedic malignancies as well as other benign and non-tumour tissue types.

**You can read more about our research and research facilities by scanning the QR code:**



We were also joined by Dr Lucas Souza and Dr Sally Fletcher who are leading on research projects right here in the Dubrowsky Regenerative Medicine Laboratory (nestled next to our

Theatres at the ROH). The Dubrowsky Lab plays a pivotal role in nurturing young talent and contributing to charitable initiatives.

Dr Lucas Souza shared with the audience his research looking into multifunctional biomaterials for bone cancer therapy while Dr Sally Fletcher talked to us about her research in understanding more about chondrosarcomas (cancer of the cartilage cells) to help develop new treatments.

**Find out more by scanning the QR code:**



learn more about the signs and symptoms of sarcomas, surgical treatment options and how ROH is leading on a number of research projects to help develop kinder treatments for patients.

# Update on ROH's vibrant staff networks

Staff networks are an important part of the culture at ROH and play a key role in building and sustaining an inclusive and wellbeing focussed culture. There continues to be excellent progress across

our networks and it's encouraging to see the groups growing in impact and size. Check out the Q&A below featuring colleagues from some of our amazing networks.

## Eunice: MMEG Network



**Why did you choose to join a staff network?**

I chose to join the MMEG staff network to connect with other colleagues across the Trust.

On a personal level,

I'm a very sociable person! Being part of the staff network means I can meet new people and find out more about their backgrounds and cultures. As well as being a platform to raise awareness of issues, professionally, being part of MMEG provides me with opportunities for networking and sharing knowledge, opinions, ideas and experiences. Recently we've been speaking a lot about projects we can undertake to address issues and how we can improve services working as a team. I've found that has really been beneficial in developing my own practice too.

**What has been your highlight of being part of the network?**

I had the opportunity to take part in the exhibition "Many Cultures, One ROH" which opened in November 2023 and is on display outside Outpatient's and on the ROH website. It was such an incredible experience.

I was able to express my heritage and share what my culture means to me with my colleagues, and learn about others' too. Being part of a network at the ROH has given me confidence to be myself at work – I can promote inclusiveness knowing that I get full support from the network, and it's great to know that my colleagues in the network are there to support me if I face any challenges. It offers me a deeper sense of belongingness.



## Teresa: Menopause Network

**Why did you choose to join the staff network?**

I have been fortunate to attend the menopause support group organised by Laura Tilly-Hood over the last few years. During these meetings I have had the opportunity to connect with others so when the call for voluntary menopause champions was requested I felt compelled to take on this role.

**What has been your highlight of being part of the network?** Having the opportunity to provide support and share information to colleagues in a safe and confidential environment.



## Matthew: Be Myself Network

**Why did you choose to join the staff network?**

I joined/co-founded the Be Myself network because I felt it was really important to champion LGBTQ+ issues. I wanted to do something to support my colleagues from the LGBTQ+ community.

**What has been your highlight of being part of the network?** I've been really proud of being an executive sponsor for the group. Highlights for me are the Pride march – which is just a scream and a celebration of humanity and generosity – and the Be Myself information stand outside Café Royal in 2022. This a huge step towards LGBTQ+ colleagues feeling as safe as they should be at work – by being visible.





## How it feels to work at ROH

"You're encouraged to bring a positive voice, and are encouraged to be a part of the change you want to see"



## Our Allied Health Professional (AHP)

"It's great to know the Trust really cares about it's staff"



## Being a Healthcare Assistant at ROH

I came here as a general cleaner. And now I'm a Healthcare Assistant, within 17 months







# A JOINT REPLACEMENT IN JUST 24 HOURS? YES...

**Having a joint replaced is a significant event for any person. A lot of people worry about their procedure, how they should prepare and how long they will have to stay in hospital after their operation. But at The Royal Orthopaedic Hospital (ROH), a joint replacement can be performed and a patient sent home within 24 hours.**

Day case joint replacement is the same procedure as traditional joint replacement, but the focus is on a faster recovery and getting back to normal activities sooner. The process involves careful planning, streamlined procedures, and emphasis on patient participation in their recovery. The ultimate goal of day case joint replacement is to provide effective and efficient care, allowing patients to heal in the comfort of their own homes.

At ROH, day case surgery forms part of our JointCare pathway for hip and knee replacement patients and is based on the 'wellness' model. The wellness model concept focuses more on what patients can do, rather than what they can't. It emphasises moving instead of lying in bed, group therapy sessions and is delivered in an environment which reinforces wellness, and recovery. Expectations are consistent along the entire pathway leading

to happier, more engaged patients. Education is also prioritised for patients and their families or loved ones which supports people to regain their independence quickly.

Patients are provided with a JointCare handbook, and have access to an app, to help them with their recovery. Members of the ROCS (Royal Orthopaedic Community Service) team visit patients at home, and outpatient physiotherapy appointments will also provide support after their operation.

Day case surgery is suitable for those who are generally healthy, have a low risk of complications, and have someone at home to help with recovery. Patients should be able to follow instructions and actively take part in their recovery. It's a convenient choice for those

who want to get back to their regular routine quickly with the right support. The decision is based on the individual's health, medical history, and the specific surgery planned.

Day case procedures have now been performed across many different specialities including

knees, hips, shoulders, and spines. The first person to receive day case surgery at the ROH was Colin. Colin (pictured third from left) received a total hip replacement. Colin said, "I feel quite chuffed to be his first day case patient! I have no worries about my hip or getting pain now, it's fixed and I'm back to full time work. The whole experience has been great!"



Colin's surgeon, Mr Shaker Hussain (pictured fourth from left), said, "It's proven that early mobilisation after surgery helps patients recover quicker. It was a privilege doing the first JointCare day case hip surgery at the ROH, I'm so glad to see Colin is on his feet and getting out

and about and is back at work."

Mr Akash Sharma, Consultant knee surgeon and Day Case Clinical Lead, said: "This pathway is all about a smooth journey for the patient while they're here, and enhanced recovery which allows patients to feel happy and confident to go home."

Another patient, Bernard, had knee replacement surgery with Mr Sharma at the ROH and was home on the same day. He had a positive experience and said, "Walking the dogs used to be a chore, now it's a pleasure. I'm just back from a cruise and we walked about 10 miles a day – with no pain! It was amazing. This has changed my life for the better, I just can't put it into words."

If you would like to know more about day case surgery, please ask your consultant.

“  
I have no worries  
about my hip  
or getting pain now.  
It's fixed, and I'm  
back to work.”



# WAITING WELL FOR YOUR OPERATION

## Move Well



## Live Well



## Stop Smoking



## Mental Health



## Manage your weight



## Better Sleep



For more information on waiting well for your surgery please visit the ROH website via the QR code or by clicking [here](#):



# TEN TOP TIPS TO SUPPORT A POSITIVE RECOVERY

Your role in a positive recovery after a procedure is significant. Here are our top ten tips to focus on to ensure you get the best possible outcome from your surgery.

### 1 Attend Pre-operative assessment sessions

Participate in pre-op assessment sessions at the ROH. These sessions provide essential information about the process, what to expect, and allow you to ask any questions you may have.

### 2 Follow pre-operative instructions

Follow the pre-operative instructions provided by your healthcare team. This may include guidelines on fasting before surgery, taking prescribed medications, and other specific preparations.

### 3 Prepare your home

Get your home ready for post-operative recovery. Ensure a clean and comfortable environment, clear pathways, and have necessary items such as medications, supportive equipment, and personal care items within reach.

### 4 Arrange transportation

Plan for transportation to and from the hospital. Co-ordinate with a friend, family member, or transportation service to ensure a smooth journey on the day of your joint replacement.

### 5 Pack the essentials

Pack a small bag with essentials like comfortable clothing for the day, appropriate footwear, personal hygiene items, and any required medications.

### 6 Understand medication management

Talk to your healthcare team about how to manage your medications, especially if you are on regular prescriptions. Discuss any changes needed before the surgery.

### 7 Follow pre-habilitation exercises

Follow any prehabilitation exercises recommended by your healthcare team. Strengthening exercises before surgery can contribute to a smoother recovery process.

### 8 Stay informed about anaesthetics

Familiarise yourself with the type of anesthesia planned for your surgery. Discuss any concerns or questions about anesthesia with your healthcare team during pre-operative assessments.

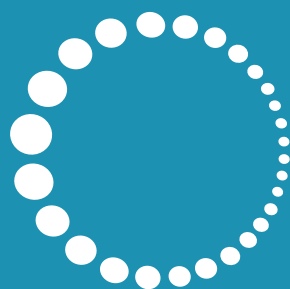
### 9 Plan for post-operative care

Arrange for someone to assist you at home after the surgery. Having a support system in place is crucial for a successful recovery, especially on the day of discharge.

### 10 Stay hydrated and nourished

Maintain proper hydration and nutrition in the days leading up to surgery. Adequate hydration and a balanced diet can contribute to overall well-being and enhance the recovery process.





# NATIONAL ORTHOPAEDIC ALLIANCE

As a founding member organisation of the National Orthopaedic Alliance (NOA), ROH is part of a multi-disciplinary network of orthopaedic providers leading on collaboration in orthopaedics. We play a key role in the alliance's success.

## NOA benefits for ROH staff

All colleagues at ROH can attend NOA webinars, workshops, meetings, and events for free! Get the latest updates and find out about other member benefits on the NOA website: [www.nationalorthopaedicalliance.co.uk](http://www.nationalorthopaedicalliance.co.uk)

## Introducing: Alice Fabre, leading the NOA forward

As the NOA says goodbye to Ann Hoey, its outgoing Programme Director, the alliance warmly welcomes Alice Fabre as the new Interim Programme Director. With a wealth of experience gained at organisations including the Federation of Specialist Hospitals, Alice steps into her role with enthusiasm and a clear understanding of NOA's mission. Alice is committed to maintaining the high standards of NOA's programmes. Collaborating closely with the team and member organisations such as ROH is integral to strengthen the value of the NOA to our orthopaedic community. Find out more about Alice in the Q&A on the right.

## Leading the NOA forward, Alice Fabre Q&A

**What inspired you to join NOA as Interim Programme Director?** Having seen NOA's work and impact firsthand, I was



drawn to the opportunity to contribute to the alliance's efforts to support collaboration in orthopaedics across multiple

disciplines, working with its member organisations and partners to improve patient outcomes and encourage innovation.

**What strengths do you bring to your new role?** I'll be building on the great work that has already been done by the NOA! I hope to bring fresh ideas from my background in health policy and strategy, gained from over 20 years' experience

working with both public and private sector organisations.

**Outside of work, what do you enjoy doing in your free time?** Mainly spending time with friends and family – I have five-year-old twins, who keep me fairly busy! I also love yoga and walking my dog, Mungo.

**If you could have dinner with any historical figure, who would it be and why?** I'd love to spend an evening with Elizabeth Garrett Anderson, the first woman to establish herself as a respected clinician in the UK. It would be so interesting to hear about what inspired her and how she managed to overcome the hurdles facing her. I'd also like to tell her that I had my twins in the Elizabeth Garrett Anderson wing at University College London Hospitals (UCLH) and what an excellent job they did!

**Have a question or idea for Alice and the NOA team, or want to have a chat? Email [info.noa@nhs.net](mailto:info.noa@nhs.net).**

Scan these codes with your smartphone to keep up to date with what's going on at the NOA



Visit our website



Follow us on Twitter



Follow us on LinkedIn



Follow us on Youtube

## Upcoming NOA events

All staff at ROH can attend NOA webinars, workshops, meetings and events free of charge. Upcoming events include:

- 17 October 2024, NOA Annual Members Conference
- 17 October 2024, NOA Excellence in Orthopaedics Awards ceremony

Keep up to date on what's coming by visiting the NOA website events pages. [nationalorthopaedicalliance.co.uk](http://nationalorthopaedicalliance.co.uk)

## Find out more

If you want to read more about the NOA and see how you can get involved:

Visit: [nationalorthopaedicalliance.co.uk](http://nationalorthopaedicalliance.co.uk)

Follow the NOA on socials: @NOAorthopaedics

**Website members' area:** register to the members' area of the NOA website to access even more resources and information. Register here: [bit.ly/NOAMembersArea](http://bit.ly/NOAMembersArea)

**Sign up:** You can register to receive the NOA newsletter here: [bit.ly/NOAMemberNewsletter](http://bit.ly/NOAMemberNewsletter)

### Get in touch

- Email: [info.noa@nhs.net](mailto:info.noa@nhs.net)
- Phone: 020 3947 0849

## ROH featured in latest NOA webinar

### ROH featured in latest NOA webinar

Patrick Thies, Physician Associate at ROH, was recently featured in an NOA webinar discussing the role of Physician Associates in Orthopaedic Services. During the session, which included speakers from various orthopaedic and healthcare organisations, Patrick highlighted the valuable contributions of Physician Associates and showcased ROH's successful collaboration with these professionals. Watch the recorded session here via the QR code:







MANY CULTURES  
ONE ROH  
EXHIBITION

The Royal Orthopaedic Hospital's exhibition celebrates the diversity of cultures at the Trust. 'Many Cultures, One ROH' showcases the hospital's rich mix of cultures and the importance of bringing your authentic self to work.

Check out the online exhibition here:



[www.roh.nhs.uk/  
about-us/culture](http://www.roh.nhs.uk/about-us/culture)







# Our amazing charity!



## Peter's Journey

Peter, a patient at ROH, is taking part in the Great Birmingham Run this year for ROC and has gratefully shared his story with us.

Peter's journey started with a hip resurfacing in 2022. After his initial physiotherapy treatment, he was referred to Uzo Ehiogu, Specialist Physiotherapist, for advance rehabilitation because of Peter's aspirations to return to kick boxing and long-distance running.

After 6 years of being restricted by hip pain, Peter got the green light for a walk-to-run plan earlier this year.

Excited about this new chapter, Peter decided to celebrate by enrolling in the Great Birmingham Run 2024, tackling an impressive half marathon while raising funds for ROC!

Peter shared: "Every step I take during this marathon will be a testament to the strength and resilience of those who have overcome these challenges, as well as a tribute to the dedicated healthcare professionals who make it all possible. With your help, we can ensure that more people receive the care they need to live full and active lives."

Visit the charity website to read more about Peter's journey and to donate to his fundraising page: <https://rohcharity.org/ourwork/stories/>



## Thank you campaign

Check out our new thank you campaign, designed to both spread awareness of Royal Orthopaedic Charity and spread love and cheer to staff across the Royal Orthopaedic Hospital.

The campaign is simple, patients can write a note of thanks to a team, individual, department or service within the hospital and ROC will make sure it is delivered directly to them!

Donations are completely optional in this campaign.

To take part or find out more, visit <https://rohcharity.org/say-thank-you/> or scan the QR code.



Leave a little  
**Thank You**

## Donation Story



We'd like to say a huge thank you to, Officers and Brethren of the South Lincolnshire Provincial Grand Lodge who generously donated £500 towards our Oncology support fund this month. The lodge have expressed their wishes for the funds to be used for new equipment within the oncology service and ROC will work with the oncology team to ensure this is exactly what happens. To find out more about this donation and others, visit Latest News via the QR code or by clicking [here](#).



## Art For Health

ROC's 'Art for Health' appeal supports creative initiatives for patients at The Royal Orthopaedic Hospital. Engaging patients through social interactions and artistic expression, the workshops offer a distraction to their pain, whilst alleviating health inequalities by providing free holistic workshops within the community.



This appeal enables ROC to support orthopaedic patients in a different way. Both supporting patient recovery and encouraging social interaction and wellness.



You can donate directly to this campaign in order to support more Art for health projects across the hospital, simply visit [www.rohcharity.org/make-a-donation](https://www.rohcharity.org/make-a-donation)



**FOLLOW US ON  
SOCIAL MEDIA:**



/FUNDROH



@FUNDROH



@FUNDROH

CHECK OUT OUR WEBSITE:

**WWW.ROHCHARITY.ORG**



# How your support helps

## Check out our shop!

Check out the online shop to purchase ROC products with all profits supporting The Royal Orthopaedic Hospital.  
[www.rohcharity.org/shop](http://www.rohcharity.org/shop)



## Become a ROCstar!



**Become a Charity ambassador for ROC and be a ROCstar!**

Anyone can apply, you need a keen interest in fundraising as well as a passion for the hospital and making a difference.

If you would like to get involved or get some more information, visit <https://rohcharity.org/fundraise/rocstars/>

## Blue heart sponsorship



BLUE HEART  
AWARDS

Every year ROC proudly sponsors ROH's annual staff awards ceremony, The Blue Heart Awards, to celebrate NHS staff & offer recognition for their great work.

The awards include but are not limited to Nurse of the year, Doctor/Clinician of the year, and Outstanding Contribution to Patient Experience. It's a fantastic event to recognise colleagues who go above and beyond for patients every day.

ROC are looking for some incredible businesses to help us continue this powerful initiative.

If you would like to sponsor this incredible event, or would like more information, contact our Charity team on 0121 685 4379.

## Sarah's Story

**A huge thank you goes out to oncology patient, Sarah who has bravely shared her hospital journey with us.**

Not only has Sarah shared her story, but she also continues to make a regular donation to ROC each month in order to say thank you for her care. Sarah also donated £800 towards our Christmas Appeal and Hardship Fund via her business WaterMatters.UK.

**Read more about Sarah's journey:**



/FUNDROH



@FUNDROH



@FUNDROH

ROC

ROYAL  
ORTHOPAEDIC  
CHARITY

[WWW.ROHCHARITY.ORG](http://WWW.ROHCHARITY.ORG)

0121 685 4379

roc@nhs.net

# Every donation goes a long way...

Registered Charity Number:  
1078046

See [www.roh.nhs.uk](http://www.roh.nhs.uk) for the latest news



# Tea Break Brain Teaser

## Quiz Challenge

1. James Joyce set his novel Ulysses in which city?
2. Jerks and snatches are featured in which sport?
3. Which country won the football World Cup in 1958, 1962, 1970, 1994 and 2002?
4. By what more senior title in the nobility is the Earl of Arundel better known?
5. The World Wide Fund for Nature has what animal as its symbol?



Sophie Rundle – see Question 8

6. According to the proverb, a stitch in time saves... what?
7. Who wrote the play Death of a Salesman?
8. Sophie Rundle starred with Suranne Jones in which 2019 BBC1 drama set in 1830s Yorkshire?
9. The Roman city of Pompeii was buried in ash and lava by which volcano?
10. What T is the title of a Michael Jackson album and a film genre?

## Two-Timer Crossword

Can't solve one – then try the other!  
Two sets of clues both leading to the same answers

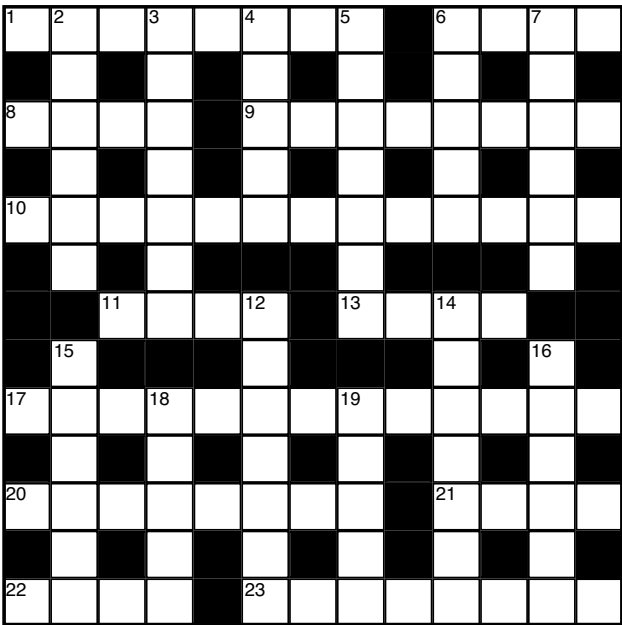
### CRYPTIC CLUES

#### Across

1. Pretending to be confident about steep cliff in Gateshead (8)
6. Light or heavy timber? (4)
8. Head light? (4)
9. Previously for a considerable period (8)
10. Be ruthless and complete the countdown (4,2,7)
11. Tool which does calculations, it is heard (4)
13. Truck not right for a bird (4)
17. Science building first used for cookery, etc (4,9)
20. Attend to the needs of a member of the government (8)
21. Look east, there's nothing in the Cornish resort (4)
22. Socialists perhaps felt out of place (4)
23. Daughter back, that is right, but it's more gloomy (8)

#### Down

2. Ale not spilt in the shed! (4-2)
3. Length of room used by an old highwayman (7)
4. Small map depicts part of the main settlement (5)
5. Stick bubble on abscess (7)
6. A lot of bread (5)
7. Trying to produce first-class pottery (6)



12. Was quoted as having been stirred (7)
14. Rose, one walking in the country (7)
15. Smelly plant used in wine-making belonging to cattle (6)
16. Bill produces another note at the start of the performance (3,3)
18. Throw out some of the victims (5)
19. Strength that never was misplaced (5)

### QUICK CLUES

#### Across

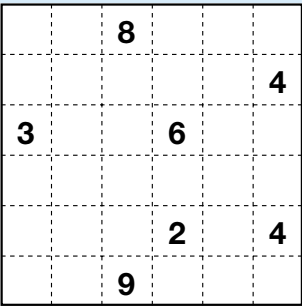
1. Deceiving (8)
6. Ray (4)
8. Aureole (4)
9. Erstwhile (8)
10. Be merciless (4,2,7)
11. Daze (anag.) (4)
13. Parrot (4)
17. School subject (4,9)
20. Clergyman (8)
21. Seaside town in the south-west (4)
22. Abandoned (4)
23. Bleaker (8)

#### Down

2. Outbuilding (4-2)
3. Historical hijacker (7)
4. Added photo (5)
5. Mouth inflammation (7)
6. Group of objects (5)
7. Targeting (6)
12. Aroused (7)
14. Hiker (7)
15. Of cows (6)
16. Opening section of play (3,3)
18. Expel (5)
19. Audacity (inf.) (5)

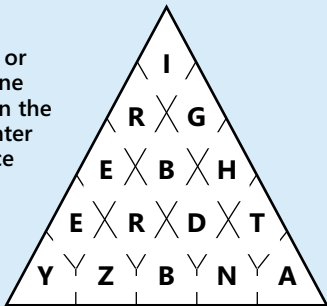
### BOX CLEVER

Fill the 6x6 grid with as many boxes as there are numbers printed. Each box must be either square or rectangular and must contain just one of the numbers. The numbers show how many squares there should be in each box.



### WORD PYRAMID

Spell out a 15-letter word or phrase by moving from one chamber to another within the pyramid. You may only enter each of the chambers once and may only proceed through openings in the walls. The first letter may appear in any of the chambers.



## SOLUTIONS

**TWO-TIMER CROSSWORD:**

**Across:** 1. Bluffing; 6 Beam; 8 Halo; 9 Sometime; 10 Stop at nothing; 11 Adze; 13 Lory; 17 Home economics; 20 Minister; 21 Looe; 22 Left; 23 Drearier.

**Down:** 2 Lean-to; 3 Footpad; 4 Inset; 5 Gumboil; 6 Batch; 7 Aiming; 12 Excited; 14 Rambler; 15 Bovine; 16 Act one; 18 Elicit; 19 Nerve.

**WORD PYRAMID:** Bright and breezy.

**MAGIC SQUARE:** tarn; aloof; role; need; Gentleman Jack; 9 Vesuvius; 10 Thriller; Norfolk; 5 Giant panda; 6 Nine; 7 Arthur Miller; 8 Dublin; 2 Weighlifting; 3 Brazil; 4 The Duke of

**QUICK CHALLENGE:**

**Across:** 1. Deceiving (8); 6. Ray (4); 8. Aureole (4); 9. Erstwhile (8); 10. Be merciless (4,2,7); 11. Daze (anag.) (4); 13. Parrot (4); 17. School subject (4,9); 20. Clergyman (8); 21. Seaside town in the south-west (4); 22. Abandoned (4); 23. Bleaker (8).

**Down:** 2. Outbuilding (4-2); 3. Historical hijacker (7); 4. Added photo (5); 5. Mouth inflammation (7); 6. Group of objects (5); 7. Targeting (6); 12. Aroused (7); 14. Hiker (7); 15. Of cows (6); 16. Opening section of play (3,3); 18. Expel (5); 19. Audacity (inf.) (5).

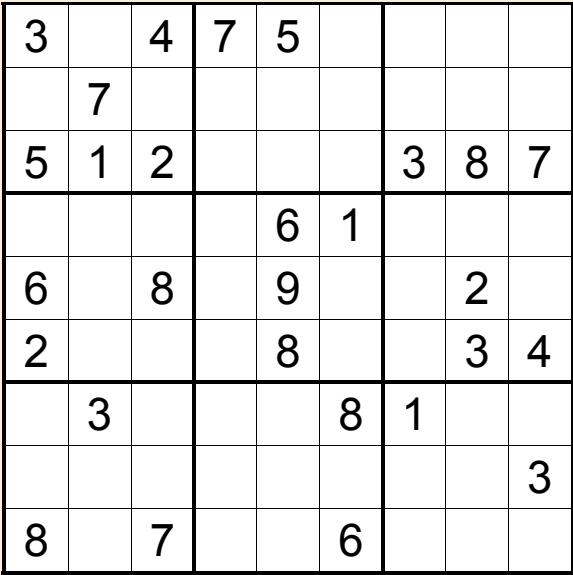
**BOX CLEVER:**

**SUDOKU:**

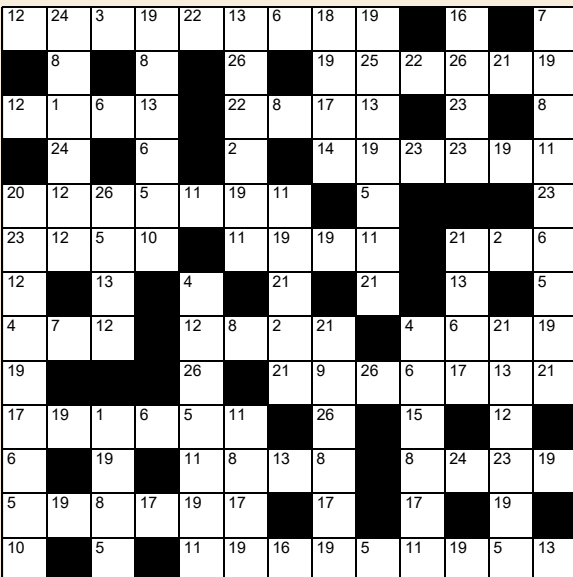
8	2	7	1	3	6	4	5	9
1	6	9	4	2	5	8	7	3
4	3	5	6	7	8	1	6	2
2	9	1	5	8	7	6	3	4
6	5	8	3	9	4	7	2	1
7	4	3	2	6	1	5	9	8
5	1	2	6	4	9	3	8	7
9	7	6	8	1	3	2	4	5
3	8	4	7	5	2	9	1	6

### SUDOKU

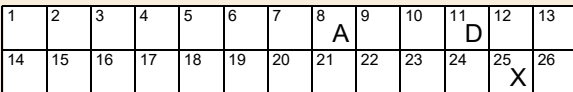
Each row and each column must contain the numbers 1 to 9, and so must each 3 x 3 box.



### CROSS CODE



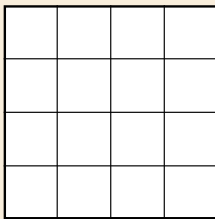
### AB C D E F G H I J K L M N O P Q R S T U V W X Y Z



Each number in the grid represents a letter. You have three letters in the control grid to start you off. Enter them in the appropriate squares in the main grid, then use your knowledge of words to work out which letters should go in the missing squares. As you get the letters, fill in other squares with the same number in the main grid and control grid. Check off the alphabetical list of letters as you identify them.

### MAGIC SQUARE

#### NOT ONE REAL LEADER



Using all 16 letters of the sentence above, form four words each of four letters which, when placed correctly in the grid, will form a magic square in which the words can be read both horizontally and vertically.