

**Michelle Fynes, Consultant Urogynaecologist for St George's University Hospitals NHS Foundation Trust, has provided the following information on behalf of the patients and clinicians:**

1. I am a consultant urogynaecologist of 13 years standing and former lead for the urogynaecology service (2003-2012). Urogynaecology looks after women of all ages with urinary and or bowel incontinence and or urogenital (vaginal) prolapse. This includes services for specific at risk groups including post childbirth and the frail elderly. These are common QoL disorders. The issues of urinary incontinence affects 1 in 6 women. This problem was cited in the CMO for England Dame Davie's annual report 12/2015. This identified female urinary incontinence and FGM as problems to be targeted and addressed from 01/2016.

2. I am also the joint lead for the Paediatric and Adolescent Gynaecology (PAG) service including the Rapid Access Forensic PAG Service for suspected Sexual maltreatment of Females <18 years of age (including FGM) (2003-2015). The latter service I set-up (2003) at SGUH FT and I have run this jointly (2009-2015) with my colleague consultant forensic physician and consultant for child safeguarding Dr Peter Green. This colleague is trained in forensic and medical law pertaining to sexual maltreatment (including grooming) of any male or female <18 years.

3. My colleague Dr Green liaises with the local MASH services, other child protection agencies, the police and courts of guardianship. And follows the cases that become criminal or require intervention to safeguard children (and or siblings). We have provided this service across SWT being the only such centre outside UCHL. I also work closely with the school nurses across SWT accepting direct or GP referrals. The urogynaecology and PAG services were suspended without any warning 08/06/2015. They were then bundled together and subject to consultation to close these two separate but key services for women of all ages (urogynaecology) and females <18 years of age (PAG).

The Wandsworth Police disclosed that 85% of sexual assault or maltreatment cases brought to their attention in 2015 had not been formally investigated and no forensic assessment or clinical risk assessment had taken place. Largely this was because the police were not sure what to do or where to send these children. The PAG service at SGUH FT was becoming more and more busy because of these issues. The service has never had a single complaint in 10 years that given how emotive these cases can be says a lot about the service and commitment of the team.

4. These are very serious concerns that other staff, patients, public representatives and advocates resident in the Sutton Borough Council and I have shared relating to the actions of SGUH FT. The Trust suspended two unrelated services from 08/06/2015. From 28/07/2015 they were subject to a joint consultation to close the services. This is unjustified and staff are concerned the real reason relate to addressing a financial deficit that has spiralled out of control and will likely hit 60 million GBP by 04/2015.

5. Clinical services not deemed relevant such as female urinary incontinence and PAG services are being jettisoned across the Trust to save money. In addition, mandatory redundancies are being implemented and staff leaving post not being replaced. Doctors and nurses are being asked to take on roles outside their area of specialty (e.g. General Gynaecologists being asked to see Paediatric Adolescent Gynaecology cases) to save money. This is pushing back quality care and best practice standards to the early 1990's in terms of women's and children's health service provision.

6. The external accountancy group contracted to help financially rescue the Trust from 02/2015 KPMG are supporting this process of jettisoning services over the next 3 years as part of a recovery plan. The Trust was solvent 12/2014 when the announcement was made of our Foundation status. From 02/2015 a whopping deficit was identified. A financial service review instructed across the Trust started with women's services and urogynaecology/PAG services being targeted for closure. The reasons provided are clinical governance and finance but finance is clearly the driving factor (the governance issues not being qualified or addressed) .

7. The concerns stand that the consultation process undertaken by the trust is unlawful. The staff consultation to close these services is flawed and no proper public consultation has been instructed or undertaken. The Trust are trying to steam roll through service closures to the detriment of patients and children including those vulnerable and with serious safeguarding concerns. The residents of Merton borough including patients/public users who require access to these services now/or in the future have not been consulted. As the locally elected council responsible for oversight of how SGUH FT spends public funds (allocated for health service provision) Sutton council have not been informed. As the OSC responsible for oversight of any substantive changes to health care provision affecting the residents of Merton and as councillors responsible for protecting the public interests Merton Council again have not been engaged.

**Sent:** Monday, 1 February 2016, 14:08

**Subject:** Regarding: The Merton OSC for Health Panel meeting and agenda item for 09/02/2016-M Fynes

1. Regarding the Merton OSC meeting 09.02.2016 attached are the summary documents as Word and PDF documents. Please feel free to cut the document size for the agenda and supplementary pack. We are second on the agenda for the OSC meeting and I would request to speak after the SGUH FT consultation panel members attending and not before. As stated I will be accompanied by 11 patients and their supporters (21 persons in all). I will provide the names later this week to confirm. There will be a number of patients but only two from the deputation will speak. The rest have provided statements to be reviewed by the Merton OSC councillors. They will also provide the council with copy also of the local women's campaign petition with over 2500 signatures of women objecting to the St Georges service suspension and planned closures.

2. Please note I have 22 letters of concern submitted by patients resident in Merton provided by the campaign group. These patient statements are for review by the

Merton OSC panel of councillors as they relate to Merton residents. These detail the patient's concerns and poor experiences when the urogynaecology services at SGUH FT were suspended without notice 08/06/2015. These patients state they were never told what was happening from June-August 2015. The patients only found out that the services were suspended when they received letters from Croydon to say their appointments at SGUH FT were cancelled and they had been transferred to Croydon Hospital.

3. Please note this transfer occurred without the patients knowledge and moreover without their consent. Their medical records were shared with Croydon also without their consent. When given an appointment to go to Croydon against their wishes and without discussion they were all discharged back to their GP. This was even though they felt they had not been listened too and provided no treatment. In addition, the male doctor they saw had no notes for them or letters even though these records had been transferred. This caused the patients concern and was upsetting because they felt they had wasted their time. It took ages they said to get to Croydon only for them to be dismissed.

4. They all felt they were being seen at Croydon only to be discharged as an exercise to close the care episode. They were advised if they were concerned to go back to their GP and ask for an appointment to another hospital. I might have reservations about the patient's experience of transfer and review at Croydon were it not for the fact that every single one of these patients provides an almost identical account of what happened. This is of concern as most of these women still have unresolved symptoms and nowhere to go. They are not happy and did not feel cared for at Croydon (these are their words not my mine).

5. When some of the patients complained to SGUH FT the GM and chair for the consultation panel sent them a leaflet stating how wonderful Croydon Hospital was. I have been given copy of this and I must agree it is inappropriate. The patient's experience of the Croydon Hospital Service was not reflective of the 'great service' comments on the leaflet they were given when they complained. They say and I can see why they felt patronized. Raising concerns with St Georges Hospital only to be told all the other patients sent there were happy (just not them) is not appropriate. Again I have heard the same story over and over again. I thus believe these accounts are true and not in any way exaggerated.

6. Furthermore the patients also state they were seen at Croydon in the male STD clinic suite at this NHS Trust. This is where they say that extra ad hoc clinics were instructed for the St George's urogynaecology patients. The patients were also all told these were not normal gynaecology clinics and not being held in the gynaecology clinic area. They were told this arrangement was purely to deal with the St Georges patients. It has been clear from the outset (despite the Trust assurances) that Croydon did not and does not have the capacity to deal with these extra patients.

7. The patients were also unhappy they were seen by a male retired gynaecologist (who was not a urogynaecologist) or a young male Doctor. They were not seen by the female urogynaecologist St Georges had promised them and as was stated in their Croydon letter of appointment. These patients describe being humiliated sitting

in a waiting area for patients attending a male attending STD clinic. The women are all elderly and/or from ethnic minorities or Muslim and this arrangement was not appropriate. These clinics even ad hoc should never have been held in this environment. These actions they believe violated their dignity and right to privacy and respect. The patients did not feel they were listened to or cared for (these are their words and not mine). The patients also state they were not examined and unless they gave the information to the male Doctor they said it was clear the male who saw them had no knowledge of their cases or copy of their notes.

8. Half of these Merton patients state they never received a consultation letter and those who did had no idea what it was. The letter was generic addressed to 'Dear patient' and not by their name. The letters were also all received between 3-5 weeks after the letter dated 19/10/2015. Some but not all patients have kept the envelopes. The letters were in these envelopes that all have a St George's Hospital franking mark indicating the date of postage (second class) were all after the end of the 1st week of November 2015. That is 3-3.5 weeks after the date of the letter. I am very concerned about this same concern related to the letters being backdated and vague. This to I have heard over and over from different patients. Finally the letter has no return address or phone number and merely instructs 'Dear patient' to log onto a website and provide feedback. This assumes they speak English, have a PC, know how to access the internet and submit a response. These actions are highly discriminatory.

9. These women's concerns have only come to light because of engagement by the local women's campaign group from 09/2015. These women have provided statements of concern. They do not want SGUH FT to have copy of the unredacted letters (with their identifying details). I have asked and they have said no and I respect their wishes. They have asked that I give the redacted letters to the Merton OSC panel for their review. They are happy for them to review these concerns. Separately they have asked their details be kept and disclosed cumulatively only with their consent. So to be clear I have consent to disclose the letters to the Merton OSC panel only but not SGUH FT and the letters are not for general release and not to be kept. These women have agreed to allow the women's campaign group leaders to keep their identifying details and statements and the solicitors Leigh Day. I am unclear regarding the reservations disclosing information to St Georges. This the patients state is because they do not want any other care appointments now or in the future at SGUH FT to be compromised this I am unclear about but that is their wishes and we must abide by these requests.

10. I would like the OSC councillors to appreciate how serious these concerns are. The whole consultation process has been flawed and corrupt from the outset it has enough wholes to make a decent colander. I and others including patients and public service users have been flagging these concerns regarding this consultation from 07/2015. I have been intimidated and accused of harassment and patients have been dismissed or ignored. SGUH FT simply refuses to accept these facts and refuses to terminate these processes. They have persistently refused to engage in any constructive dialogue and will not discuss the options and alternatives to service closure. SGUH FT never informed Merton OSC or any other OSC or Health Watch agency until they were reported by me. I deliberately only informed Wandsworth OSC from 09/10. 12/11 the Trust CEO told Wandsworth OSC at their meeting they would engage with staff and the public and patients and all relevant health watch

agencies and the other OSCs for Health in the SGUH FT catchment area. They never did and never honoured any assurance given SGUH FT.

11. I the patients, service users and public have no faith whatsoever that SGUH FT will do anything other than close the urogynaecology and PAG services 03/03/2016 this being the revised outcome date. The public consultation closed 04/12/2015. At this time the Merton OSC knew nothing of the process and the Merton residents were not engaged. This consultation process has been like pulling teeth. It has taken superhuman efforts on my part to get the process this far and it has had an adverse impact on my psychological health and recovery from depression. I have been harassed, bullied and threatened but I will not back down. I will see this through with the patients and women's service users but ask Merton OSC for their support.

12. SGUH FT had no intention at the time and no intention since of complying with the statutory processes for consultation. They wanted to close these services down and quickly to save money and dent the huge financial deficit they face. Incontinence services are core and not accessory services. PAG services are core but must be provided by trained staff. SGUH FT now denies they ever suspended the PAG services this is simply not true and evidenced extensively by correspondence regarding these matters from 03/2015. They SGUH FT managers have set up PAG again without my input or that of the joint PAG lead Dr Green from 2010-2015. There has been no consideration of the specialist skills required to run this service. SGUH FT believes any gynaecologist or paediatrician can provide a PAG service. I have provided the best practice guidance and they have just dismissed this. They also refuse to acknowledge that hoarding PAG referrals addressed to Dr Green and me from 01/2015. These hoarded referrals represent SUIs but have been dismissed by the Trust.

13. I must therefore request supported by the patients who have raised concerns and women's campaign group that these matters are referred to the Secretary of State for Health by Merton OSC enough is enough. SGUH FT's actions are indefensible but they will not listen to reason. I am aware that referral to the SoS may take a long time and the services suspended by SGUH FT are core and much needed women's and children's services. I therefore also ask these services are re-opened immediately and that this is recommended by Merton OSC also.

12. I have no doubt any recommendation you make to SGUH FT at the OSC meeting will be dismissed. SGUH FT has advised me and I realise they are correct that no OSC for Health panel has a regulatory role. I therefore ask for the only option that will see justice being done here and that is formal referral to the SoS. I have referred these matters also to Monitor for separate review of operational concerns and organizational behaviour as well as safeguarding concerns consequent to the consultation and service suspensions. The referral to the SoS now is the only way to stop this unlawful process by SGUH FT anything less will effect no change whatsoever. SGUH FT need to understand they cannot act unlawfully.

13. We face challenging times within the NHS with increasing changes to service provision, different commissioning pathways and need for collaborative working and the formation of strategic alliances. Collaboration like consultation is a verb and an 'action' word. Collaboration must be based on Trust and in turn this is based on honesty and transparency. I have no such faith in SGUH FT and I realise that on so saying I am criticising my employers and will very likely suffer further reprisal. The overriding message from the Francis Enquiry was that NHS staff should be feel safe

to raise concerns in an environment that supports rather than threatens. My experience over the past 12 months suggests to me that this message while acknowledged has not been incorporated into organizational practice by SGUH FT.

14. Everyone including large NHS healthcare organizations can make mistakes. This is not a sign of weakness and the ability to acknowledge these mistakes and provide redress is the mark of a mature organizational approach. While the SGUH FT managers continue to deny that the suspension of core women's urogynaecology and children's PAG services with instruction of formal consultation to close these services was unjustified, corrupt, flawed, discriminatory and unlawful I remain very concerned about these patients. I have also no faith based on experience of this process thus far that the organizational acts will be in the best interests of these patients moving forward. I am very concerned also at the organization's persistent and ever changing stance that contradicts the patients reported experiences and the facts supported by extensive evidence with third party corroboration.

15. The SGUH FT consultation process and organizational actions related to this process were flawed from the outset 08/06. These processes are unlawful and no amount of tweak or changing the consultation documents (also unlawful) will correct these concerns. In addition, no further attempts to badger the staff, patients and public users will change their opinion that the processes were flawed and unlawful. I am entreating the Merton OSC like Sutton and Kingston to challenge SGUH FT. I ask all three OSCs to make the referral to the SoS. Wandsworth OSC simply will not review these matters. I do not know why but I have tried and failed to get them to acknowledge these concerns. I therefore ask the other OSCs to take the right actions.

16. I have agreed to meet again with Health Watch and draft a document for consultation to be approved by the Health Watch agencies and shared for review/approval by the SWT OSCs for Health. This is to provide better information moving forward to ensure this mess does not happen again whereby any other service is put forward for consultation to substantively vary provision. This will hopefully make navigation of the legal framework easier to ensure compliance with statutory processes by the NHS provider seeking to change service provision that will include a check list.

17. SGUH FT have said most recently that they would do things differently with the consultation process if they could start over again. The CEO and divisional lead for women's services for SGUH FT insist they have learnt from this experience. I frankly do not accept this. Both senior officers will not accept the current consultation is so flawed is unacceptable and unlawful. They simply will not listen to the patients, staff, OSC councillors or Health Watch agencies in this regard.

This is simply not good enough. I have been telling the Trust repeatedly from 06/2015 they are acting unlawfully and they have had umpteen chances at the outset to put it right but have not. I have provided them numerous copies of the full statutory documents and DoH guidance and summaries from 09/2015 and they dismissed this information. I see no signs of reflection or acknowledgment of the harm caused. I therefore again for Kingston, Sutton and Merton to consider joint referral to the SoS for Health as a matter of urgency.

I look forward to seeing you next week

Kind Regards  
Michelle Fynes

cc:

1. Dr Peter Green PAG service lead and consultant Forensic Physician and Safeguarding Children
2. Ms Katy McKinlay Monitor
3. Ms Rosa Curling Partner Leigh Day Solicitors
4. Mr Gerry Facenna QC Monkton Chambers Greys Inn
5. Mr Steve Broach senior counsel Greys Inn
6. Ms Sue Balding Representative Women's Campaign group for Merton, Tooting, Colliers Wood and Battersea.

