

Document Type:	Standard Operating Procedure	
Reference Number : 2387	Version Number: 1	Next Review Date: 24 May 2022
Title:	Female Genital Mutilation (FGM) - Information System (FGM-IS) in Maternity Services	
Document Author:	Named Midwife for Safeguarding Children	
Applicability:	All patients	

This SOP will be amended as practice/legislation changes.

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1. PURPOSE AND CONTEXT

This document describes the Standard Operating Procedure (SOP) for the use of the Female Genital Mutilation Information Sharing (FGM-IS) system in maternity services for female children born to a survivor of FGM.

In all cases of female children being born to a woman with a family history of FGM, the FGM-IS indicator must be added to the child's records.

1.1 BACKGROUND

The FGM-IS is a national safeguarding system to share information, which:

- Enables a medical professional to record when a girl under 18 years has a family history of FGM
- Shares that information with other professionals who treat her as she grows up
- Prompts the clinicians to consider if they need to take safeguarding/other action.

FGM-IS supports safeguarding by:

- Family history is known to be relevant when considering potential risk to a girl of undergoing FGM
- The user will record when a family history has been identified using the FGM-IS
- When a professional sees the FGM-IS indicator, they know a family history of FGM has been identified and they can treat the child accordingly

The FGM-IS tab is accessible on the Summary Care Record application (SCRa) on the NHS Spine Portal for girls under the age of 18.

Access to FGM-IS will be available to authorised staff within Torbay and South Devon NHS Foundation Trust (TSDFT) using the Summary Care Record (SCR) Application. This allows authorised staff to trace the patient via the National Spine to view and input the FGM-IS indicator.

2. PROCEDURE FOR ADDING AN ALERT

If a woman delivers a female child and there is a family history of FGM, the FGM indicator should be added to the summary care record. It has been agreed that this will be completed by the Safeguarding or Public Health midwife.

It is good practice for the delivering midwife to share with the parents that the FGM indicator will be added to the baby's record, however consent is not required. If parents object to the information share, discuss this with the Safeguarding Midwifery Team.

Any female under 18 identified through the Trust FGM policy as meeting the criteria for an indicator on the SCR should be referred through the safeguarding children policy 2091 LINK if admitted to hospital in their own right.

The Safeguarding Children lead should notify the safeguarding midwife to add the alert.

To note:

- The indicator cannot be added on a child's record before she is born as NHS number is required.
- If a woman has older female children that are identified throughout her pregnancy, TSDFT maternity staff do not add an indicator for these children.

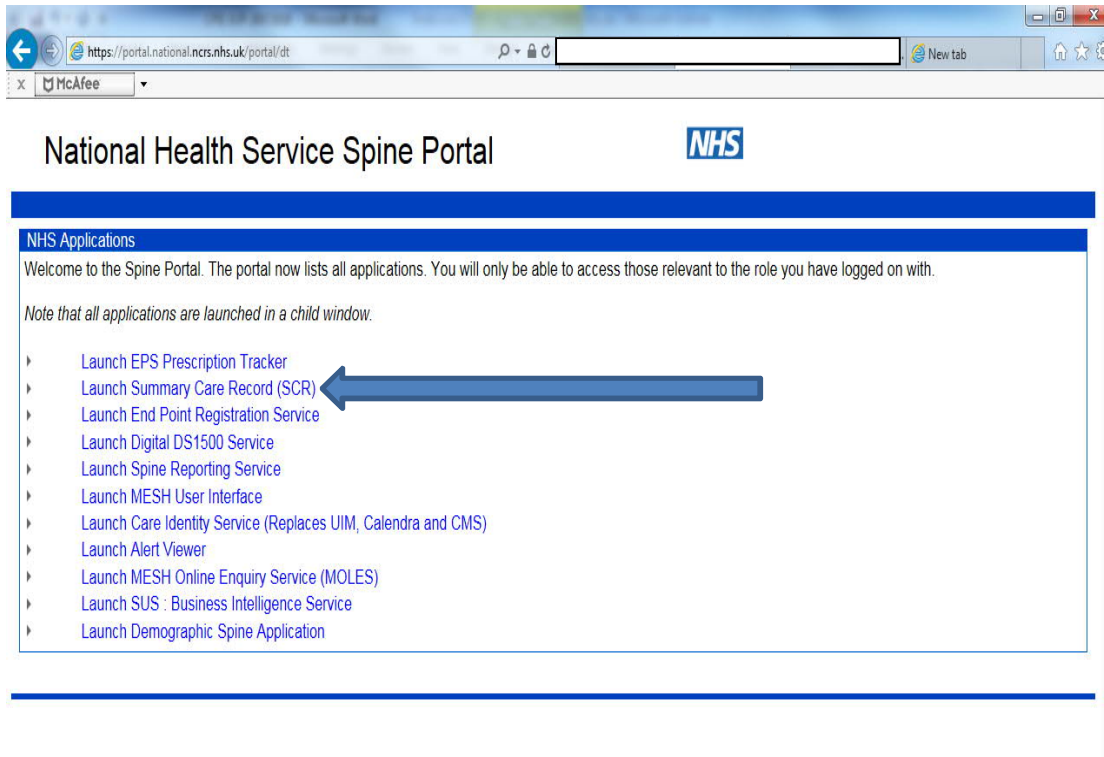
The delivering midwife has the responsibility to:

- Update the safeguarding midwifery team of the birth of a female child by emailing the NHS number of the baby who needs the indicator adding to the summary care record to safeguardingmidwife@nhs.net
- Inform the parents that an indicator will be added to the child's record.
- Document these actions in the child's patient record (PCHR) entitled 'FGM information share'.

2.1 Step by step guide on how to add the indicator

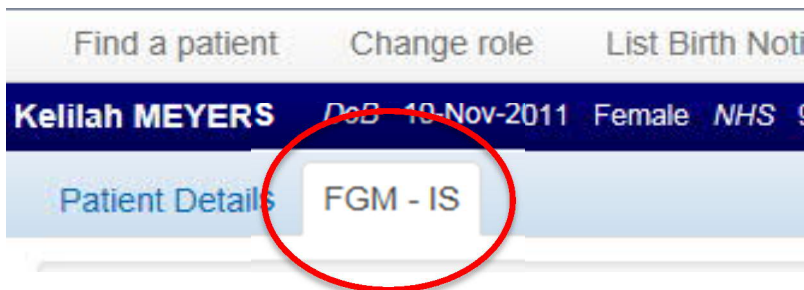
2.1.1 Find and access a patient's record

To find the patient on the Summary Care Record, search for the patient using the NHS number.



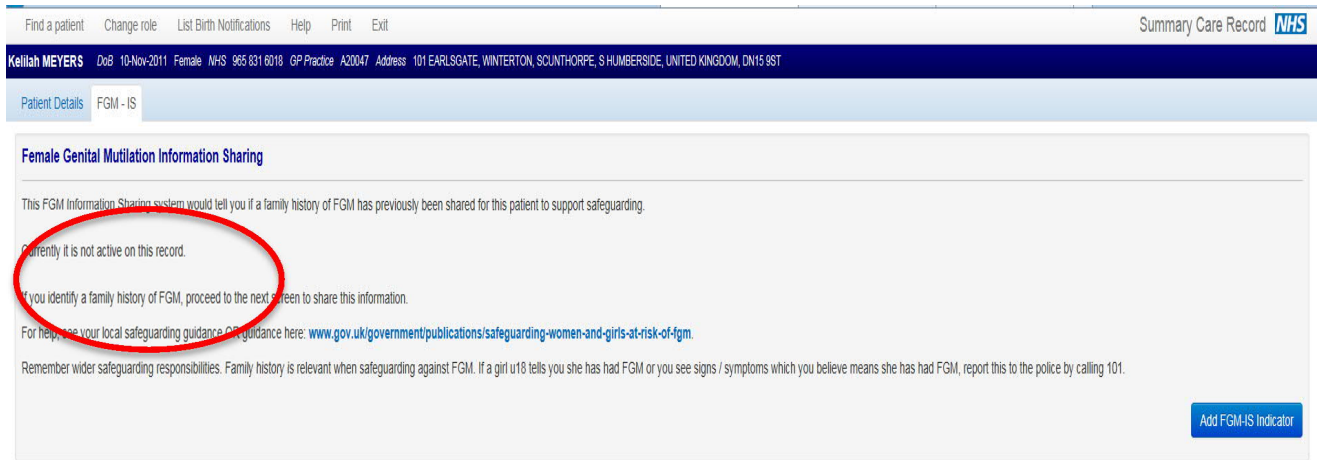
2.1.2 Finding the FGM-IS Indicator Tab in a patient record

When you have opened the patient's record, find the FGM-IS tab in the top left hand corner.



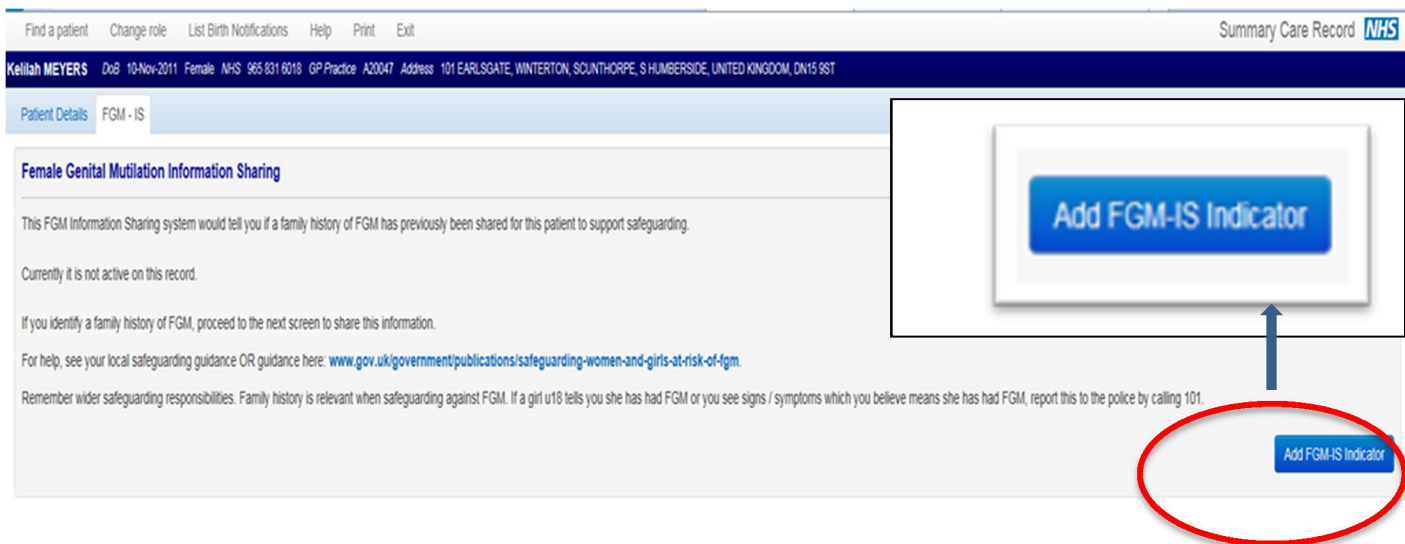
2.1.3 The FGM-IS Indicator Tab

For a new born female the following screen will be displayed:



2.1.4 Adding the FGM-IS indicator (Administrator only)

Click on the 'add FGM-IS indicator'



After you click on the 'add FGM-IS indicator' the screen below appears:

Add Female Genital Mutilation Information Sharing Indicator

Add FGM-IS Indicator

I have identified a family history of FGM for this child. I have decided that, as part of my safeguarding actions, I will add this indicator to her record to share the information. I have spoken to the family, and recorded this action in her records. (This may be completed by an administrator / other professional with delegated responsibility on behalf of the identifying clinician.) Confirm

* FGM Family History Identified Date: 17-Apr-2018

Add FGM-IS Indicator Cancel

For help, see your local safeguarding guidance OR guidance here: www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm

Remember wider safeguarding responsibilities; if you have any safeguarding concerns including FGM, take appropriate action.

1. Tick the box 'Confirm' to identify that the practitioner has:
 - Identified this girl has a family history of FGM
 - Information sharing has been discussed with her/her family
2. Add the date identified (or birth date if identified at birth)
3. Click the add FGM-IS indicator' button, the following confirmation will be displayed:

Find a patient Change role List Birth Notifications Help

Kelilah MEYERS DoB 10-Nov-2011 Female NHS 965 831 6018 GP Practice

Patient Details FGM - IS

✓ Successfully added FGM indicator

Female Genital Mutilation Information Sharing

⚠ This child has a family history of FGM.

Family history is known to be relevant when safeguarding against FGM.

For help, see your local safeguarding guidance OR guidance here: www

3. PROCEDURE FOR VIEWING AN ALERT

- Find the patient's record and open the FGM-IS tab (see section 2)
- Remember the FGM-IS Indicator tab is present on EVERY record for a female child under 18
- To know if the indicator is active / sharing important information, users need to click on the FGM-IS Indicator tab to 'View' the record

If the FGM-IS Indicator is active and sharing information, the Tab will display the following:

The screenshot shows a patient record for Kelliah MEYERS, a female born 10-Nov-2011. The 'FGM - IS' tab is selected. The main content area is titled 'Female Genital Mutilation Information Sharing' and features a red warning triangle icon next to the text: 'This child has a family history of FGM.' Below this, there is explanatory text: 'Family history is known to be relevant when safeguarding against FGM. Continue to deliver care to this child as planned and remember wider safeguarding responsibilities. The family were informed this information would be shared. For help, see your local safeguarding guidance OR guidance here: www.gov.uk/government/publications/safeguarding-women-and-girls-at-risk-of-fgm.' Further down, it shows 'FGM Family History Identified' on 17-Apr-2018 and 'Recorded Date/Time' as 23-Apr-2018 11:37. A blue button labeled 'Remove FGM-IS Indicator' is visible in the bottom right corner.

4. Removing FGM-IS Indicator

Standard practice is to keep the FGM-IS Indicator on a girl's record until they are 18. When she turns 18, the system will automatically remove the indicator/information. If the indicator is added by mistake, it needs to be removed. Please notify the safeguarding team of this by emailing safeguardingmidwife@nhs.net

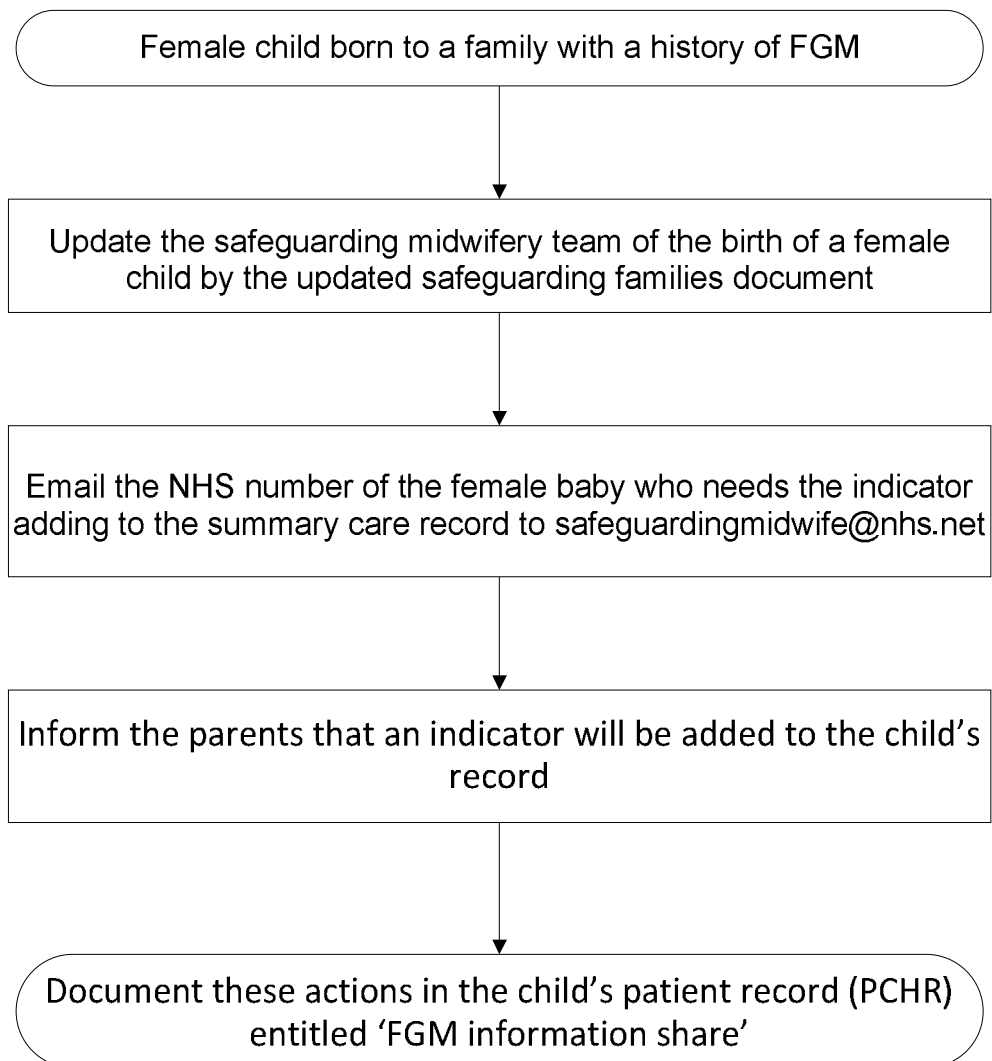
5. Audit

The use of FGM-IS will be audited by the safeguarding team/safeguarding midwife annually, with regular review within the first twelve months to provide assurance that FGM-IS is being used correctly and effectively in practice.

MATERNITY SERVICES FGM IS FLOWCHART



Linked to safeguardingmidwife@nhs.net



Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2387		
Document title:	Female Genital Mutilation (FGM) - Information System (FGM-IS) in Maternity Services		
Purpose of document:	For the use of the Female Genital Mutilation Information Sharing (FGM-IS) system in maternity services for female children born to a survivor of FGM.		
Date of issue:	24 May 2019	Next review date:	24 May 2022
Version:	1	Last review date:	
Author:	Named Midwife for Safeguarding Children		
Directorate:	Obstetrics		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Obstetrics and Gynaecology Risk Management Meeting		
Date approved:	13 July 2019		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does this document have training implications? <i>If yes please state:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Nominated staff individually trained		
Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
24 May 2019	1	New	Obstetrics and Gynaecology Risk Management Meeting

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)	2387 Female Genital Mutilation (FGM) – Information System (FGM-IS)	Version and Date	1 May 2019
Policy Author	Named Midwife for Safeguarding Children		
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/> Staff <input checked="" type="checkbox"/> Other, please state... <input type="checkbox"/>			
Could the policy treat people from protected groups less favourably than the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Introduction of new Information system			
Who was consulted when drafting this policy?			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input checked="" type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
What were the recommendations/suggestions?			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	

AUTHORISATION:

By signing below, I confirm that the named person responsible above is aware of the actions assigned to them

Name of person completing the form	Named Nurse for Safeguarding Children	Signature	
Validated by (line manager)		Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

- ¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- ² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- ³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- ⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated
- ⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- ⁶ Consider both physical access to services and how information/ communication is available in an accessible format
- ⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.