

FGM PATHWAY REAUDIT NOV 2022 – PART 1

Purpose: To assure that FGM-IS flags/ warnings are added to National Spine and Bromley Healthcare's EMIS records. This is a re-audit following June 2022 audit, commissioned following BSCP Review 'Natalie' and its recommendations.

Population: Female infants born to women at PRUH living in Bromley Borough who have been assessed as having a history of FGM.

Method: Re audit from Midwifery records and EMIS records where FGM was highlighted then crosschecked against the FGM-IS on the National spine and EMIS records.

Sample Size: Population-all female infants born to women identified with FGM during period 01/11/21- 31/10/22 from Midwifery records then cross referenced on Bromley healthcare's EMIS records. Fewer than ten women were identified in the period (exact number suppressed in this summary due to low number).

Findings:

It was noted that all the identified clients were known to the Health Visiting Service and had the correct warnings on the EMIS records, the documentation from midwifery was uploaded and had FGM status, FGM discussed and FGM-IS had been added to the National Spine. One case where the child had been born at an OOB private hospital then transferred back to the PRUH did not have the FGM-IS added but this has subsequently been added.

Outcome:

This re-audit has assured BSCP that the Midwifery antenatal and discharge forms have the correct FGM information and FGMIS has been added to the National Spine.

FGM PATHWAY REAUDIT NOV 2022 – PART 2

Purpose: To audit communication from Maternity to GP identifying maternal FGM and subsequent coding in the GP system and entry on FGM-IS. This is a repeat audit to look at progress made in the last 6 months.

Sample Size: As for Part 1 of reaudit.

Method: Cases identified by Named Midwife and questionnaire sent to Practice Safeguarding Leads by the Named GP.

Findings: Improvements since June 2022 audit, however more work is needed:

1) All practices had received a neonatal discharge summary as part of the obstetric discharge letter after delivery (in either mother or child file) and all had saved a copy in the child's file. However, only 50% picked up the FGM alert from the summary. **Why?** Practices are still having difficulties identifying female infants of mothers with FGM from the maternity discharge letters. This is especially true where the baby has been in SCBU and the Practice receives a separate Neonatal discharge letter which does not have the family history of FGM on it.

2) Only 50% of the Practices stated they could see the alert on the FGM-IS system. **Why?** It is not clear to Practices that the EMIS alert 'this girl may be at risk of FGM' indicates that the FGM-IS alert is on the spine. This alert was on the GP records for each of the female infants in this audit.

Actions:

- There will be training for Practice Leads on the FGM-IS system in early 2023 using resources from NHSE.
- Audit findings to be discussed at Safeguarding SEG.
- Review the neonatal discharge letters again – consider if they need to be adjusted to include Family History of FGM more prominently on the antenatal and obstetric discharge letters.