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By Email: jameshawkins@hscic.gov.uk

18th September 2015

Dear James

Re: Female Genital Mutilation Risk Indication System (FGM RIS)

I am writing to provide a direction to the Health and Social Care Information Centre to establish and operate the Female Genital Mutilation Risk Indication System (FGM RIS). This system will support the ongoing safeguarding of girls at risk of FGM, therefore supporting efforts to prevent FGM from happening. This is different from the earlier FGM Enhanced Dataset, which is a data collection for women and girls who already have FGM.

On 1 April 2013, the National Institute of Health and Clinical Excellence (Constitution and Functions) and Health and Social Care Information Centre (Functions) Regulations 2013 came into effect.

The regulations make provision for Secretary of State to direct the Health and Social Care Information Centre to exercise functions on his behalf to develop or operate information or communications systems, referred to as “systems delivery functions” under section 274 of the Health and Social Care Act 2012 (“the 2012 Act”).

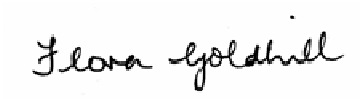
Under section 254 of the 2012 Act, the Secretary of State may also direct the HSCIC to establish and operate a system for the collection and analysis of information.

HSCIC are required to disseminate information aggregated at the level of NHS organisations, to authorised personnel at NHS England, under s.261(5)(d) of the 2012 Act. The relevant functions of NHS England concern the purposes of arranging for the provision of services specified in Schedule 4 to the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012. Following the letter of comfort sent on 12 August 2015, please accept this letter as the formal direction to the Health and Social

Care Information Centre to exercise the functions in relation to the FGM Risk Indication System, details of which are set out in the attached schedule.

The system should be implemented at 2200hrs on 27 August 2015, allowing for the early adopters of the system to begin the planned implementation in September 2015.

Yours sincerely,



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Schedule: Female Genital Mutilation Risk Indication System Secretary of State directs the Health and Social Care Information Centre to exercise

System Scope

1. The Female Genital Mutilation Risk Indication System (FGM RIS) will provide the capability for healthcare professionals to record when it has been identified that a girl under 18 is potentially at risk of FGM, and for professionals treating the girl later in her childhood to see this information.

2. The system will be made up of four key elements:

1. The core service: an extension of the Summary Care Record Application (SCRa), to allow a healthcare professional to record and/or view if a girl is potentially at risk of FGM;
2. A data extract published to NHS England on a regular basis, for management reporting purposes;
3. Integration capabilities, to allow data held within the FGM RIS to be shared with local systems; and
4. A service wrap, to support the ongoing maintenance and use of the system.

System Purpose

3. Use of the system will:

- Make available risk of FGM information in a uniform and secure manner across all relevant care settings in England;
- Support the local safeguarding responsibilities of clinicians;
- Help to avoid harm and respect the dignity of those at risk of FGM, by supporting the prevention of FGM;
- Improve the awareness of risk of FGM, supporting research opportunities in this area; and
- Support the appropriate allocation of resources and commissioning of services for FGM prevention.

4. The new system, developed by the Health and Social Care Information Centre (HSCIC), has been commissioned by the Department of Health (DH) as part of the wider-programme of work, known as the FGM Prevention programme, to improve the NHS' response to FGM and the subsequent management of patients and safeguarding for girls at risk of FGM.

5. The system aims to support safeguarding across the continuum of a female child's development from birth to 18 - this is particularly important because the most likely point for identifying that a girl is potentially at risk of FGM is when she is born to a mother with FGM**.**

FGM RIS / SCRa System Users

6. The main groups of healthcare professionals most likely to have visibility of the factors associated with the potential risk of FGM, and therefore be users of the system who would set or remove the indicator, are:

- GPs;
- Midwives;
- School nurses;
- Health visitors.

7. It will also be used, by viewing once the indicator has been set, by:

- Clinicians working in NHS Travel Centres;
- Clinicians working in Acute Trusts;
- Clinicians working in unscheduled care, such as primary care out of hours services, minor injury units and A&E;
- Clinicians working in Mental Health Trusts.

8. Only limited individuals at the Health and Social Care Information Centre will have access to run the reports within the system, and collate the information held. This access will be controlled in line with standard national system reporting functions within HSCIC.

9. There will finally be named individuals at NHS England and the Department of Health who will receive anonymised reports of the information. This will be to support the quality and management of the system, and to support the provision and commissioning of associated safeguarding services.

10. The reports will provide information on the following data items, with minor changes to be agreed as required between the Department and HSCIC.

a. When and where an indicator was set

b. When and where and why an indicator was removed

c. When and where an indicator was viewed.

This information will be provided in aggregate form split by organisation.

11. The following groups are expected to make use of aggregate information once it has been extracted and anonymised by HSCIC, to support the commissioning of services, allocation of resource and research in support of FGM prevention:

- Clinical Commissioning Groups (CCGs);
- Multi Agency Safeguarding Hubs (MASH);
- Local Safeguarding Children Boards (LSCB);
- Police Borough Commands;
- Children's Social Services;
- National Government.

Timeframe

12. The core system will go live in late August 2015.

13. An early adopter phase of the core service will run from September 2015 to December 2015.

14. National implementation of the core service will launch in January 2015.

15. Local system integration capabilities will be made available from October 2015.

16. Local systems integration to run from October 2015 to March 2019

Approach to the upholding of patient objections to the collection of information

17. Parents or guardians of the child will be able to object to this system being used and this will be processed through an agreed fair processing objection route.

18. The parent or guardian will be given information under a fair processing route to inform them of how this information will be used. If an objection is raised, this will lead to a case by case review of each objection, undertaken locally with due regard and input from safeguarding professionals, to identify if it is in the best interests of the patient for data processing to stop, or whether the processing should continue and the objection be overridden. If overridden, the justification will be recorded within the local healthcare record. In relation to the system, if the objection is upheld, then the indicator will not be set on the child's record and if the objection is overridden, then the indicator will be set on the record.

Use of information

19. A data extract will be provided to NHS England on a regular basis, for management reporting purposes.

20. Authorised personnel at NHS England will be given access to the report, for the purposes of arranging for the provision of services specified in Schedule 4 to the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012.

21. This extract will be provided to agreed named individuals at NHS England. This will not be published or given to any other individuals.

22. The reports will provide information on the following data items, as outlined in paragraph 10. This information will be provided in aggregate form split by organisation. The same data items will also be provided in aggregate form identified according to at which GP practice the individuals are registered for primary healthcare services.

23. NHS England will be able to analyse the report and, provided all standard measures are undertaken including aggregating information and taking measures to ensure that individuals cannot be identified from the reports, these can be shared with partner agencies for management purposes, with the expectation that this will include children's social services, LSCBs, MASHs, police borough commands, CCGs and other Government agencies with an identified need.