

Trust Policy
Female Genital Mutilation

Reference Number POL-CL/2016/069	Version: V1	Status FINAL	Author: Jane O'Daly-Miller	
Version / Amendment History	Version	Date	Author	Reason
	V1	Jan 2016	Jane O'Daly-Miller Trust Safeguarding Lead	Serious Crime Act 2015
Intended Recipients: Clinicians and managers of teams having members of the workforce who manage caseloads, work predominantly with children, young people and / or their parents / carers who have complex issues of care and treatment and who could potentially contribute to assessing, planning, intervening and reviewing the needs of a child and parenting capacity where there are safeguarding concerns and involvement in child protection enquiries and processes.				
Training and Dissemination: The Safeguarding Team, Business units, Divisional Nurse Directors and Safeguarding Committee members to ensure staff are aware of the policy through local clinical governance arrangements. Dissemination via the Intranet				
To be read in conjunction with: Trust Policy for Safeguarding Children				
In consultation with and Date: Safeguarding Committee				
EIRA stage One Completed		Yes		
Stage Two Completed		No		
Procedural Documentation Review Group Assurance and Date				
Approving Body			ME March 2016	
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Contact for Review			Trust Safeguarding Lead	

Executive Lead Signature	Director of Patient Experience & Chief Nurse
Approving executive Signature	Director of Patient Experience & Chief Nurse

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Trust Policy Female Genital Mutilation

1. Introduction

FGM is a form of child abuse and violence against girls and women, a serious public health hazard and a human rights issue. Protecting girls and women from FGM worldwide is everybody's business. The practice of FGM dates back over 2000 years and is performed for a variety of complex reasons. It is medically unnecessary, is extremely painful, terrifying and has life threatening physical and serious psychological health consequences at the time the procedure is carried out, afterwards and later in life.

Prevalence of FGM in the UK is difficult to estimate because of its hidden nature. A recent study¹ suggested that over 22,000 girls under the age of 15 could be at high risk of FGM in England and Wales each year and nearly 66,000 women in England and Wales are living with the consequences of FGM.

FGM is likely to be significantly more prevalent than figures suggest with uneven distribution of cases, with more occurring in those areas of the UK with larger communities from the practising countries. Girls and women in the UK who have undergone FGM may be British citizens born to parents from FGM practising communities, or they may be women living in Britain who are originally from those communities e.g. women who are refugees, asylum seekers, overseas students or the wives of overseas students. It is believed FGM happens to British girls in the UK as well as overseas, often but not always in the family's country of origin.

Practitioners in all areas must be aware of and actively prevent and tackle FGM.

It is illegal in the UK to subject a girl or woman to female genital mutilation (FGM) or to take a child abroad to undergo FGM.

Re-infibulation is also illegal under the Female Genital Mutilation Act 2003.

With effect from April 2014, all acute trusts are required to record all incidence of FGM and from September 2014 all acute trusts are required to report figures of identified cases to the Department of Health

In October 2015, the Serious Crime Act 2015 introduced a duty requiring regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police.

2. Purpose and Outcomes

This policy is designed for all frontline practitioners and clinicians. It explains the process to be followed within the Trust in relation to data gathering and reporting to the DH on incidence of cases. It also provides information on

analysis and decision making in respect of FGM and how to respond to concerns regarding FGM

3 Definitions Used

FGM Definition: The World Health Organisation (WHO) defines female genital mutilation as: all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons” (1996).

FGM

Female Genital Mutilation has been classified by the World Health Organisation into four types:

Type 1: Clitoridectomy

Partial or total removal of the clitoris (a small sensitive and erectile part of the female genitals) and /or the prepuce (the fold of skin surrounding the clitoris).

Type 2: Excision

Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the 'lips' that surround the vagina).

Type 3: Infibulation (also called Pharaonic Circumcision)

This is the most extensive form of FGM. The vagina opening is narrowed through the creation of a covering seal by cutting and appositioning (closing together) the labia minora and/or the labia majora, with or without excision of the clitoris. De-infibulation is the name for opening the entry to the vagina again.

Type 4: Other/Unclassified

All other harmful procedures to the genitalia for none medical purposes, for example:pricking, piercing, incising, scraping and cauterising the genital area.

Safeguarding: The action we take to promote the welfare of children / vulnerable adults to ensure we protect them from harm and is further defined for the purposes of this guidance as:

- protecting from maltreatment;
- preventing impairment of health or development;
- ensuring that vulnerable children and adults are living in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all to have the best outcomes.

Child Protection Concerns: Suspicion that a child is at risk of, or has experienced, significant harm, neglect or abuse.

Adult Protection Concerns: Suspicion that an adult is at risk of, or has experienced, significant harm, neglect or abuse.

Children and Young People: Defined in the Children Acts (1989 and 2004), a child or young person is anyone who has not yet reached their 18th Birthday, or 21yrs if in Local Authority Care (LAC), or 25 if is disabled. Issues of neglect as defined in Working Together 2013 can apply to the unborn baby.

4 Key Responsibilities/Duties

4.1 Safeguarding Adult / Children Boards (SAB / SCB)

Safeguarding Adult and Children Boards are required to lead, monitor and coordinate safeguarding arrangements across its locality and oversee and coordinate the effectiveness of the safeguarding work of its member and partner agencies. The Trust is required, as a partner agency, to attend the Boards and their sub-groups, participate in the work of the Boards to achieve their aims and submit the findings of the Safeguarding Adult Assurance Framework (SAAF), Markers of Good Practice and s11 (Children Act 2004) audits to the relevant forum at the SAB / SCB

4.2 South Derbyshire Clinical Commissioning Group (SDCCG)

The SDCCG monitor Trust performance in safeguarding in regular meetings with the Trust. The Designated Safeguarding Professionals receive regular reporting on performance, providing supervision to the Named Children's Safeguarding Professionals and offering support and advice to clinicians

4.3 Director of Patient Experience & Chief Nurse

The Executive Lead accountable to the Trust Board for ensuring compliance with this policy in all parts of the Trust. The Executive Lead, or their nominated deputy, is also a member of the SAB / SCB.

4.4 Trust Safeguarding Lead

The Trust Lead for Safeguarding is responsible for alerting the Trust Safeguarding Committee and Lead Executive Officer to any concerns or shortfalls in safeguarding practice within the Trust, advising with regard to the impact of relevant policy, enquiries or legislation and for development or review of Safeguarding training, Trust Policy and Procedures for Safeguarding. The Trust Safeguarding Lead is also responsible for advice and support of staff and teams within the Trust and managing the Safeguarding team

4.5 Trust Safeguarding Team

The Trust Safeguarding Team is responsible for providing advice to Trust staff, for facilitating liaison with the appropriate Local Authority Social Care Department, provision of training and for maintaining records of the number and nature of alerts raised and the quality of advice in such cases. The Named Midwife will be responsible for reporting details of cases of FGM to the Trust DH Dataset manager

4.6 Safeguarding Committee

Should ensure that national developments regarding safeguarding are incorporated into Trust policies and processes and advise the Trust Safeguarding Lead and Lead Executive regarding any issues with implementation in their area of responsibility accordingly. They also receive reports and monitor the implementation of safeguarding processes throughout the Trust, agree assurance reports to the Trust Quality Assurance Committee and for assisting with compilation of evidence to necessary to ensure compliance for registration with the Care Quality Commission.

4.7 Business Units, Ward Sisters/Charge Nurses, Nursing and medical staff, On-call Managers

Will ensure that they are aware of the relevant policies and processes Escalate and communicate concerns to the Trust Safeguarding Team and adult / children social care services.

They must enter any safeguarding incident where it is alleged that it has been caused by hospital employees / processes into the Datix Incident reporting system.

They have a responsibility to respond sensitively to a disclosure of abuse and act in a professional manner and take appropriate action.

They will ensure that concerns about individual cases are escalated where appropriate to the safeguarding team.

4.8 All Trust Staff including volunteers

All staff / volunteers must raise concerns about the safety of any adult / child at risk of abuse and neglect with whom they are directly or indirectly involved with and to work within the safeguarding policy. Additionally all staff are expected to use the Trust Whistleblowing Policy where necessary. All health professionals are required to report to the police any case where a child under the age of 18years has undergone FGM and additionally report any case of FGM to the Named Midwife who will enter details onto the Trust dataset for reporting to the DH

5 Implementation of policy

Any clinician identifying that FGM has taken place should notify the Named Midwife with details of the case using the form at Appendix 3. This information

will be then be entered onto the Trust FGM database in the required format for data sharing with DH.

The Clinician should follow the flowchart at appendix 1 with regard to any children in the family and support of the woman herself. If the woman is pregnant the flowchart at Appendix 2 should also be considered and the relevant maternity guidelines consulted

Where FGM has been carried out on a child under the age of 18 years the individual clinician who has identified that is responsible for reporting the offence and sharing information with the police, making a referral to children's social care and contacting the Trust Safeguarding Team

6 Monitoring Compliance and Effectiveness

Monitoring Requirement :	Dataset reporting to DH quarterly Audit of cases yearly
Monitoring Method:	Quarterly figures sent to DH secure site Case file audit with sample identified from referrals
Reports Prepared by:	Named Midwife for Safeguarding Children
Report presented to:	Trust Safeguarding Committee
Frequency of Report	Yearly

7 References

Serious Crime Act 2015

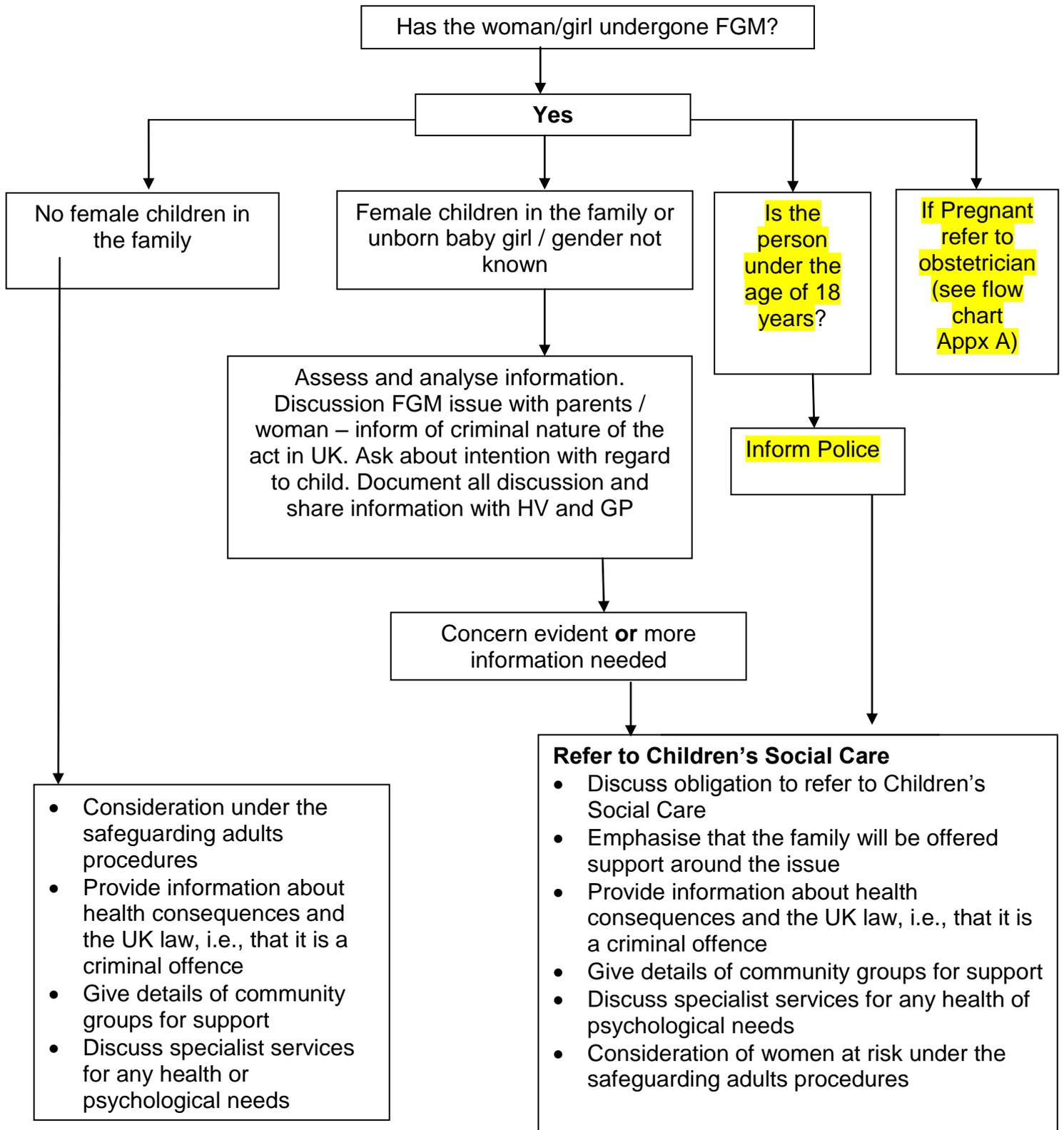
Derby & Derbyshire Safeguarding Children Procedures. Derby and Derbyshire Safeguarding Children Boards. Updated (2014)

World Health Organization. Eliminating Female genital mutilation. An interagency statement. Geneva: WHO; (2008)

Female genital mutilation and its management, RCOG Green top guideline, No 53.
(2009)

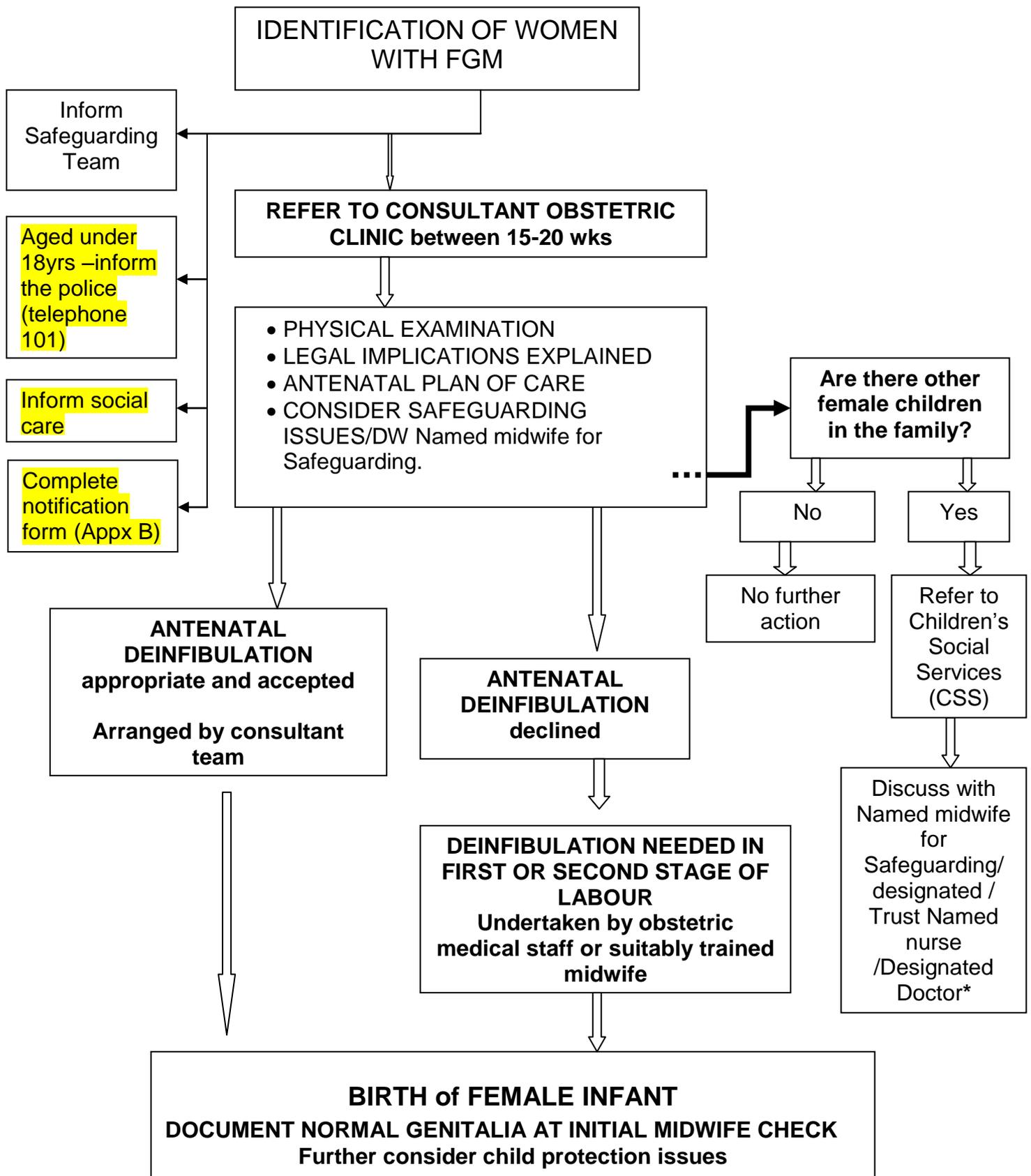
British Medical Association (2011) Female Genital Mutilation – caring for patients and child protection BMA

DECISION MAKING AND ACTION FLOWCHART FOR PRACTITIONERS IN HEALTH WORKING WITH WOMEN WHO HAVE BEEN SUBJECT TO FGM



Free 24 hour advice and support to protect UK children from FGM
 Anyone worried about a child being or has been a victim of FGM can contact the helpline on 0800 028 3550 or email fgmhelp@nspcc.org.uk

OBSTETRIC FLOW CHART FOR MANAGEMENT OF WOMEN IDENTIFIED WITH FEMALE GENITAL MUTILATION



*Designated Doctor in community is based within CCG. Named Doctor is based within the trust.

Notification/reporting proforma

To be forwarded to the Safe Guarding Team via [generic] email dhft.FGM@nhs.net

Woman's name	Hospital Number	NHS Number	Type of FGM i- ii- iii- iv	Age when FGM performed

Country of Origin/Birth	Country FGM Performed	Pregnant Y / N	Number of female children	Comments

Name of person reporting: _____

Designation: _____

Department: _____

Contact number: _____

Date: _____

Yes No N/a

RDH Safeguarding team informed via email

Social care referral made

Police informed 9under 18 years of age

Documentation Control:

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Version / Amendment	Version	Date	Author	Reason
	1	Nov. 2006	M. Smith Midwife	New
	2	Jan 2013	Miss S Raouf Consultant obstetrician Mr V Chilaka Consultant obstetrician	Review
	3	Sept. 2015	Safeguarding	Expansion to cover wider Trust processes
Intended Recipients: All staff with responsibility for caring for pregnant women				
Training and Dissemination: Cascaded electronically through key staff/doctors; Published on Intranet,				
To be read in conjunction with: Trust Policy and procedures for Safeguarding Adults CL-LP 2011 040				
EIRA (Equality Impact Risk Assessment) stage one completed : n/a				
Documentation Review Group - Assurance and Date				Date: Sig:
Approving Body and Date Informed				Date:
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Contact for Review				
Lead Signature				Date: Sig:
Approving Signature (1)				Date: Sig:
Approving Signature (2)				Date: Sig: