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**To: Chief Executives and Nursing Directors**

NHS Acute Trusts and Care Trusts

England

17<sup>th</sup> September 2014

Dear Colleagues,

### **Female Genital Mutilation Prevalence Dataset**

I am writing to ask that the Chief Executives of all acute providers (who have not already done so) ensure the introduction of procedures to support the forthcoming mandatory data collection relating to Female Genital Mutilation (FGM) prevalence by 1<sup>st</sup> October 2014, using robust and high quality collection processes. In order to comply with this, organisations need to ensure that collection processes are in place from 1<sup>st</sup> September 2014.

ISN 1610 Female Genital Mutilation Prevalence Dataset was published on 2<sup>nd</sup> April 2014, and sets out the details of the requirement: <http://www.isb.nhs.uk/library/standard/280>

The information collected from all Acute Trusts, will start to be published from October 2014 as an Official Statistic. I am expecting significant interest from external bodies, both our partner organisations in the police and local authorities, and also from the public and the media. Therefore it is imperative that the data published is accurate and reliable.

On 22<sup>nd</sup> July 2014, the UK Government hosted the Girl Summit 2014 to mobilise domestic and international efforts to end FGM and child, early and forced marriage in a generation. As part of this, the Department of Health launched the FGM Prevention programme in partnership with NHS England. The information collected within this initial return is critical to ensure the programme achieves its aims to protect our girls and to prevent FGM, and to care for those who are living with the consequences.

Jane Ellison, Public Health Minister, has given ministerial priority to the FGM Prevention programme and will be taking a keen interest in the initial reports and the ongoing development of the work.

Our assessment to date is that Trusts which have implemented the new collection successfully have considered carefully what tool to use to collect the information across their organisation, and have encouraged and supported close work between the information team and the clinical teams. We recognise that FGM can be difficult to categorise into the four different clinical types<sup>1</sup>. If a clinician is unsure, given their current level of training, how to diagnose and report on the type of FGM, but can identify FGM has taken place, the patient should still be included in the return under 'Type 9 – Unknown'.

Please be assured, this collection is anonymous and therefore counts of all patients must be reported, specifically including children who have undergone FGM.

The next steps of the FGM Prevention programme are to ensure that there is clear guidance and expectations set of NHS organisations on caring for patients with FGM, and on safeguarding, and to provide the tools, guidance and materials to meet the required standards. My team continues to work with colleagues across the NHS and across Government departments to ensure that the work is consistent with partner organisations, including the police, children's services and local authorities.

Further information about the FGM Prevention programme is available from Astrid Fairclough: 0207 210 5102 or email: [FGM@dh.gsi.gov.uk](mailto:FGM@dh.gsi.gov.uk). For questions about the dataset and the collection mechanism, please use the HSCIC contact details as found within the Unify2 collection system.

Yours sincerely,



**Jon Rouse**

Director General of Social Care, Local Government and Care Partnerships

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<sup>1</sup> <http://www.who.int/mediacentre/factsheets/fs241/en/>