See the source image

**Health Report for S42 Enquiry**

**Purpose: To be completed by the Ward Sister when a safeguarding concern meets the eligibility for a S42 enquiry (Care Act 2014).**

*This report template is to be completed electronically and securely sent to the Enquiry Officer*

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| **Date of Request from Safeguarding Team** |  |
| **Date submitted to Safeguarding Team** |  |
| **Date Safeguarding concern raised** |  |
| **Details of the Safeguarding Concern** | |

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| --- | --- |
| **Author Details** | |
| **Name** |  |
| **Designation** |  |
| **Ward/Cluster** |  |
| **Telephone** | **Landline:**  **Work Mobile:** |
| **Email Address** |  |
|  |  |
| **Client Details** | |
| **First Name** |  |
| **Surname** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Telephone Contact** |  |
| **NHS Number** |  |

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| **Next of Kin Details/Lasting Power of Attorney (LPA)** | |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Telephone Contact** |  |
| **Relationship to Client** |  |

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| --- | --- |
| **Further Information/Contacts** | |
| **Reason for Admission** |  |
| **What actions were taken to safeguard the client?** |  |
| **Adult/Family Representative view & desired outcome [if known]** |  |
| **Date of Admission** |  |
| **Date of Discharge** |  |
| **Hospital Consultant** |  |
| **GP** |  |
| **Past Medical History relevant to the safeguarding concern** | |
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| **General Condition of Patient at the time of the safeguarding concern**  [Relevant information to be provided] | |
| **Compliant with the Mental Capacity Act** |  |
| **Evidence about best interest meetings held** |  |
| **Compliance with care** |  |
| **Physical appearance and needs** |  |
| **Psychological needs** |  |
| **Social situation** |  |
| **Nutritional status** |  |
| **Medication relevant to the safeguarding concern** |  |
| **Mobility** |  |
| **Continence** |  |
| **Skin integrity** |  |

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| **Additional Information if wounds are involved in the safeguarding concern**  In the case of pressure ulcers Multiple Category 2’s, Category 3 or 4. The Appendix 2 of the Pressure Ulcer Protocol (revised June 2018) must be completed and attached The Root Cause Analysis Report can be completed and submitted. | | | | |
| **Date deteriorated to multiple Category 2 & above** | | |  | |
| **If applicable complete the following:** | | | | |
| **Pressure relieving equipment put in place** | | | **Date Requested**  **Date put in place** | |
| **Date Datix completed** | | |  | |
| **Date of referrals to Specialist services:** | | | **GP** | |
| **Tissue Viability** | |
| **Consultant** | |
| **Dietician** | |
| **Other Specify** | |
| **Has a serious incident been triggered?** | |  | | |
| Yes/No | |  | | |
| Date Started | |  | | |
|  | | | | |
|  | | | | |
| **Chronology of Events**  **Relevant to the Safeguarding Concern**  For example: date/times/incidents/people involved/care given/actions taken | | | | |
| **Date/Time** | **Activity**  **[interview, review of paper work etc]** | | | **Supporting Documentary Evidence**  **[records & charts, witness statements]** |
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**Summary of your Findings:**

**Date:**

**Signed:**

**Name:**

**Position:**