

**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 |  |
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| **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:**