

**Health Report for S42 Enquiry**

**Purpose: To be completed by the Ward Sister/Health Professional when statutory criteria for a safeguarding S42 enquiry are met (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** |  |
| **Place of incident *example CUH or Care Home*** |  |
| **Details of the Safeguarding Concern** |
| **Terms of Reference for the Health Report** The Social Worker, leading the S42 enquiry, in conjunction with their SAM (Safeguarding Adult Manager) will identify the key points and questions that need to be addressed within the health report:1)2)3)4)5)6)(Expand as required) |

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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 and unstageable The Appendix 2 of the Pressure Ulcer Protocol (revised June 2018) must be completed , 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:**