Safeguarding Adults and Vulnerable Adults Annual Report
(April 2025 to March 2026)
Safeguarding Adults at risk

The Trust Safeguarding Adults service has continued to see an increase in referrals over the 12-month period, with a 12% increase when compared to the previous year. The team have been very busy owing to the complex nature of a large number of cases and other competing demands on the service such as training and education, safeguarding adults' reviews and allegations management. Referrals over the last 12 months were more appropriate demonstrated by a reduction in the number of care management cases.

The risk profile from safeguarding adults referrals remain the same as previous years with self-neglect generating the highest number of referrals (a 38% increase from the previous year) followed by neglect by others which increased by 20% compared to the previous year. There was a 26% increase in domestic abuse referrals to the service over the year when compared to the previous year, strengthening the need for the Trust to ensure that the initial support offered to patients experiencing domestic abuse includes the needs of vulnerable people experiencing familial abuse from children and grandchildren.

Highest number of referrals were received for people within the ages of 75 to 84 years signifying an 8% rise from the previous year. This has been raised within local partnership boards to look at the support available for older people in their individual boroughs creating an opportunity to consider multiagency protocols with partners in social care, housing and police.

Last year saw a 20% increase in Deprivation of Liberty Safeguards (DoLS) referrals and application compared to the previous year. 88% of all applications were not assessed by local authority before patients were discharged or transferred. In mitigation, there is an agreement between the Trust and Lambeth and Southwark local authorities that urgent DoLS authorisations submitted by the Trust will be prioritised for a Standard DoLS Authorisation assessment by the local authority depending on the vulnerability of the patients. Those prioritised include patients who are unbefriended, those objecting to their detention, those where an application to the Court of Protection for treatment decisions is likely and objections from family of someone with a Lasting Power of Attorney for health and welfare decisions. This agreement provides assurance that the most vulnerable can exercise their rights to appeal and advocacy under the DoLS legislation. This agreement is also observed by other local authorities without objection.

Improvement in MCA practice is a priority for the Trust and the CQC. A Trust wide audit of Mental Capacity Act 2005 (MCA) practice was undertaken in August 2025 using records from all 4 hospital sites showed inconsistent practice across the organisation. Whilst there was

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evidence of good practice, as outlined below, this was not consistently applied across the organisation. A Trust-wide Mental Capacity Act (MCA) task and finish group has been established to improve MCA practice across the Trust. Areas for improvement included:

- Staff need to focus on principles of the MCA which relates to people being helped to make decisions for themselves with the right level of support i.e. best time of day, easy read information / bite sized chunks, having a carer present.
- Lack of documentation to clarify how the best interest decision was arrived at.
- The person's wishes and feelings not documented and how these were considered.
- Best interest discussion document lacked information on the available options and their benefits and disadvantages

Important work continues to review the operational model for the Safeguarding Adults service with the support of CITI (Centre for Innovation, Transformation and Improvement). The team has worked to develop new operational structures and processes guided by Standard Operating Procedures (SOPs) to ensure a consistent approach to safe care.

Safeguarding Adults Training Level 1, Basic Prevent Awareness Training (BPAT) and Workshop Raising Awareness Prevent (WRAP) are all above the 90% compliance target. Safeguarding adults Level 2 and Level 3 are below the Trust target 90% compliance (Level 2 at 87.9% and Level 3 at 62.9%) respectively. Level 2 training is offered online and face to face. Staff profiling for Level 2 will be reviewed as staff profiled for Level 3 training will no longer require Level 2. Safeguarding Adults Level 3 training continues to be provided in a phased approach and through a blended model as agreed with VPAC, with ward staff prioritised in phase 1. There are actions in place to increase training compliance. Feedback from Level 3 training has been very positive, staff report it enhanced knowledge on safeguarding and legal literacy. Negative feedback included preference for separate days for community and acute staff.

There were 96 allegations involving patients received over the last year, a 25% increase from the previous year. ISM had the highest number of allegations as it is the largest of the clinical groups with the highest staff numbers. ISM had a 26% increase in allegations, 46 referrals, when compared to 58 referrals the previous year. There has been an 84% increase in allegations in C&S, with 24 compared to 13 the previous year, and a 50% decrease in allegations within HLCC from 10 to 5 referrals. The highest number of allegations were received for unprofessional behaviours by staff member (22 concerns). This included rudeness, ignoring requests and being unkind. The next highest number was for multiple concerns raised and for neglect (18 allegations in total). This was followed by 15 allegations of physical assault, which included providing care without the patient's consent and alleged hitting of a patient.

There was no increase in the number of section 42 enquiries raised by local authorities over the 12-month period when compared to the previous year, with 21 enquiries each year. The reasons for reviews included medication error, allegation of sexual assault, neglect and pressure ulcers. Of the 21 cases, 6 concerns raised had no evidence to support any further investigation, 15 were investigated and the investigatory reports were submitted to local authority for scrutiny and sign off.

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Learning Disability Service

NHS Learning Disability Improvement Standards Benchmarking: findings from the Year 7 National Benchmarking exercise (2024/25) were published 01/08/2025. Compliance with these standards demonstrates the Trust has the right structures, processes, workforce and skills to deliver the outcomes that people with a learning disability, autistic people, their families and carers expect and deserve, as well as commitment to sustainable quality improvement in the services.

Areas of good practice which included:

- staff reporting confidence in making reasonable adjustments.
- additional learning disability specialist staff can be accessed when needed.
- the Trust is always able to deliver safe care to people with a learning disability or autistic people
- families and carers are involved in decisions about their care.

Areas for improvement included:

- ensuring that all people with a learning disability or autistic people receive the same quality of care as other patients
- improving the identification of people with learning disabilities on EPIC
- share more widely findings of learning from deaths of people with learning disabilities and autistic people (LeDeR) programme
- increase the involvement of people with learning disabilities and autistic people and their families and carers in planning
- support intensive support teams in the community
- increase awareness of ensuring the validity of DNACPR forms for people with a learning disability or autistic people.

There were 21 recorded deaths of people with learning disabilities who were known to GSTT services in 2025/26, of which 6 were inpatient deaths. All cases have been referred to LeDeR for review. The learning disabilities teams continue to support the LeDeR process by reporting deaths, providing case notes when requested and attending meetings to review the deaths, collate themes and actions to improve services.

The Trust wide Reasonable Adjustment Digital Flag has been built on EPIC, and a pilot was launched in both GSTT and KCH in Q3 to trial standard operating procedures and the effectiveness of the staff training. The necessary changes in EPIC following the pilot are planned in Q1 and the RADF flag will be rolled out across the Trust and KCH with a communications and training plan for staff. The final phase will enable direct

communication with the NHS spine to share flags, due by Autumn 2026.

Oliver McGovern Awareness Training Part 1 compliance, which involves an online package, is at 86% at the end of Q4 with 19634 staff compliant. Part 2 OMMT requires an hour-long webinar for Tier 1 training and a full day face to face training for Tier 2. Trust compliance with Part 2 is below the required ICB 30%, Tier 1 is at 9% and Tier 2 is 1.4%. National funding will not be provided for 2026/27 and future SEL dates for this year are limited. Initial meetings have been held between senior colleagues in the College of Healthcare and the Chief Nurses Office to consider potential future options for the Trust. A further meeting is required with colleagues from College of Healthcare, the Chief Nurse's Office and the Chief People Office in order to take a paper for decision to Trust Executive Colleagues.

Dementia and Delirium (DaD) Service

Referrals to the DaD service at the Guy's and St Thomas' sites (SEL) had a 9% increase in the last year when compared to the previous year. This demonstrates an increase in awareness of the needs of people with dementia and or delirium and a need for extra support required by ward teams. There is a different referral process for dementia and delirium management on the Guys and St Thomas' when compared to RBH and HH sites where referrals are managed by the Liaison Psychiatry team. Trust recording of referral data in RBH and HH sites began in Q2 meaning it is not possible to compare to the previous year. Numbers have been consistent through the 3 quarters; 56 in Q2, 67 in Q3 and 61 in Q4. There has been significant work at those sites through increased visibility on clinical areas and provision of bespoke training.

All ISM, Cancer and Surgery and HLCC wards that have a minimum training compliance target of 25% and have surpassed the target compliance. A number of areas in ISM such as community services, older persons wards (OPU) and the community inpatients areas of Pulross Rehabilitation centre and the Amputee Rehabilitation Unit (ARU) have a target compliance of 85%. ARU and Pulross are compliant with the 85% target, whilst despite some increases in compliance, improvements are required on the OPU wards and ILS.

Dementia screening compliance was 82.21% in Q1, 72.87% in Q2, 75.81% in Q3 and 72.61% in Q4. Target compliance is 100%. Improvements are needed with screening through daily reminding of ward staff of the need to screen patients who are eligible. Increased ward visits by the DaD CNSs and the DaD Committee to provide extra support to improve screening.

Mental Health

Clinical groups continue to identify the rise in the volume and complexity of patients with mental health concerns being amongst their primary concerns in relation to mental health. ED referrals to the Working Aged Mental Health Liaison team (MHLT) increased by 9% in 25/26 compared to 24/25; October 2025 saw the highest number of ED referrals on record (506). A standard set by the Royal College of Psychiatrists' Psychiatric

Liaison Accreditation Network (PLAN) that at least 75% of referrals should be seen by the Liaison Team within one hour of referral was only achieved in two months during 25/26 (August 25 & March 26). Breaches in excess of 12-hours total length of ED stay rose by 70% during 25/26 compared to 24/25 and breaches in excess of 12-hours for patients awaiting mental health bed rose by 14% in 25/26, compared to 24/25. However, it should be noted that figures for 24/25 were manually collated by SLAM and therefore may be subject to human error; figures for 25/26 were obtained from Epic and are therefore highly reliable. Breaches in excess of 72 hours showed a 61% increase between Q1/2 and Q3/4 (numbers for 24/25 unavailable).

Funding was agreed by the SLAM executive team during Q4 to fund include one additional full-time consultant psychiatrist, six additional band 7 senior liaison nurses and one additional team administrator in the MHLT. Recruitment to these posts will commence without delay. This is in addition to the agreement by the SLAM Lambeth Directorate Management Team during Q3 to use existing funds to recruit to two additional band 6 and one additional band 3 nursing posts within the Crisis Assessment Unit (CAU).

The opening of the Crisis Assessment Unit on the Maudsley Hospital site, which will replace the unit currently on the KCH site, has been delayed until August 2026.

SLAM confirmed in March 26 that three female psychiatric intensive care unit (PICU) beds had been closed, pending repairs. A date for reopening has not been confirmed. In the event that a female patient attending STH ED, or admitted to a GSTT bed, requires admission to a PICU, the reduced SLAM female PICU bed stock may lead to delays in transfer, with the challenge of GSTT having to safely care for and manage unpredictable and potentially aggressive behaviours of acutely and very mentally unwell female patient for a prolonged period.

There has been a continued reduction in patient numbers conveyed to St. Thomas ED under section 136 (S136). The number conveyed during 25/26 (313) was 17% lower than the total number for 24/25 (377). The proportion conveyed to an ED, rather than a Health Based Place of Safety (HBPoS) remains high across London at 80% for 25/26. The most commonly reported reason for conveyance of a patient under S136 to STH ED, rather than a Health Based Place of Safety (HBPoS), during 25/26 was a lack of bed capacity within the HBPoS (54%) of all section 136 conveyances to STH ED. This is 10% greater than the proportion of S136 patients conveyed to STH ED due to a lack of HBPoS during 24/25.

In July 2025, SLAM closed two of the six beds in their HBPoS based on the Maudsley Hospital site. These beds will remain closed until at least September 26, when there will be a further review. In March, SLAM confirmed that in June 26, they would commence the use of the remaining four HBPoS beds in a "swing" capacity, allowing a change in their status from HBPoS to inpatient beds. The purpose of this will be to allow patients awaiting admission to a mental health bed to acquire inpatient status whilst remaining in the HBPoS. It will be important to monitor any impact of this change on S136 conveyances to STH ED.

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Operational guidance was drafted by the Metropolitan Police Service (MPS) during 25/26 to provide clarity for officers that the Mental Health Act, not the Mental Capacity Act, is the primary piece of legislation to be utilised when removing an individual from a private residence or a public place for the purposes of obtaining an urgent assessment of their mental health. This guidance was reviewed by DAC Beechcroft on behalf of GSTT & KCH. DAC Beechcroft have identified a number of areas which they consider require further clarification or amendment. The Trust legal department are now in contact with their counterparts at KCH to arrange a meeting to consider next steps.

There are increasing concerns regarding the impact of Right Care, Right Person on the police response when vulnerable patients are reported missing from Trust sites. The reduction in the response of the police to reports of missing vulnerable persons was added to the Trust Risk Register during Q4.

Compliance with providing patients detained under the Mental Health Act (MHA) with written information and a verbal explanation of their rights of appeal under Section 132 MHA was 87% for the year 25/26. It is hoped that changes to the system for the notification of the Site Nurse Practitioner Service by the detaining Approved Mental Health Professional, and the embedding of the e-MHA system within GSTT will lead to an improvement in compliance.

A three-month acute trust pilot of the Pan-London e-Mental Health Act (e-MHA) system was completed within GSTT between December 2025 and March 2026. During this period, 81% of statutory forms relating to the administration of the MHA were completed digitally with a 0% error rate. This compares with a 23% error rate for the remaining 19% of statutory forms that were completed on paper. On the basis of the success of the e-MHA pilot at GSTT, OneLondon[1] have agreed to support the roll out of the e-MHA programme to other London acute trusts and to fund the licences and ongoing maintenance costs for the next three years. Beyond this three-year period, licence and maintenance costs will fall to the acute trusts with an estimated cost of £10,000-£20,00 annually depending on trust size.

Following several instances in the Trust during 25/26 where intubation was employed to manage mental health related acute behavioural disturbance (ABD) in the absence of any physical health indications for its use, a workshop took place during Q4 to consider the differing elements of the pathway for managing people presenting with acute behavioural disturbance. Areas for further development were identified with a formation of a number of workstreams, which will progress a series of actions during Q1/2 26/27, aimed at improving the care pathway for patients experiencing acute behavioural disorder.

At the end of 25/26, there were seventeen mental health related risks listed on Trust risk registers; all risks have been reviewed within the required time frame. Two new mental health related risks were added to the registers, the first relating to the impact of Right Care, Right Person

[1] OneLondon is a collaborative of London's five ICS and London Ambulance Service, who are leading on transformation and joining up of healthcare information

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on the police response when vulnerable patients are reported missing, and the second relating to delays in the placement of children and young people presenting with social complexities impacting Paediatric ED flow and potential delays to care for other children.

Funding to the sum of £1.29 million was signed off by the ICB in August 25 for a "spend to invest" project for mental health enhanced care delivery, with the intention of improving quality whilst reducing costs. Recruitment commenced in October onwards and all posts have been appointed to. A GSTT internal steering committee, terms of reference and key performance indicators to measure the impact of the initiative have been developed. The project is being delivered in partnership with the NHSE Enhanced Therapeutic Observation and Care (ETOC) project that the Trust is currently undertaking, and ETOC training for ED nurses that GSTT is piloting as part of the Capital Nurse Mental Health Training Passport for acute trust nurses.

A series of actions relating to ligature management within the Trust were completed during 25/26. Ligature reduction estates works to Emergency Floor were supported by TOB in February 26; ligature cutting equipment has been installed across the ED, with an intention to roll out across remaining clinical areas within the Trust during Q1 26/27. A standard operating procedure for the use of the ligature cutting equipment has been developed and will be taken to the Mental Health Board for sign-off in April 26. A training package has been developed for staff to complete relating to environmental ligature management and use of ligature cutting devices.

A recommendation that all teams should utilise the same versions of the PHQ depression tool (PHQ2/9) was supported at the Mental Health Board and VPAC in January 26. A Standing Operating Procedure to guide the use of PHQ2/9 (and other mental health screening tools) by non-mental health staff working within the Trust will be developed during Q1 26/27.

Mental health training sessions, including simulation-based learning, have been delivered to a number of teams during 25/26, including nursing staff working in the Gastrointestinal Medicine and Surgery, Oncology, Emergency Care, General Medicine, Specialist Ambulatory Medical Services, Transplant, Renal and Urology, Pulmonary, Anaesthetics and Critical Care directorates, as well as new security officers. Suicide awareness training was delivered to post-graduate dental students, the CLIMP directorate, the obstetrics and gynaecology and midwifery teams, and the GSTT Wellbeing, Equity, Long-term conditions, Lives (WELL) Network. Training was delivered by the Trust Mental Health Lead, the Simulation Team, and locally by mental health leads within UEC / AGM and HLCC.

The SLAM CAMHS Liaison Service based at St. Thomas Hospital have agreed to extend their scope to also cover the Guy's site. However, plans to extend CAMHS Liaison cover to the Royal Brompton Hospital and Harefield Hospital sites are currently on hold, and will not be further considered by the SLAM CAMHS executive team until 26/27. Whilst inpatient services for under sixteen-year-olds will be moving from the RBH site to the ELCH site during Q1, young people aged sixteen and seventeen years will continue to be admitted to the RBH and Harefield Hospital sites, so there will remain the need for a CAMHS outreach service to these sites.

There were nine incidents of serious or moderate severity during 25/26. Four were investigated by SLAM (one also investigated by CNWL), all of which involved the death of a patient. Five were investigated by GSTT: following the death of a former patient on the STH premises, the Health & Safety Team are conducting a review of the STH site with relation to the risk of falls from a height; one incident involved a serious assault of an enhanced care staff member by a mentally unwell patient, the remaining three incidents did not lead to any permanent harm to the patient concerned.

End of Life Care

Trust End of Life Care Education Strategy: clinical group executive approval has been gained, the need is supported by both Trust NACEL staff feedback and the national NCEPOD report 'Planning for the End'. Selected national e-learning modules have now been added to nursing and AHP induction. The current priority is development of local introductory films (clinical and non-clinical).

A Trust EoLC quality improvement work plan has been agreed in response to directorate CQC self-assessments supported by subject matter expert self-assessment. These priorities, triangulated with NACEL and NCEPOD priorities as well as those arising from ward accreditation have informed a work plan which will be overseen by the EoLC committee and, annually, with the ICB.

EPIC: a new integrated cardiopulmonary resuscitation and treatment escalation plan went live in May 2025. Trust-wide audit has demonstrated improvement in completion of treatment escalation plans but further refinements are required.

Let's Talk Advance Care Planning project aims to promote and optimise advance care planning for the Trust local population. Let's Talk video-playing devices have been distributed across hospital and community settings. The group is finalising a Trust-wide clinical guidance and procedure to promote consistency and effectiveness in advance care planning. The Addressing Health Inequalities in Palliative and End of Life Care (PEoLC) project has been completed and resulting public and staff films launched.

Harefield hospital site palliative medicine cover has been improved although disparities continue across the Trust sites.

The Trust participated in round five of the National Audit of Care at the End of Life (NACEL) through 2025. There was a slight reduction in the proportion of bereaved people that rated overall care and support given to themselves and others as excellent or good for both Guy's & St Thomas' sites and Royal Brompton and Harefield sites, when compared with 2024 (while national performance has improved). Priorities going into 2026 are to improve access to education for Trust staff as well as continue efforts to promote excellent, personalised and holistic care for our diverse patients and those important to them (which is well documented). The Trust is currently participating in NACEL 2026.