

Cosmedicare

St. Ellen's Hospitals

Caring for you

Duty of Candour Annual Report

01 April 2025 – 31 March 2026

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Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. Services must tell the patient, apologise, offer appropriate remedy or support and fully explain the effects to the patient.

As part of our responsibilities, we must produce an annual report to provide a summary of the number of times we have triggered Duty of Candour within our service.

Name and addresses of the service:	St Ellen's Private Hospital 2 Garbett Road, Livingston, EH54 7DL
Timeframe (dates) this report covers:	01 April 2025 – 31 March 2026
How we have made sure that all Cosmedicare employees understand our responsibilities relating to the duty of candour and the systems that we have in place to respond effectively:	St Ellen's Hospital updated their Duty of Candour Policy in April 2026 in line with established Heath (Tobacco, Nicotine etc, and Care) (Scotland) Act 2016 and the Duty of Candour Procedure (Scotland) Regulations 2018 which ensures staff act in an open and transparent manner in respect of any notifiable safety incidents. In addition, all healthcare professionals working for or in St Ellen's Private Hospital are responsible for ensuring they comply with their professional DoC as part of their professional conduct requirements through that registration. The Duty of Candour process and policy forms part of induction for contracted staff and those working with practicing privileges. Duty of Candour Training is mandatory for all staff during induction and is updated on an annual basis.
Do you have a Duty of Candour Policy or written Duty of Candour Procedure?	Yes

How many times have you/your service implemented the Duty of Candour Procedure this financial year?

Type of unexpected or unintended incidents (not relating to the natural course of someone's illness or underlying conditions)	Number of times this has happened during the stated timeframe
• a person died	0
• a person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	0
• a person's treatment increased	4
• the structure of a person's body changed	0
• a person's life expectancy shortened	0
• a person's sensory, motor or intellectual functions was impaired for 28 days or more	0
• a person experienced pain or psychological harm for 28 days or more	0
• a person needed health treatment in order to prevent them dying	0
• a person needing health treatment in order to prevent other injuries as listed above	0
Total	4

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Did the responsible person for triggering duty of candour appropriately follow the procedure? If not, did this result in any under or over reporting of duty of candour?	Yes
What lessons did you learn?	The importance of good communication across the clinical team, and of documenting and escalating any potential DoC incidents in a timely manner.
What learning & improvements have been put in place as a result?	Ongoing monitoring of all DoC incidents. Thematic reviews as appropriate if indicated when there are any themes to ensure shared learning and dissemination across the clinical teams.
Did this result in a change / update to your duty of candour policy / procedure?	No
How did you share lessons learned and with whom?	Shared via daily safety huddles, department meetings and clinical governance meetings.
Could any further improvements be made?	Not at this time.
What systems do you have in place to support employees to provide an apology in a person-centred way and how do you support employees to enable them to do this?	Clear Duty of Candour Policy and Standard Operating Procedure. Mandatory Training. Support from SMT with guidance, support and feedback.
What support do you have available for people involved in invoking the procedure and those who might be affected?	An open and honest culture, support from SMT, Clinical Supervision
Please note anything else that you feel may be applicable to report.	Nil