

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 trigger duty of Candour within our service.

Name & address of service:	Vision Scotland Unit 3, 5 Ratho Park Ratho Station Newbridge EH28 8QQ	
Date of report:	31 <sup>st</sup> January 2026	
<p>How have you made sure that you (and your staff) understand your responsibilities relating to the duty of candour and have systems in place to respond effectively?</p> <p>How have you done this?</p>	<p>Yes</p> <p>Vision Scotland implemented their Duty of Candour policy in 2022 in line with the statutory duty under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as amended ("Duty of Candour") to act in an open and transparent way with patients in relation to their care and treatment.</p> <p>This was cascaded to staff. We provide teaching sessions to newly inducted staff and consultants as well as ongoing reorientation sessions to existing staff and consultants through mandatory training and teaching sessions.</p>	
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? - One



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 (January 2025 - December 2025)
A person died	Nil
A person incurred permanent lessening of bodily, sensory, motor, physiologic or intellectual functions	Nil
A person's treatment increased	Nil
The structure of a person's body changed	Nil
A person's life expectancy shortened	Nil
A person's sensory, motor or intellectual functions was impaired for 28 days or more	Nil
A person experienced pain or psychological harm for 28 days or more	Nil
A person needed health treatment in order to prevent them dying	Nil
A person needing health treatment in order to prevent other injuries as listed above	Nil
<b>Total</b>	0

<p>Did the responsible person for triggering duty of candour appropriately follow the procedure?</p> <p>If not, did this result in any under or over reporting of duty of candour?</p>	<p>Yes, the duty of candour process was followed and documented.</p>
<p>What lessons did you learn?</p>	<p>There were learnings as a result of the root cause analysis investigation which increased ongoing monitoring of processes.</p>
<p>What learning &amp; improvements have been put in place as a result?</p>	<p>Patient pathway processes were reviewed to ensure accuracy and prevent any further errors.</p>



Did this result is a change / update to your duty of candour policy / procedure?	No changes
How did you share lessons learned and who with?	These were shared by letter with the patient. The patient was invited into the clinic to discuss the final outcome of the investigation. Outcomes were cascaded to relevant staff and discussed at team meetings. Openness and transparency were maintained at all times.
Could any further improvements be made?	No further improvements to be made in regard of this incident.
What systems do you have in place to support staff to provide an apology in a person-centred way and how do you support staff to enable them to do this?	All staff have access to the duty of candour policy in digital and paper form. Vision Scotland provides a duty of candour mandatory training for all staff to complete, in addition staff have a face to face duty of candour training session where coaching and discussion is included.  A duty of candour template letter is available to be used.
What support do you have available for people involved in invoking the procedure and those who might be affected?	All managers have an open door policy for staff where a safe space is guaranteed for any staff who would like to report any concerns.  Vision Scotland has a reporting system in place, any reported incidents are discussed at team meetings and staff are encouraged to utilise this system to report any events or incidents.
Please note anything else that you feel may be applicable to report.	Nothing further to report.