Cambridge University Hospitals NHS Foundation Trust

External Clinical Review of Elective Surgery

1. Background and introduction

1.1. Ms Kuldeep Stohr (KS) has been employed as a paediatric orthopaedic surgeon at Cambridge University Hospitals (CUH) since 2012 and is currently suspended.

1.2. In March 2024, KS took a period of absence and her work was picked up by colleagues. These colleagues subsequently raised concerns with the Medical Director's office regarding the outcomes of the paediatric surgery and some of the decision-making by KS.

1.3. To investigate further, the Medical Director's office engaged an external surgeon from Nottingham University Hospitals NHS Trust, Mr James Hunter, in October 2024 who evaluated a number of paediatric elective cases from all surgeons in the team and concluded that there was an issue with KS's practice. The external expert's interim report was received on 16 December 2024, with further reports received on 14 January 2025 and 17 February 2025.

1.4. The reports concluded that a number of KS's patients who had complex surgery for dysplastic hips over a two-year period had experienced significant harm. The reports found evidence of poor operative technique and issues with KS's decision-making.

1.5. KS has not undertaken any clinical practice at CUH since March 2024.

1.6. As a result of Mr Hunter's findings, the Trust has contacted all patients and families where harm has been identified to arrange follow-up appointments and to exercise Duty of Candour. A further external clinical review has been commissioned of KS's clinical practice during her employment with CUH and the quality of care received by patients, in line with the Trust's responsibility for Duty of Candour under Regulation 20 of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. This will be chaired by Andrew Kennedy KC.

1.7. Following discussion with the Royal College of Surgeons and the British Orthopaedic Association, the Trust has identified appropriately experienced external clinical reviewers to carry out these reviews.

1.8. The Trust is also undertaking a provisional assessment of KS' trauma practice to determine whether a wider clinical review is necessary.

2. Terms of reference

2.1. The purpose of the Clinical Review Taskforce is to review a selection of KS' cases. The choice of cases to be reviewed has been informed by advice from Mr James Hunter as to those cases in which a review of this type is likely to yield information to inform the Taskforce's objectives.

2.2. The Taskforce has two principal objectives: first, to identify and prioritise cases of harm so that further treatment or other remedial steps can be offered to patients or their families. Second, to assess the standard, quality and safety of surgical care provided to patients to include consideration of:

- Record keeping and documentation.
- Assessment, including history taken, examination and diagnosis.
- Investigations and imaging undertaken.

- Decision-making and case selection.
- Consent.
- Surgical skill and technique.
- Identification, management and approach to complications.

2.3. Subject to the need to prioritise cases, it is intended to review the selection of cases in reverse chronological order; that is, the most recent cases will be considered first.

2.4. It is expected that the review will take at least 12 months to complete.

3. Approach

3.1. All cases will be reviewed by a single reviewer who will have remote access to patient records and imaging on the Trust's Epic and PACS systems.

3.2. The reviewer will assess harm by reference to the categorisation of harm used in NHS England's Patient Safety Incident Response Framework (PSIRF). The standard of care provided will be assessed against the standard expected of a reasonable paediatric orthopaedic surgeon.

3.3. Cases will subject to a second review where the reviewer feels unable to determine whether the care provided met the expected standards.

3.4. Members of the Taskforce will meet by MS Teams to discuss a sub-group of cases. The cases to be considered will be kept under review but are expected to include:

- All cases where the care has been identified as being below the expected standard.
- Those cases which have required a second review.
- Any cases where the reviewer has requested consideration by the wider group.
- A proportion of the balance of the cases.

3.5. The meetings will be chaired by Andrew Kennedy KC or, if not available, by Mr James Hunter. It is anticipated that the first (and where applicable second) reviewer will attend the meeting together with other members of the Taskforce with relevant experience or expertise.

3.6. The purpose of the meeting is to reach a consensus as to the Taskforce's objectives; that is, whether a patient has suffered harm, how this may be addressed, and the quality and standard of care provided.

4. Outputs of the investigation

4.1. A summary of findings from the initial review conducted by Mr James Hunter will be shared via the Trust's public website.

4.2. A completed pro forma will be completed for each patient setting out an opinion on the standard of care, confirming whether harm has been identified and the level of harm in line with PSIRF guidance, and notes from clinical reviewers based on their review.

4.3. Any meeting of the Taskforce will produce a list of decisions made, and the rationale for those decisions, in a standardised decision log.