NHS
Cambridge University Hospitals
NHS Foundation Trust

# Learning, accountability and change:

## Our response to the Verita report

October 2025

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## Foreword

On behalf of the Board of Cambridge University Hospitals NHS Foundation Trust, I want to begin by expressing our apologies for the missed opportunities identified in this report and the impact on the patients and families affected.

This should not have happened. I am determined that we learn from this and implement the improvements needed for our patients and the public we serve.

From the outset, transparency and openness have driven the Board's response.

That is why we took the decision to commission this independent investigation to look into what happened over a 12-year period, the opportunities that were missed and the actions that should have been taken.

The scope of the investigation was deliberately wide ranging. We said then that concerns had first been raised in 2015 and so the investigation was designed to identify all the gaps, errors or missed signals over the entire period from 2012 to 2024. We wanted answers for patients and families about how this happened, and we wanted to learn as much as possible about the actions we now need to take.

That same commitment to transparency, openness and change led to the decision to publish the entire report – so that our response and our plan can be assessed alongside the independent findings of the investigators.

Verita's report makes for tough reading. It is also thorough and comprehensive and the Board accepts the findings and recommendations in full.

This represents a pivotal moment for our organisation, and one we will meet with determination and purpose. We will now put our energy and focus into making the changes needed.

In this plan we set out four clear programmes of work, each with a lead Executive and Non-Executive Director responsible for ensuring and overseeing delivery.

Taken together, the actions we take will result in: better management and support for doctors; more effective clinical governance; a reformed approach to commissioning and acting on external reviews; and a more open and collaborative medical culture.

We know, rightly, that our patients will judge us based on our response and our ability to make the changes set out in this plan. You have mine and the Board's commitment that we will work tirelessly to deliver these changes, and in doing so, secure a safer and more effective organisation for the people we serve.

**Sally Morgan**
**Chair**
**Cambridge University Hospitals NHS Foundation Trust**

## Introduction

This action plan sets out Cambridge University Hospitals NHS Foundation Trust's (CUH) response to the findings of an independent investigation conducted by Verita, a specialist investigations company.

Over a six-month period beginning in April 2025, Verita investigated whether there were missed opportunities at CUH to identify and prevent harm after concerns were raised about the clinical practice of Ms Kuldeep Stohr, a trauma and orthopaedic surgeon who specialises in treating children.

Verita's full investigation report has been published on the CUH website and can be read here: https://www.cuh.nhs.uk/updates-on-external-reviews-into-orthopaedic-surgeon/verita-report

Verita's investigation confirms that there were a series of missed opportunities to identify and prevent harm and we accept the findings and recommendations made by Verita in full.

This should not have happened and we are deeply sorry for the harm and distress caused to patients and families.

This action plan describes the changes we will make to ensure that every recommendation is implemented.

### External clinical review chaired by Andrew Kennedy KC

This report sits alongside a separate external clinical review chaired by Andrew Kennedy KC. Andrew is an independent senior lawyer who has significant experience in healthcare and has served on a number of public inquiries. He has a strong track record of getting to the answers for patients and families.

To carry out this review, Andrew Kennedy has brought together experienced paediatric orthopaedic surgeons from NHS trusts across the UK. They are reviewing 800 surgical operations carried out by Ms Stohr during her time working at the Trust.

We wrote to all patients and families within the scope of the review in April 2025 to explain how the reviews would take place and how the results would be communicated. We also put some information on our website for the general public on our website in February 2025 and this information can be accessed here: https://www.cuh.nhs.uk/updates-on-external-reviews-into-orthopaedic-surgeon

We are contacting patients and their families individually to explain the outcome of the review of each of their individual cases as soon as it is completed. Each patient and their family have been invited to contact the dedicated Family Liaison line, where team members are providing support throughout the process.

Due to the number of cases involved, as well as the complex and comprehensive nature of this review, we expect the entire review process to conclude in Summer 2026 and we will publish its findings.

## Support available to patients and families

We recognise the impact that this has had on the affected patients and their families. It should not have happened and we are deeply sorry for the harm and distress caused.

To ensure we support patients and families during this time, we have created a dedicated Patient and Family Liaison team to support each patient or family within scope of the ongoing external clinical review led by Andrew Kennedy KC. Patients and their families can contact the team whenever they have questions, concerns or want to share with us their feedback and experiences.

For those families already in contact with us please use the details provided in our previous communications to get in touch. Should any other patient or family member affected by the incident have any questions or concerns, we would urge them to contact the Patient and Family Liaison team via our helpline below:

Phone: 0808 175 6331 (open Monday to Friday, 9am to 4pm)

Email: CUH.helpline@nhs.net

## Background to the external clinical review and Verita's independent investigation

In 2024 colleagues at CUH raised concerns about the clinical practice of Ms Kuldeep Stohr. At that point we restricted the clinical practice of Ms Stohr and commissioned an independent external review from Mr James Hunter, Getting It Right First Time (GIRFT) Clinical Lead for Paediatric Trauma and Orthopaedics.

Mr Hunter began his clinical review in October 2024 and provided CUH with an interim report in January 2025. Mr Hunter's assessment considered a small sample of cases and found that, for a number of patients, treatment outcomes were unsatisfactory and the care provided had not met the expected standards.

Following this, the Trust suspended Ms Stohr and commissioned two further external reviews:

1. An external **clinical review** of 800 surgical patients cared for by Ms Stohr. This clinical review of individual cases is being carried out by a panel of experienced paediatric orthopaedic surgeons from NHS trusts across the UK and is chaired by Andrew Kennedy KC.

2. An **independent investigation** into whether the Trust missed opportunities to identify and address concerns sooner conducted by Verita.

### Verita's independent investigation into missed opportunities: terms of reference

Following the completion of Mr Hunter's review in early 2025 which confirmed issues with Ms Stohr's surgical practice and the impact on a number of patients, the Board took the decision to commission an independent investigation into what happened over the full 12-year period since 2012.

So that we could get answers for the affected patients and families, be transparent with the public and learn from what had happened, we asked Verita, an independent specialist investigations company, to investigate the opportunities that were missed and the actions that should have been taken.

We said then that concerns had first been raised in 2015 and that an external clinical review had been carried out in 2016.

That is why the scope of the investigation was deliberately wide ranging and comprehensive. It was designed to identify all the gaps, errors or missed signals over the entire period from 2012 to 2024.

With that in mind, the two parts of the investigation were as follows:

**Part 1: 2015-2016:**

- Investigate the appropriateness, proportionality and effectiveness of the actions taken by the Trust in response to concerns raised in 2015 regarding Ms Stohr's clinical practice. This included the commissioning of an external clinical review in 2016 and the Trust's response to the findings and recommendations of that review.

**Part 2: 2012-2024:**

- Assess the effectiveness of the management and governance arrangements (including policies, procedures and processes) within the paediatric orthopaedic department governing the clinical activities of Ms Stohr, and report on the extent to which they were complied with.
- Identify any gaps in these arrangements which may have prevented identification and/or addressing of concerns about Ms Stohr's practice.
- Assess the effectiveness of the management and governance arrangements (including policies, procedures and processes) at a divisional and Trust-wide level relating to oversight and assurance on the clinical activities of Ms Stohr and the paediatric orthopaedic department more widely, and report on the extent to which they were complied with.
- Identify any gaps in these arrangements which may have prevented identification and/or addressing of concerns about Ms Stohr's practice.
- Identify any concerns raised by Trust colleagues about Ms Stohr (in addition to the specific concerns covered in Part 1 of the investigation), including concerns raised in 2024, and comment on the appropriateness of any action taken in response to such concerns.
- Identify any 'hard data', such as complaints and patient safety incidents, or 'soft signals' relating to Ms Stohr and comment on the appropriateness of any action taken in response to these.

The scope also asked Verita to examine any broader issues or concerns about the Trust's policies, processes and practices which might require separate investigation or review.

The terms of reference for the investigation were subsequently agreed by an Oversight Board which is attended by representatives from NHS England (NHSE), the Care Quality Commission (CQC) and Healthwatch.

## Patient involvement in this action plan

The actions we take will continue to be shaped by what our patients are telling us.

Following the Verita report publication, we know that more patients and families will want to speak to senior leaders within CUH to share experiences, to ask questions and to contribute to the learning and changes that need to happen.

We will hold a series of listening sessions with patients and families, led by the Chief Executive and wider members of the Executive team, in the coming weeks.

These sessions are part of the Trust's commitment to listening, learning, and supporting those affected as well as seeking insight and experiences that will help to guide us as we make the changes needed.

In addition to these listening events, we are setting up a new Patient Advisory Board and Young Patients' Advisory Board. Members of these groups will work alongside us to shape the changes we need to make, to help us turn the recommendations into meaningful action and to ensure ongoing patient involvement and oversight.

## External oversight

To ensure there is scrutiny and oversight of the implementation of this plan we will report progress to the dedicated Oversight Board which includes representatives from NHSE, the CQC, Healthwatch and the Integrated Care Board alongside CUH Executive and Non-Executive Directors.

## The actions we are taking to implement Verita's recommendations

Verita's investigation report identifies a series of missed opportunities and makes 23 recommendations. This should not have happened and we accept the findings and recommendations in full.

We are determined to learn from what happened and to deliver real change that makes CUH safer and more effective for our patients and the public we serve.

This action plan explains how we will deliver against each of the recommendations in Verita's report. We have established four programmes of work, each led by an Executive Senior Responsible Officer (SRO) and a lead Non-Executive Director.

Taken together, the actions set out in the plan that follows will result in better management and support for doctors; more effective clinical governance; a reformed approach to commissioning and acting on external reviews; and a more open and collaborative medical culture.

| Area | Executive responsible | Non-Executive Director responsible | Commitment |
|---|---|---|---|
| **Management and support for doctors** | Chief People Officer (CPO), Chief Medical Officer (CMO) | Non-Executive Director Chairs of:<br>• Workforce and Education Committee<br>• Quality Committee | Doctors are enabled to deliver high-quality care through effective clinical oversight and responsive management support. |
| **Improving governance for the safety and effectiveness of clinical services** | CMO, Chief Nurse | Non-Executive Director Chair of:<br>• Quality Committee | Our clinical services are safer and more effective through stronger governance, closer collaboration, better use of data and strengthening how we listen to patients. |
| **Effective oversight of clinical reviews** | CMO, CPO | Non-Executive Director Chair of:<br>• Quality Committee | All external clinical reviews are commissioned, overseen and communicated in a standardised and transparent way, with clear accountability for implementing actions. |
| **Medical culture and tackling poor behaviours** | Chief Executive (CEO), CMO, CPO | Lead Non-Executive Director member of:<br>• Trust Board Culture Task and Finish Group | We will embed a consistently collaborative, open and accountable medical culture, underpinned by professional behaviours that support learning, safety and continuous improvement. |

## Programme of work: Management and support for doctors

**Recommendation references:** R1-2, R14, R16-18

**Commitment:** Doctors are enabled to deliver high-quality care through effective clinical oversight and responsive management support.

**Responsible Executive:** Chief People Officer and Chief Medical Officer

**Non-Executive Lead and oversight:** Chair of Workforce and Education Committee, Chair of Quality Committee

**Recommendations from Verita's investigation into missed opportunities**

R1 - The Trust should consider implementing a more organised approach to the initial job and role planning process for new consultants. This should include clear identification of the consultant's line management arrangements, and the responsibility for their clinical supervision.

R2 - The workplace induction process for new consultants should be reviewed to ensure that appropriate mentoring and/or buddying arrangements are in place to enable consultants joining the Trust to have a resource to assist them to integrate quickly to their role and their division.

R14 - We recommend that the CMO and the CPO should produce guidance that clearly sets out the respective roles of appraisers and line managers in the management of consultants. This guidance should also clarify who is responsible for clinical supervision of consultants and how that supervision should operate.

R16 - The Trust should consider whether to develop a more formal mechanism to share outputs from appraisals with line management. Any concerns about a clinician's practice, or factors that might affect it, need to be routed, with the clinician's agreement, into the management of the Trust so that they can be considered and acted upon.

R17 - While the personal and medical content of Occupational Health referrals and reports are private to the individual, the Trust should assure itself that appropriate arrangements are in place for line management to understand whether any reasonable adjustments need to be made to support the individual to maintain good health and performance.

R18 - Line managers should be encouraged to be proactive in identifying and correcting excessive workload for their team members. Managers should be alert to the possible effect that staff carrying excessive workloads may have on patient safety and quality of care.

**Actions we have taken in 2025**

- Changes to key leadership positions and responsibilities, including new CMO with a clear focus on improving the safety, quality and oversight of clinicians
- Commenced a review of support for the medical workforce, including leadership training and induction for new consultants
- Conducted survey with clinical leaders on clinical forums for effective discussion
- Commenced a review of consultant job planning processes and standards supported by a new job planning tool

**Changes we will deliver within three months**

- New consultant job planning policy in place
- Clear and consistent expectations set out for the role of medical line managers with targeted support to embed these
- Completed a review of the consultant appraisal process informed by best practice

**Changes we will deliver within six months**

- Effectiveness and compliance of new job planning process evaluated
- New more supportive two-year structured induction programme in place for all new consultants, including a mentoring and buddying system
- New guidance for all managers to better enable supportive and effective oversight of doctors with a focus on support for newly appointed consultants
- Strengthened consultant appraisal process in place including consistent use of outcomes data

**Changes we will deliver within 12 months**

- Data and information from the job planning process is being proactively used to support the management, oversight and support of doctors
- Inappropriate imbalances in workloads within clinical services actively addressed
- Structured approach to mentoring and buddying applied retrospectively to consultants appointed in the last three years

## Programme of work: Improving governance for the safety and effectiveness of clinical services

**Recommendation references: Recommendation references:** R15, R19-20, R22-23

**Commitment:** Our clinical services are safer and more effective through stronger governance, closer collaboration, better use of data and strengthening how we listen to patients.

**Responsible Executive:** Chief Medical Officer and Chief Nurse

**Non-Executive Lead and oversight:** Chair of Quality Committee

### Recommendations from Verita's investigation into missed opportunities

R15 - To improve the confidence that the Trust has in the competence of its surgeons we recommend that the CMO should consider developing appropriate mechanisms to ensure surgical practice is routinely observed by qualified colleagues.

R19 - We recommend that the Trust should develop a more consistent approach to the establishment and management of multidisciplinary teams (MDTs). The aim should be to standardise, where appropriate, those common elements that apply to MDTs across the Trust. Such an approach could be set out in a Standard Operating Procedure (SOP).

R20 - The Trust should consider an audit of all existing MDTs to consider their effectiveness in enabling the consistent delivery of safe care. Such an audit should consider; clarity of the MDT's aims; team working; use of data and information for decision-making, and regularity/inclusiveness of meetings.

R22 - The Trust should establish a structured process for supporting clinicians whose participation in MDT meetings is affected by health or interpersonal difficulties. The aim should be to ensure that safe, collaborative clinical practice is maintained. This process should comprise early discussion of reasons for withdrawal; assessment of any risk to clinician or patients; mitigation of such risk; alternative mechanisms for peer review and monitoring of safe practice.

R23 - The CMO's team should ensure that the Trust has the necessary procedures in place to meet the expectations of the Independent Healthcare Providers Network (IHPN) Medical Practitioners Assurance Framework.

**Actions we have taken in 2025**

- Requested and secured NHSE-led expert review of Trust quality/clinical governance.
- All doctors within a clinical leadership role and/or responsible for a specialty have participated in a detailed survey on specialty-level clinical governance
- Completed a stocktake of MDT meetings via a survey of clinical directors
- Reviewed on-going case work and put in place joint working at board level to resolve issues identified across specific specialties
- Commenced performance and MDT meeting assurance exercise with all small service teams

**Changes we will deliver within three months**

- New Patient Advisory and Young Patients' Advisory Boards established so that the changes we make are shaped by what our patients tell us
- New Trust-wide MDT policy implemented
- Complete safety and quality stocktake of all low volume high complexity services with immediate actions where required
- Trust-wide review of clinical governance completed and findings shared with clinical services
- Clarify the key role of all managers in ensuring that our clinical services are safe and high quality

**Changes we will deliver within six months**

- Compliance against MDT policy verified for every clinical service
- Trust-wide assessment of any current potential unwarranted variation as evidenced by outcomes data including GIRFT, National Consultant Information Programme (NCIP) and national joint registry
- Improvement plans in place for low volume high complexity services as determined by the stocktake
- Clear action plans for specialties to embed improved quality/clinical governance across the Trust
- New module on existing line manager programme covering quality assurance of clinical services
- Board development programme established aligned to the Insightful Provider Board guidance

**Changes we will deliver within 12 months**

- Audit of MDT effectiveness including through peer review completed
- Improvement plans in place for any surgical specialty or individual surgeon as informed by a range of relevant outcomes data including GIRFT, NCIP and National Joint Registry with a particular focus on small specialties

- Trust-wide learning embedded from themes and findings from the quality and safety stocktakes and informed by the two new Patient Advisory Boards
- Roll out of the revised National Safety Standards for Invasive Procedures (NatSSIPs 2) using an organisational change expert as required to ensure effective implementation across all relevant staff

## Programme of work: Effective oversight of clinical reviews

**Recommendation references:** R4-13

**Commitment:** All external clinical reviews are commissioned, overseen and communicated in a standardised and transparent way, with clear accountability for implementing actions.

**Responsible Executive:** Chief Medical Officer and Chief People Officer

**Non-Executive Lead and oversight:** Chair of Quality Committee

### Recommendations from Verita's investigation into missed opportunities

R4 - The CMO's team should develop written guidance on the commissioning of external reviews to ensure they are properly specified, that their findings and recommendations are actioned, and that appropriate monitoring arrangements are established to track progress with any improvement plans. This guidance should be developed in collaboration with line management. The agreed guidance should be set out in a standard operating procedure (SOP).

R5 - To ensure that reliable records are available in any further investigation or review, we recommend that the Trust should maintain more comprehensive written records or file notes of meetings and important conversations with people involved in patient safety issues and their investigation.

R6 - In evaluating reports produced by external reviewers we recommend that the commissioner, or the manager responsible for interpreting the report, should always speak with the reviewer to test understanding of the findings and any recommendations flowing from the report.

R7 - Outcomes, findings and recommendations from an external review should be shared with a senior clinician in the specialty for the purpose of understanding the findings, conclusions, and recommendations.

R8 - The CMO should develop a protocol for ensuring that the handover from their office of an external report for action is managed in concert with the specialty or divisional manager.

R9 - We recommend that a named individual should be held responsible for ensuring that actions are taken consequent upon a review. That individual should be responsible for ensuring any improvement plan for a clinician whose practice has been reviewed is properly resourced and enabled by the Trust.

R10 - The CMO's office and the named individual should agree what monitoring and reporting mechanisms are needed to track progress, and to ensure key steps and outcomes are accurately recorded.

R11 - We recommend the CMO's office, and the named individual should sign off and record the closure of any actions arising from the review.

R12 - The CMO's team should ensure that the findings and conclusions of any external review are shared with the management team involved and that an appropriate plan is developed and implemented that sets out the actions to be taken and by whom.

R13 - The CMO's team should satisfy itself in the commissioning and delivery of an external review that any information and/ or findings are recorded in the appropriate Trust data streams and risk registers. Any completed review should be assessed by the CMO's team to identify any need to exercise the Trust's duty of candour.

**Actions we have taken in 2025**

- A new written policy has been developed that sets out the standard operating procedure (SOP) for commissioning external clinical reviews to ensure: reviews are properly specified; their findings and recommendations are clear; recommendations are actioned; and appropriate monitoring arrangements are established to track progress and evaluate impact. This includes ensuring that those asked to conduct such reviews can provide independent objective assessment
- A clear plan is in place for the reform of the CMO office, including new, clearly defined roles and responsibilities and a more collaborative, open and effective approach to working with Divisional leadership teams and Trust-wide clinical leaders
- Commenced audit of historic external clinical reviews since 2016 and findings from the audit shared with the CUH Trust Board to ensure effective oversight and implementation. This included a review of any further actions taken or required and a clear assessment of any quality or safety risks
- Proactive tracking of live cases, working collaboratively and effectively with divisional leadership teams to do so

**Changes we will deliver within 3 months**

- New standard policy for managing external clinical reviews fully implemented ensuring independence, transparency, consistency and robust action and improvement plans

**Changes we will deliver within 6 months**

- Improved, more collaborative and more effective CMO office structure and reformed ways of working with divisional leadership teams that maximises learning from external reviews, ensures the right actions are taken and the impact of changes is evaluated

## Programme of work: Medical culture and tackling poor behaviours

**Recommendation references:** R3, R21

**Commitment:** We will embed a consistently collaborative, open and accountable medical culture, underpinned by professional behaviours that support learning, safety and continuous improvement.

**Responsible Executive:** Chief Executive, Chief Medical Officer and Chief People Officer

**Non-Executive Lead and oversight:** Chair of the Trust Board and the Culture Task and Finish Group

### Recommendations from Verita's investigation into missed opportunities

R3 - Line managers should intervene with clinicians more promptly to address and resolve relationship problems where they might adversely affect patient safety (especially in small specialties). Line managers should consider whether informal approaches to resolve any problems, such as encouraging colleagues to talk through issues, are needed. Support may also be considered for more explicit conflict resolution or mediation if problems persist.

R21 - The CMO and the CPO should establish an implementation working group to ensure that changes to clinical governance structures, processes and practice are embedded effectively across the Trust. The group should include corporate management, and staff from a 'deep slice' of the organisation to ensure representation from all the key groups responsible for patient safety.

### Actions we have taken in 2025

- Appointment of new CMO and Responsible Officer with an explicit commitment to openness, transparency and collaborative working with divisional leadership teams and the wider consultant community
- Accelerated the resolution of cases relating to team or individual behaviours with the CMO office

### Changes we will deliver within three months

- Board-led Culture Task and Finish Group established, with input from the University of Cambridge, to assess and take forward meaningful changes to our medical culture where needed including support for speaking up, raising concerns and whistleblowing

- Structured listening exercise carried out with open invitation to medical staff to participate in round table discussions focusing on culture, speaking up and raising concerns
- Further insights developed through conversations and feedback from patients, including from Healthwatch

**Changes we will deliver within six months**

- Findings and recommendations from the Culture Task and Finish Group approved by Board for action
- Just and Learning methodology applied earlier, more frequently and consistently to enable poor behaviours to be tackled and action to be taken where necessary

**Changes we will deliver within 12 months**

- Externally facilitated stock-take to evaluate progress towards creating a consistently healthy medical culture
- Development of a new target operating model led by the Chair and CEO, informed by best practice from highly performing NHS Trusts and reporting to the Trust Board


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