

Witness Statement Number: WITN0406001

Witness Name: Manjeet Shehmar

Dated: 19 February 2026

NOTTINGHAM INQUIRY

Second Witness Statement of Dr Manjeet Shehmar

I, Dr Manjeet Shehmar, will say –

1. I am the Medical Director and Responsible Officer to the General Medical Council (“GMC”) at Nottingham University Hospitals NHS Trust (‘the Trust’). I have been in this role since July 2024. I am a Consultant in Obstetrics and Gynaecology, and I graduated from Imperial College School of Medicine in 1998.
2. This statement is made in response to the request by the Nottingham Inquiry (“the Inquiry”) to the Trust on 16 January 2026, under Rule 9 of the Inquiry Rules 2006, with reference “Rule 9(2)”. The Trust in that request has been asked to provide an update on the actions it has taken to investigate any unauthorised access and/or dissemination of sensitive data since it submitted its first statement in draft form to the Inquiry on 15 July 2025.
3. This is my second statement to the Inquiry and should be read in conjunction with my first statement dated 5 December 2025 (“the First Statement”) [WITN0226001].
4. On 25 November 2025, a further request for documents (“the Request for Documents”) was sent from the Inquiry to the Trust which requested updated disclosure of documents relating to the Trust’s ongoing investigation into inappropriate access of the medical records of victims of the Nottingham attacks. These documents were provided to the Inquiry in December, and many of which are now exhibited to this statement.
5. This statement has been drafted on my behalf by Browne Jacobson LLP with my oversight and input. This statement is the product of drafting after communications between me, senior individuals within the Trust, and Browne Jacobson LLP in writing, by telephone and video conference, in line with the process set out in the First Statement.
6. In accordance with Trust internal governance processes this statement has been considered by members of the Trust Board prior to its submission and its final approval has been delegated to myself.

7. This statement will set out the following:
 - a. The steps taken by the Trust since 15 July 2025 in relation to the ongoing investigation processes (paragraphs 8 – 40).
 - b. The Trust’s communication with the bereaved families and the surviving victims (paragraphs 41 – 62).
 - c. An update on any improvement action taken by the Trust since 15 July 2025 by reference to the actions set out in my First Statement (paragraphs 63 – 85).

An update as to the Trust’s investigation processes

8. Paragraphs 173-177 of my First Statement set out the two-stage investigation process adopted by the Trust. Stage 1 involves identifying each recorded instance of access to the medical record of each victim concerned using the Trust’s system audit functionality. In relation to any instances of access where it was not immediately clear were legitimate, a fact-finding process was undertaken whereby the manager of each individual gathered relevant information, generally utilising a six-page template document [NUHT0000144] for consideration by a multi-disciplinary Human Resources Task and Finish Group (“the Group”) [NUHT0000148]. Adopting a cautious approach, the Group considered each case of access and determined whether the individual should be allocated to a “no further action” group or proceed to Stage 2 of the process.
9. Stage 2 involves the appointment of a third-party human resources consultant, engaged via Capsticks LLP HR Advisory Service (“Capsticks”) and tasked with scrutinising the access and justification given for that access, and formulating findings in relation to whether there had been any unauthorised access to medical records in question by reference to the agreed Terms of Reference [NUHT0000149 and NUHT0000150]. A determination is then made by the Case Manager in relation to medics or Commissioning Manager in relation to Agenda for Change staff, as to whether an individual proceeds to a formal disciplinary hearing or it is possible to determine that their access to records was legitimate such that a disciplinary hearing is not required.
10. For the reasons explained at paragraphs 199 to 205 of my First Statement, in March 2025 the Trust separated its investigation into what has been referred to as Cohort 1 and Cohort 2.
11. During the Trust’s investigation process, a concern was also raised over whether all the relevant audit data across the Trust’s core and downstream systems had been captured. The Trust therefore undertook a further review which involved full audits of all relevant Trust

systems, with the results being considered by a business analyst within the Trust to ensure completeness and to bring any newly identified access into the same two stage investigation process. The individuals identified via this process constitute Cohort 3. Terms of reference in relation to this process are exhibited [WITN0406002].

12. The position to date in relation to each Cohort under investigation is as follows. The Trust produces a data breach status update report on a regular basis in relation to the ongoing process [NUHT0000229, NUHT0000208 NUHT0000209 NUHT0000210 NUHT0000211 NUHT0000212 NUHT0000213 NUHT0000214 NUHT0000215 NUHT0000216 NUHT0000217 NUHT0000218 NUHT0000219 NUHT0000220 NUHT0000221 NUHT0000222 NUHT0000223 NUHT0000224 WITN0406003 WITN0406004 WITN0406005 WITN0406006]. These updates reports facilitate the provision of updates to the families of the deceased victims as well as to the surviving victims (see further at paragraphs 41 - 62 below).

Cohort 1

13. The Trust's review of audit information from its patient management systems identified 98 individuals who had accessed the records of the deceased victims. Following completion of the Stage 1 process, 48 individuals proceeded to Stage 2 of the process. 50 individuals were deemed to have accessed records legitimately and required no further action. Independent Counsel was engaged to provide assurance to the Trust of the determinations of legitimate access during the Stage 1 process, and the outcome of Counsel's review is dealt with at paragraphs 30 to 35 below.
14. Examples of the correspondence sent to those who proceeded to Stage 2 is exhibited to this statement [WITN0406058, WITN0406059, WITN0406060, NUHT0000150, WITN0406061, NUHT0000149].
15. At Stage 2 of the process, to date, nine individuals have been determined to have no case to answer following investigation by Capsticks and consideration by the relevant Case Manager, and will not proceed to consideration by a disciplinary panel. It is intended that these cases will be subject to an independent barrister review in a similar way to the cases that have not been progressed to formal investigation after fact-find. The independent barrister has not been instructed to undertake this process at the time of drafting this statement. Four investigations remain ongoing as they were delayed due to long term absences.
16. Disciplinary panels have been scheduled for the remaining individuals. The composition of the panels vary depending on whether the individual is a medical practitioner and the

- “Conduct Capability and Ill Health Procedure for Medical Practitioners” policy applies [NUHT0000015], or if the individual is an Agenda for Change staff member, and the process is carried out in line with the Trust’s “Conduct, Behaviour and Disciplinary policy” [NUHT0000060].
17. A hearing panel comprising five panel members has been convened for medical practitioners. The Chair will be the Chief Financial Officer, accompanied by a senior nurse manager and another manager, along with a human resources representative. A medical practitioner will also be on the panel.
 18. For Agenda for Change staff, the panel comprises three members, the same as for the panel in relation to medical practitioners, less the Chief Financial Officer and the medical practitioner, with the senior nurse manager as the chair of the panel. The intention of the Trust is to ensure a consistent process and sanctions framework.
 19. At the time of drafting this statement, three medical staff cases and 2 Agenda for Change staff cases have been heard to date. Hearings for the remaining Cohort 1 individuals are intended to continue from January to April 2026, with the Agenda for Change panel hearings commencing from March 2026.
 20. To date five panels have been held, and there have been three outcomes determined. At present, the Trust intends to communicate with stakeholders on an aggregated basis rather than releasing the outcome of individual cases piecemeal.
 21. The rationale for this is twofold, the Trust crucially is seeking to ensure the integrity of the ongoing processes. Firstly, the Trust is cautious of risks posed to the veracity of future panels if the outcomes of disciplinary processes are released in a piecemeal manner. Secondly, the Trust is conscious of the identifiability of individuals going through the process and is mindful of balancing the data rights of these individuals, where the processes have not yet concluded.
 22. The NHS Agreed Outcome mechanism, as outlined in the Trust’s Conduct, Behaviour and Disciplinary Policy [NUHT0000060] has not been applied to any cases, and all of those in relation to which it is not possible, following investigation by Capsticks, to require “no further action” will proceed to a disciplinary hearing.
 23. The Agreed Outcome process is a mechanism within Trust disciplinary procedures that allows for a streamlined resolution between employee and Trust when an employee admits, acknowledges, or accepts the allegations made against them regarding their conduct. The Agreed Outcome process can only apply when the employee accepts that the allegations made against them are accurate. This does not apply in cases of gross

- misconduct or any case where the sanction is potential dismissal. As such it will not be applied during this process.
24. Hearings will proceed with full due process and all staff concerned have rights to representation and a fair opportunity to respond throughout the process. The Trust remains open to utilising any of the potential outcomes available to it in relation to sanction in cases where there is found to be a case to answer. This could include dismissal, as well as referral to the police and/or, in the case of regulated professionals, referral to their professional regulatory body such as the General Medical Council or Nursing and Midwifery Council.
25. I meet with the GMC monthly, and they have been updated on a named basis of the investigations as part of this regular meeting.

Cohort 2

26. Stage 1 of the process is being carried out for 164 individuals (from 294 audit outcomes). As of the reporting date, 139 fact finds had been concluded, with the following outcomes:
- a. 79 have been assessed as legitimate access,
 - b. 60 have proceeded to a formal investigation and are currently at investigation or report writing stage,
 - c. Outstanding fact finds are being followed up through senior management in Care Groups to explore the reasons for delay in completion.
27. The Trust aims to conclude the majority of the outstanding fact finds by the end of March 2026, subject to any potential unforeseen staff absences. Capsticks are progressing interviews as part of the Stage 2 process, and the majority of these Stage 2 investigations currently in train are intended to conclude by the end of March 2026. The Trust will again engage independent counsel to assure itself of the outcomes of each of those cases deemed to involve legitimate access and therefore requiring no further action.
28. It is the Trust's intention to re-engage Robin Hopkins to review the robustness of the outcomes of legitimacy for Cohort 2, in the same way as he did for Cohort 1. At the time of writing, the Trust was not yet in a position to instruct Counsel due to not having completed the Stage 1 exercise in relation to all individuals in Cohort 2.

Cohort 3

29. During the Trust's investigation process a concern was also raised over whether all the relevant audit data across the Trust's core and downstream systems had been captured. The Trust therefore undertook a further review which involved full audits of all relevant Trust

systems, with the results being considered by a business analyst to ensure completeness and to bring any newly identified access into the same two stage investigation process [WITN0406002]. The individuals identified via this process constitute Cohort 3. This process has now been completed, and at the time of writing, the Trust is working through the data to determine next steps, which is intended to be consistent with that adopted in relation to Cohorts 1 and 2.

The report of Robin Hopkins (NUHT0000232)

30. As stated in paragraph 197 of my First Witness Statement, the Trust engaged an independent barrister, Robin Hopkins to review the determination of each individual deemed to require “no further action” as part of the Stage 1 process in respect of Cohort 1. Terms of reference for that review are exhibited as [NUHT0000141]. I have exhibited with this statement a copy of Robin Hopkins’ report (“Counsel’s Report”) [NUHT0000232], which sets out the investigation undertaken and the findings and conclusions reached.
31. In summary, Counsel concluded that all instances of access to the audited records were identified, and therefore those who accessed the records were thus identified and put through the Stage 1 process. He further concluded that the Stage 1 process was careful and rigorous, erring on the side of caution. He found no basis to send any “no further action” individuals to Stage 2 of the process.
32. Counsel did identify a learning point addressing an instance of legitimate educational access, which had been reviewed and addressed and was found to be in good faith for very limited purposes and entailed nothing untoward. This has been addressed and the learning point has been fed back to the team concerned that accessing medical records for the purpose of education if a clinician has not otherwise been involved in their care is not appropriate.
33. As per paragraph 150 of my First Witness Statement, Counsel was asked to consider the issue of CCTV footage as part of the assurance process undertaken by him. Counsel’s report confirms the absence of CCTV footage or photographs in medical records of the deceased or living victims, and there is no footage which may have existed on arrival of the deceased or living individuals at Queen’s Medical Centre. It is accepted that such footage would have existed on arrival to the Queen’s Medical Centre but that this is no longer held in accordance with CCTV retention periods of the Trust.
34. Counsel’s Report has been submitted to the Inquiry on 16 December 2025 following a request for further documents dated 25 November 2025.

35. Along with Counsel's Report, separate confidential annexes to the report set out Counsel's conclusions in respect of those individuals identified as requiring "no further action". It was acknowledged that whilst the report would be shared, the confidential annexes would not and should not owing to concerns surrounding privacy and the scope of the terms of reference of the Inquiry; a position which I understand to be accepted by the Inquiry. For these reasons the Trust has not exhibited those confidential annexes with this statement nor provided them as part of its further disclosure on 16 December 2025.

Internal reporting, governance arrangements, and communications with stakeholders

36. The Trust Executive Team and Caldicott Guardian met on 13 February 2025, at which meeting an Incident Command Group ("ICG") was established to meet regularly in relation to this incident. Meetings were initially twice daily but have over the period since this time moved to weekly meetings. The ICG logs since July 2025 are exhibited to my statement [NUHT0000249 and WITN0406007] as is a copy of the ICG governance log action tracker [WITN0406008 and WITN0406009].

37. The ICG reports to the People and Culture Committee ("PCC") by exception, on the ground that the PCC hold the appropriate level of specialist knowledge and skill mix to make decisions in respect of risk profiling and escalation. This recommendation was accepted by the ICG on 20 October 2025. The rationale for this decision was that, while the Audit Committee oversees the technical and assurance aspects of data breaches, the PCC's remit on culture and leadership made it the most appropriate committee to receive reports on breaches with behavioural or cultural implications (including inappropriate access to patient records). I exhibit a copy of a paper presented to the PCC in relation to this matter on 19 December 2025 [WITN0406010].

38. The following delivery groups have also been established following the identification of this matter:

- a. The Data Breach HR Task & Finish Group (the Group referred to above at paragraph 8), established on 24 February 2025; a multi-disciplinary group established with the task of ascertaining who accessed data, when, and for what purpose. The Group is responsible for managing those cases within Cohorts 1 to 3.
- b. The Data Protection & Security Working Group [WITN0406011], responsible for ensuring that information handling across the Trust complies with relevant data protection legislation, organisational policies, and ethical standards. The group has oversight on data access, sharing protocols, records management, and confidentiality safeguards. At the time of drafting this statement the group was yet

to meet for the first time. It reports into the Data Protection and Cyber Security Panel.

- c. To support the integration of new practices and ensure sustainable impact across the organisation, the Trust has established the Data Protection and Security Compliance Task and Finish Group, responsible for overseeing and integrating the outputs and learning from the programme. This group will report into the Digital and Data Strategic Committee. Terms of Reference are being considered by the group, and the current draft is exhibited [WITN0406012], and the first meeting has taken place on 10 February 2026 and the next meeting is scheduled for March 2026.

39. The Trust Board receives updates through Board papers and briefings on key issues including the scope, the extent of disclosure to families, and duty of candour obligations. I exhibit with this statement copies of papers of Board meetings of 10 July 2025 [NUHT0000225 and WITN0406057], 8 January 2026 [WITN0406013] and 23 January 2026 [WITN0406014].

40. Relevant stakeholders including the Integrated Care Services and NHS England have been provided with ongoing updates [WITN0406015 and WITN0406016 and WITN0406017].

The Trust's communication with bereaved families

41. The Trust has engaged in communication with the families throughout the Inquiry process. An index highlighting communications since February 2025 was exhibited to the First Statement and includes correspondence relating to the duty of candour, weekly or fortnightly updates, Terms of Reference for Counsel's review, Terms of Reference for the Independent Investigation within the stage 2 process, Counsel's Report, responses to further information requests and general updates.

42. Since July 2025, updates have continued to be sent to the bereaved families. The updates to the families have generally included a report as to the stage of the ongoing investigation process, namely the number of individuals identified as a potential concern via the Trust system audits, the number deemed to have accessed records legitimately, and those who in relation to whom it is not possible to determine legitimate access such that further investigation is required, and the progress made with disciplinary processes. [WITN0406018, NUHT0000246. NUHT0000243, NUHT0000242, NUHT0000235, NUHT0000234, NUHT0000233, NUHT0000188, NUHT0000240, NUHT0000247, NUHT0000235]

43. Following the submission of the First Statement, Counsel's Report [NUHT0000232] was finalised. It was provided to the bereaved families on 8 August 2025 [NUHT0000228, NUHT0000236, NUHT0000227].
44. The intention of the Trust, as reflected in the terms of reference for the barrister's independent review [NUHT0000141], was that this would be provided in two parts. The first part would be a report from the barrister reflecting their findings in relation to their investigation, and which would be shared with the families of the deceased victims. There would also be separate "confidential annexes" that would be provided only to the Trust and not be shared more widely. The confidential annexes include the name of each individual within Cohort 1 whose access was deemed legitimate as part of the fact-find process at Stage 1, their role, the reasoning as to them requiring "no further action", and Counsel's considerations in relation to that rationale. To date the confidential annexes have not been provided either to the families or to the Nottingham Inquiry (see paragraph 35 above).
45. On 11 August 2025 the representatives of the families sought disclosure of the confidential annexes [NUHT0000236]. A response was provided on 27 August [NUHT0000236] explaining that a careful balance was required between the Trust's intention to be transparent, and protecting the data rights of those under consideration in the context of Counsel's Report. As the confidential annexes were not intended to be disclosed then they were produced in such a way that it was not considered that a simple redaction exercise would be sufficient to anonymise the individuals referred to.
46. A response from the family's representatives was received on 1 September 2025 [NUHT0000236] explaining why they considered that disclosure of further information within the confidential annexes were necessary to enabling a full and accurate comprehension of the position.
47. On 19 September 2025 [NUHT0000231 and NUHT0000238] the Trust responded maintaining that it was not prepared to disclose the confidential annexes. The Trust however indicated that it was seeking to prepare a document which would provide further level of detail so as to provide assurance to the families of the deceased victims.
48. The Trust carefully considered the issue of disclosure of further information from the confidential annexes and responded substantively to the families' representative on 17 October 2025 [NUHT0000252 and NUHT0000235] explaining that the Trust shared the concern of the families around ensuring that appropriate action is taken where access to records is identified as being illegitimate, but that the Trust must reach a careful balance

between providing further information sought by the families, and not breaching the data protection rights of its members of staff.

49. The Trust disclosed with that letter a table it has produced summarising the rationale for determining that access by each individual was legitimate together with the category of the role of each individual [NUHT0000248]. The covering letter further explained that the Trust considered that it had adopted a reasonable and proportionate approach in that it had applied a low threshold to cases proceeding to Stage 2 of the process, as well as instructing an independent barrister to consider the rigour of its Stage 1 process and rationale of the Trust. The letter explained that the Trust considered this to provide an appropriate level of assurance. The letter also provided further explanation in relation to specific points raised by the families, and disclosure of policy documents requested by them [NUHT0000251 NUHT0000255 NUHT0000254 and NUHT0000256].

50. There was ongoing correspondence between the representatives for the Trust and the families around access to further information, including a request from the families to incorporate dates and times of access to the anonymised table. [NUHT0000237 and NUHT0000241]

51. When informing the families of the deceased victims of the potential unauthorised access to records as part of the duty of candour process [NUHT0000100 and NUHT0000101 and NUHT0000102] in February 2025, the Trust offered to meet with the families. This offer to meet was made in terms of enabling an apology to be provided in person, as well as providing the opportunity to ask further questions as well as input into the investigation and was made in the context of the duty of candour. At that time the representative of the families indicated that they instead sought regular updates in writing [NUHT0000105]. More recently the families have indicated that they would like to meet with the Trust, and expressed concern that the Trust had not met with them up to that point. This has arisen in the context of the requests by the families for disclosure of further information around the Trust's investigation into potential incidents of illegitimate access to records, and in particular the request for disclosure of the confidential annexes to Counsel's Report and associated information [WITN0406019]

52. In advance of the meeting, on 13 January 2026, a proposed agenda was provided, and the Trust reiterated its position that the families ought to have the opportunity to input into the Trust's investigation however the families' request to reveal the anonymised data could not be agreed, nor was it considered that the confidential annexes could be provided in a way which coherently provided the information contained therein to the families without

potentially comprising the privacy of Trust staff. The annexes also did not contain all of the information that was being sought by the families.

53. The Trust set out that the families' requests were carefully considered and remains open to discussion to assist the families understanding of the matter. Notwithstanding this the Trust wished the family to be assured that transparency was very much a key part of the process however some confidential details remained within limits. [WITN0406020 and WITN0406021].
54. On 15 January 2026, a further update was sent to families' solicitors advising that two disciplinary panels had been held, and that Cohort 1 hearings will continue to April 2026, and the Cohort 3 impact is expected to be established by February 2026. [WITN0406022].
55. A meeting took place on 16 January 2026 between me, Nick Carver (Chair of the Trust Board), and Anthony May (Chief Executive of the Trust) from the Trust, the Trust's legal representatives (Browne Jacobson LLP), the families of Grace and Barnaby, and their legal representatives (Hudgells solicitors). The Trust offered sincere apologies for what has happened. Discussion was had around the processes that had been carried out to date, and the ongoing progress that is being made. The families expressed concern as to the approach adopted by the Trust with regard to the extent of disclosure provided to them around the determinations of legitimate access, as well as the outcome of disciplinary hearings, including the approach adopted and position as expressed in the correspondence sent ahead of the meeting on 13 January 2026. A note of this meeting which has been agreed by the attendees as largely reflective of the meeting is included as [WITN0406023].
56. The Trust agreed to further consider the families request for further information, which was clarified and confirmed in writing following the meeting by way of letter dated 19 January 2026 [WITN0406024 and WITN0406025].
57. The Trust responded on 28 January 2026, reaffirming its gratitude for the opportunity to meet with the bereaved families to better understand their position and reiterating its sincere condolences and its deepest apologies for what has happened [WITN0406026 and WITN0406027].
58. The Trust understood from the families in the meeting and from their subsequent letter, that they were seeking a greater degree of assurance and did not yet feel fully assured by the Trust's ongoing processes, including the exercise carried out by independent Counsel. With a view to providing that greater degree of assurance, the Trust provided additional information including the times and dates of access, and the job role and information on

seniority of those whose access was under review and those who were involved in the stage 1 fact finding reviews [WITN0406028 and WITN0406029 and WITN0406030 and WITN0406031].

59. I recognise that in my First Witness Statement I referred to the Trust's view that communication with the families had been appropriate. In ongoing correspondence with the families since submission of the draft of my First Witness Statement it has become apparent that the families of the deceased victims do not feel assured as to the processes of the Trust or transparency in the provision of information. The Trust wishes to provide all assurance it is able to in order to address the concerns of the families and aims to do so going forwards.
60. The Trust remains committed to keeping an open dialogue with the families throughout the process and beyond to ensure that it can address in as far as it can the concerns and work together to ensure we have addressed any recommendations in a meaningful manner.

The Trust's communication with the surviving victims

61. The Trust has also continued to provide the surviving victims with regular updates. A process has been agreed with the representatives of Mr Birkett and Ms Miller whereby fortnightly updates are provided to them as to progress of the Trust's investigations in relation to both Cohort 2, including confirmation of the numbers under consideration at Stage 1, the number of those whose access has been deemed legitimate, the numbers of those progressing to Stage 2, and the number of those who have been interviewed and Cohort 3. Mr Gawronski is unrepresented and has indicated that he is content to be informed of the outcome at the end of the process.
62. The most recent update was provided on 6 February 2026. This correspondence is exhibited at [WITN0406032, NUHT0000226, WITN0406033, WITN0406034].

An update on any improvement actions taken by the Trust since 15 July 2025 by reference to the actions set out in the First Statement

Implementation of Recommendations by Capsticks

63. The reports of Capsticks in relation to Cohort 1 were issued in late June 2025 [NUHT0000151 and NUHT0000200], detail of which is set out at paragraph 220 of my First Witness Statement. The Trust is conscious of these recommendations and that further

recommendations may be made as Capsticks progress investigation of Cohort 2, and potential further cases pursuant to Cohort 3. The Trust will take into account all recommendations in determining any steps to be taken in response to this incident.

Information governance review

64. Turning to the Information Governance Review discussed at 219 – 221 of my First Statement, eight of the ten recommendations identified as part of the investigation by the Data Protection Officer are complete and have been implemented.

65. This includes:

- a. High Profile Case Handling: paragraphs 219 to 221 of my First Witness Statement set out that the Trust intended to specify a definition for high profile cases. On approval of the definition by the Executive the definition has been embedded in the Data Breach Procedure [NUHT0000156], and induction training for the Data Protection Office service with the corresponding governance route clarified to ensure the timely escalation of high profile cases.
- b. Amendments to local processes and procedures to factor in high profile cases: steps have also been taken to incorporate the definition into Patient Safety, Data Protection, and Human Resources processes and local procedures in order to assess whether a case may be deemed high profile and take action accordingly.
- c. Diligence checks to take place when a high profile case is opened, to confirm whether any previous cases have been raised in the same regard.
- d. The relevant system access to be made available to the Senior Information Risk Owner and Caldicott Guardian to permit those diligence checks to be undertaken.
- e. The identification of the appropriate senior person to be responsible for data breach investigations, particularly in those service areas employing bank workers or workers with no recorded line manager.
- f. The inclusion of the definition of a high profile case within the Data Protection Office Data Breach Procedure [NUHT0000156] and outlined in team meetings the addition to the procedure and training.
- g. The update of the Data Protection Office Data Breach Procedure [NUHT0000156] in the event of systems audit requests from third parties. This will provide clear guidelines to staff when dealing with such requests.
- h. The Trust's Confidentiality Audit Procedure [WITN0406037] has been reviewed, and embedded into the main Data Breach Procedure a new separate Trust

Systems Audit Process Procedure to compliment the main Data Breach Procedure has also been developed to support these aspects and is at the time of drafting this statement in draft form [WITN0406038], to include the additional step of seeking Information Asset Owner's (IAO) approval before releasing of system audit data to the third party. The next step is to seek approval from the Panel and confirm aspects for identifying external partner employees from relevant audit reports.

66. I have exhibited with this statement a copy of the relevant action tracker relating to those actions raised as part of this Information Governance Review [WITN0406039]. This sets out when the above actions were completed, and the status of ongoing actions. It was most recently considered at the meeting of the Data Protection and Cyber Security Panel on 3 December 2025, the notes and agenda of which are exhibited at [WITN0406040] and [WITN0406041].
67. The remaining two suggested actions are a work in progress. The first relates to the interrogation of Nervecentre's audit capabilities to facilitate access restrictions, and improve reporting and audits for clinical systems. The second relates to ongoing reporting as to system audit requests and human resources data breach investigations.
68. In relation to the first action, the Trust continues to explore developments within the electronic patient record Nervecentre to deter and/or detect inappropriate access [WITN0406062]. The Trust remain in discussions with the provider in relation to capability, development, testing and upgrade, to explore the "lock-down" of records and a "break glass" functionality, which acts as a challenge system, albeit both require further consideration on the basis that clinical safety is paramount, and systems must allow for the appropriate access to systems to facilitate prompt treatment. The action tracker at [WITN0406039] provides an update as to progress.
69. I exhibit at [WITN0406042, WITN0406043, WITN0406044] ongoing correspondence with Nervecentre as to potential options that may be implemented from a technical systems perspective to prevent users inappropriately accessing patient records. This includes a suggestion of identifying spikes in patient retrievals prompting error messages to a user. This requires careful consideration and concerns have been expressed between Jeremy Lewis (Caldicott Guardian) and Andy Callow (Senior Information Risk Owner) as indicated in the exhibited correspondence. A meeting took place on 6 February 2026 to consider the options further. This was attended by Jeremy Lewis and both a Product Specialist and Product Director from Nervecentre. At this meeting options for potential future developments were explored but unfortunately due to the absence of a key individual from Nervecentre it was not possible for commitments to be made as to future developments,

and at the time of drafting this statement a further meeting was in the process of being arranged.

70. Nervecentre have produced an options paper which I exhibit at [WITN0406045] for strengthening legitimate access controls in the Nervecentre system. Jeremy Lewis considered this paper and the version exhibited includes those considerations as comments made in July 2025.
71. Separately and in addition, the option of a more proactive monitoring approach has been explored and considered by the Incident Command Group and subsequently at a meeting of the Chief Executive's Team. I exhibit a paper which explores the potential options considered by the groups. [WITN0406046] This paper was presented to a meeting of the Chief Executive's Team on 27 January 2026 and a decision was made to support the approach, with funding agreed for a digital system to collect data on access to records and to determine the size of team required to follow up on alerts received from this new system.
72. The Trust has sought to explore the various options available in the market to support with detection of inappropriate access to records and subsequent audits, and has agreed to procure the Imprivata Patient Privacy Intelligence (PPI) solution. This is a well-established system utilised by other NHS Trusts and is used by Sherwood Forest Hospitals NHS Foundation Trust to monitor access to Nervecentre. The Information Governance team at Sherwood Forest monitor alerts as part of their business as usual activities and when an alert is deemed worthy of following up, the team link to the specialist digital teams to identify which alerts require following up with human resources colleagues. The tool provides an investigation module, where investigation process and outcomes can be progressed and noted. I understand that use of the tool has helped identify staff members with levels of access they should not have.
73. In relation to the second action, this has been progressed as set out in the action tracker document [WITN0406039]. Human resources colleagues remain in the process of finalising how information will be presented relating to systems audits and data breach investigations.

Data compliance reporting

74. The Trust Data Protection Officer continues to provide rolling data breach summary reports as well as bi-annual reports to the Trust Board. I exhibit copies of these since the date of submission of my First Witness Statement in draft form the Inquiry in July 2025 [WITN0406047, WITN0406048, WITN0406049, WITN0406050].
75. The Trust recognises the concern raised by the Data Protection Officer with regard to ongoing data breaches and potential inappropriate access to patient records, and the

ongoing actions as explained in this statement and my First Witness Statement are intended to address those concerns.

Communications

76. The Trust undertook several actions from February 2025 to reinforce best practice and raise awareness around data governance and confidentiality across the Trust. These are explained in my First Witness Statement.
77. In July 2025 the Trust launched an eighteen-month data breach campaign for employees called "Your Responsibility, Your Actions, Their Privacy", the aim was to highlight the importance of data protection, with an initial six-month focus on appropriate access to patient records.
78. Scheduled to run until December 2026, the campaign will cover four key themes relating to Confidentiality – starting with *inappropriate access to records*, *integrity of data* (including not deleting or amending data inappropriately or recording in the wrong record), *confidentiality* (through post and emails) and *availability* (not leaving computer screen unlocked or documents in plain sight or system downtime). Hard-hitting materials have been created, with support from the Trust Human Resources department and Staffside colleagues [NUHT0000198 and NUHT0000201].
79. In collaboration with the Trust's Data Protection Office, the following actions were taken as part of the campaign:
- a. Full update of data protection information on a dedicated intranet page [WITN0406051]. Specifically the dedicated Data Breach section.
 - b. Review and update of Frequently Asked Questions available on the intranet [WITN0406052].
 - c. Briefing packs including key information to share with their teams were issued to line managers across the Trust ahead of the campaign launch.
 - d. A suite of materials with hard-hitting graphics were produced, including posters intended for staff rooms, pull up banners for use by the Data Protection Office, and regular screensavers across all NUH computers.
 - e. The 'Your Responsibility, Your Actions, Their Privacy' campaign was launched through our weekly Trust Briefing staff newsletter. This comprised of a full article outlining the campaign (which attracted almost 10,000 views representing approximately half of the Trust's workforce) and the first focus theme of the campaign 'inappropriate access to records', links to the campaign materials for

staff and line managers, and a video from Andy Callow, Chief Digital Transformation Officer.

- f. A Data Protection Handbook developed by the Trust's Data Protection Office has been refreshed and made available on the intranet [NUHT0000196].
- g. Due to the importance of this first theme, the campaign focus has continued throughout the first six months of the campaign with further intranet articles (receiving lower views, between 200 and 300) – including case studies, staff newsletter articles, staff app updates and a series of screensavers.

80. Upcoming planned additional communications and staff engagement include an all staff online Townhall session led by members of the executive team and staff roadshows to support the re-education of staff.

81. In January 2026, the Trust Chief Executive sent a letter to all staff, embedded in the electronic staff record. [WITN0406053] Staff were required to acknowledge the communication reminding them of the critical importance of only accessing patient records where there is a legitimate and lawful basis to do so. It reiterated the duty to report incidents via Datix, DPO triage, and where there may be ICO consideration. The letter was accompanied by FAQs.

Additional action relating to systems

82. The Trust has reviewed access levels for classes of staff. This includes restricting permissions or amending the level of access granted to staff commensurate with their role requirements. As an example, patient information access has been further restricted for front of house receptionists at QMC as set out at paragraph 230 of my First Witness Statement.

83. As indicated at paragraphs 29, 146(d) and 225 of my First Witness Statement from October 2025 the core patient administration system functions of the Trust transferred from the Careflow system to the system known as Nervecentre. The Nervecentre system now functions as the main electronic patient record for the Trust. As a result of the move of the core patient administration system functions to Nervecentre, the Trust has reviewed access permissions and updated the detailed spreadsheet setting out the levels of access for different roles across the Trust exhibited at [NUHT0000065]. I exhibit with this statement an updated spreadsheet setting out the current position as to role-based access across the Trust [WITN0406054]. At paragraph 145 of my First Witness Statement, I exhibited a document explaining the access permissions of core patient systems relevant to the current matter [NUHT0000018] and I now exhibit an updated version of this document as [WITN0406055].

84. As explained at paragraph 243 of my First Witness Statement, the Trust engaged 360 Assurance to conduct a benchmarking exercise with several third party NHS Trusts to understand their approach to the issue of potential unauthorised access to medical records. The learning and insights gathered have now been captured in a report to help identify and to consider the best practice approach going including in relation to proactive audits and break-glass usage [WITN0406056]. This is informing the options being considered and implemented by the Trust. I exhibit at [WITN0406063 and WITN0406064] communications with 360 Assurance, as well as related communications both with Sherwood Forest NHS Foundation Trust [WITN0406065] and Worcestershire Acute Hospitals NHS Trust [WITN0406066] and which has in particular informed the decision of the Trust as to the implementation of a more proactive monitoring system as described at paragraphs 71 and 72 above.

85. The Trust continue to conduct fortnightly system audits to monitor any further access to the relevant records in this matter. This is conducted by Jeremy Lewis, Caldicott Guardian, to ensure that there are no further breaches and to identify any issues promptly. No further potentially inappropriate access to records of any of the victims of the incident have been identified as part of this process.

Statement of Truth

I believe the contents of this statement to be true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Name: DR MANJEET SHEHMAR

Signature:

GRO-B

Date: 19th FEBRUARY 2026

Index to Second Witness Statement of Dr Manjeet Shehmar

No.	Inquiry URN	Document Description
1.	WITN0226001	First Witness Statement of Dr Manjeet Shehmar
2.	NUHT0000144	Fact finding meeting template
3.	NUHT0000148	Terms of Reference Task and Finish Group
4.	NUHT0000149	Terms of Reference External Investigation
5.	NUHT0000150	Terms of Reference for Investigation-Agenda for Change
6.	WITN0406002	Terms of Reference Clinical System Check
7.	NUHT0000229	Data Breach Status Update Report v14
8.	NUHT0000208	Data Breach Status Update Report v15
9.	NUHT0000209	Data Breach Status Update Report V16
10.	NUHT0000210	Data Breach Status Update Report V17
11.	NUHT0000211	Data Breach Status Update Report V18
12.	NUHT0000212	Data Breach Status Update Report V19
13.	NUHT0000213	Data Breach Status Update Report V20
14.	NUHT0000214	Data Breach Status Update Report V21
15.	NUHT0000215	Data Breach Status Update Report V22
16.	NUHT0000216	Data Breach Status Update Report V23
17.	NUHT0000217	Data Breach Status Update Report V24
18.	NUHT0000218	Data Breach Status Update Report V25
19.	NUHT0000219	Data Breach Status Update Report V26
20.	NUHT0000220	Data Breach Status Update Report V27
21.	NUHT0000221	Data Breach Status Update Report V28
22.	NUHT0000222	Data Breach Status Update Report V29
23.	NUHT0000223	Data Breach Status Update Report V30
24.	NUHT0000224	Data Breach Status Update Report V31
25.	WITN0406003	Data Breach Status Update Report V32
26.	WITN0406004	Data Breach Status Update Report V35
27.	WITN0406005	Data Breach Status Update Report V36
28.	WITN0406006	Data Breach Status Update Report V37
29.	WITN0406058	Confirmation of investigation letter
30.	WITN0406059	Confirmation of progression of Stage 2 letter - AfC staff
31.	WITN0406060	Confirmation of progression of Stage 2 letter - Medics
32.	WITN0406061	Investigation terms of Reference - MHPS
33.	NUHT0000015	Conduct Capability and Ill Health Procedure for Medical Practitioners" policy
34.	NUHT0000060	Conduct, Behaviour and Disciplinary policy
35.	NUHT0000232	Counsel's Report on Legitimate Access Determinations for Cohort 1, Stage 1
36.	NUHT0000141	Terms of Reference of Counsel's Review into Stage 1 Outcomes Legitimate Access Determinations
37.	NUHT0000249	ICG Logs July - December 2025

38.	WITN0406007	Logs of Incident Command Group from December 2025 to February 2026
39.	WITN0406008	Action tracker from Incident Command Group - Open actions
40.	WITN0406009	Action tracker from Incident Command Group - Closed actions
41.	WITN0406010	People and Culture Committee Paper dated 19 December 2025
42.	WITN0406011	Data Protection and Security Working Group Terms of Reference
43.	WITN0406012	Data Protection and Security Compliance Task and Finish Group Terms of Reference
44.	NUHT0000225	Board Paper dated 10 July 2025
45.	WITN0406057	Minutes of the Trust Board meeting dated 10 July 2025
46.	WITN0406013	Board Paper dated 8 January 2026
47.	WITN0406014	Board Paper dated 23 January 2026
48.	WITN0406015	Email from MS to NHSE dated 29 Jan 2026
49.	WITN0406016	Email from MS to NHSE dated 7 Oct 2025
50.	WITN0406017	Email from MS to Notts ICB dated 14 Oct 2025
51.	WITN0406018	Correspondence between Hudgells and Browne Jacobson
52.	NUHT0000246	Correspondence between Hudgells and Browne Jacobson
53.	NUHT0000243	Correspondence between Hudgells and Browne Jacobson
54.	NUHT0000242	Email from Browne Jacobson to Hudgells Solicitors dated 27 October 2025
55.	NUHT0000234	Emails from Hudgells to Browne Jacobson dated 4 August 2025
56.	NUHT0000233	Email from Mrs Webber to Browne Jacobson dated 15 July 2025
57.	NUHT0000188	Update to Rothera Bray from Browne Jacobson
58.	NUHT0000240	Emails from Hudgells to Browne Jacobson dated 29 September 2025
59.	NUHT0000247	Email from Emma Webber to Hudgells Solicitors, NUHT and Browne Jacobson
60.	NUHT0000228	Cover letter accompanying Counsel's report from Browne Jacobson to Hudgells
61.	NUHT0000236	Email providing Counsel's report from Browne Jacobson to Hudgells
62.	NUHT0000227	Email providing the password to Counsel's report from Browne Jacobson to Hudgells
63.	NUHT0000231	Letter from Browne Jacobson to Hudgells dated 19 September 2025
64.	NUHT0000238	Email chain between Browne Jacobson and Hudgells

65.	NUHT0000252	Letter from Browne Jacobson to Hudgells dated 17 October 2025
66.	NUHT0000235	Email from Browne Jacobson to Hudgells dated 17 October 2025
67.	NUHT0000248	Summary of legitimate access Cohort 1 Stage 1 table dated 17 October 2025
68.	NUHT0000251	Bereavement Policy
69.	NUHT0000255	Clinical Health Records Keeping Policy v6
70.	NUHT0000254	Clinical Audit Policy
71.	NUHT0000256	Transfusion management of major haemorrhage policy
72.	NUHT0000237	Email from Neil Hudgell (Hudgell solicitors) to Ella Royle (Browne Jacobson), Lindsay Allison (Hudgell Solicitors) and Dmitrije Sirovica (Browne Jacobson), re: Counsel's report- update for week ending 8 August 2025 dated 19 September 2025
73.	NUHT0000241	Email chain between Browne Jacobson and Hudgells
74.	NUHT0000100	Letter to Dr Kumar and Dr O'Malley Kumar dated February 2025
75.	NUHT0000101	Letter from NUHT to Mr and Mrs Webber dated February 2025
76.	NUHT0000102	Letter from NUHT to Mr Coates, February 2025
77.	NUHT0000105	Email from Charlotte Harpin (Browne Jacobson) to Neil Hudgell (Hudgell Solicitors), Lindsay Allison (Hudgell Solicitors) and Manjeet Shehmar (NUHT). re:Nottingham University Hospitals NHS Trust Duty of candour letters - potential data breach
78.	WITN0406019	Correspondence between families and Dr Manjeet Shehmar
79.	WITN0406020	Email from Browne Jacobson to Hudgells dated 13 January 2026
80.	WITN0406021	Letter from Browne Jacobson to Hudgells dated 13 January 2026
81.	WITN0406022	Email from Browne Jacobson to Hudgells dated 15 January 2026
82.	WITN0406023	Note of meeting between Browne Jacobson. NUH, families, and Hudgells
83.	WITN0406024	Letter from Hudgells to Browne Jacobson dated 19 January 2026
84.	WITN0406025	Email from Hudgells to Browne Jacobson dated 19 January 2026
85.	WITN0406026	Email from Browne Jacobson to Hudgells dated 28 January 2026
86.	WITN0406027	Letter from Browne Jacobson to Hudgells dated 28 January 2026

87.	WITN0406028	Summary of Annexes Time and Date (BW)
88.	WITN0406029	Summary of annexes Role and Band (GOMK)
89.	WITN0406030	Summary of annexes Role and band (BW)
90.	WITN0406031	Summary of annexes Time and Date (GOMK)
91.	NUHT0000226	Update to Rothera Bray from Browne Jacobson
92.	WITN0406032	Update to Rothera Bray from Browne Jacobson
93.	WITN0406033	Update to Rothera Bray from Browne Jacobson
94.	WITN0406034	Update to Rothera Bray from Browne Jacobson
95.	NUHT0000151	Capsticks report Cohort 1 - Agenda for Change
96.	NUHT0000200	Capsticks report Cohort 1 - Medics
97.	NUHT0000156	Data Breach Process and Procedure
98.	WITN0406037	Trust Confidentiality Audit Procedure
99.	WITN0406038	Trust Systems Audit Process Procedure
100.	WITN0406039	Information Governance Review Action Tracker
101.	WITN0406040	Note of 3 December 2025 meeting of the Data Protection and Cyber Security Panel
102.	WITN0406041	Agenda of 3 December 2025 meeting of the Data Protection and Cyber Security Panel
103.	WITN0406062	Emails with Nervecentre re systems
104.	WITN0406042	Email chain with Nervecentre
105.	WITN0406043	Email chain with Nervecentre
106.	WITN0406044	Email chain with Nervecentre
107.	WITN0406045	Options paper from Nervecentre
108.	WITN0406046	Options paper considered by the CET
109.	WITN0406047	Rolling Summary Report dated 1 January 2026
110.	WITN0406048	Rolling Summary Report dated 26 January 2026
111.	WITN0406049	Rolling Summary Report dated 1 August 2025
112.	WITN0406050	Rolling Summary Report dated 1 October 2025
113.	NUHT0000198	Communication campaign materials
114.	NUHT0000201	Communication campaign materials
115.	WITN0406051	Data Breach Intranet Page
116.	WITN0406052	Frequently Asked Questions available on the intranet
117.	NUHT0000196	Data protection handbook
118.	WITN0406053	Chief Executive sent a letter to all staff
119.	NUHT0000065	Role based access spreadsheet
120.	WITN0406054	Updated spreadsheet of role based access
121.	NUHT0000018	Core ICT Patient Systems at NUH Policy
122.	WITN0406055	Updated Core ICT Patient Systems at NUH Policy February 2026
123.	WITN0406056	360 Assurance Benchmarking Report
124.	WITN0406063	Emails with 360 Assurance
125.	WITN0406064	Emails with 360 Assurance

126.	WITN0406065	Emails with Sherwood Forest Hospitals NHS FT re systems
127.	WITN0406066	Emails with Worcestershire Acute Hospital NHS Trust re systems