

Witness Statement Number: WITN0406067

Witness Name: Dr Manjeet Shehmar

Dated: 5 May 2026

NOTTINGHAM INQUIRY

Third 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 by email on 20 February 2026, in which the Inquiry stated that *“we would also welcome an updated supplementary statement with an update on progress with investigations and any further communications with families/survivors”*.
3. This is my third statement to the Inquiry and should be read in conjunction with my first statement dated 5 December 2025 (“the First Statement”) **WITN0226001** and my second statement dated 19 February 2026 (“the Second Statement”) **WITN0406001**.
4. In accordance with Trust internal governance processes this statement has been considered by members of the Trust's Incident Command Group, and the Trust's Chairman and Chief Executive prior to its submission and its final approval has been delegated to myself.
5. This statement will set out the following:
 - a. The steps taken by the Trust since 19 February 2026 in relation to the ongoing investigation processes (paragraphs 6 - 33).
 - b. The Trust's ongoing communication with the bereaved families and the surviving victims (paragraphs 34 – 40).
 - c. An update on improvement action taken by the Trust since 19 February 2026 by reference to the actions set out in my First Statement and my Second Statement (paragraphs 41 – 55).

An update as to the Trust's investigation processes

6. The two-stage investigation process adopted by the Trust has been explained at paragraphs 173-177 of my First Statement, and paragraphs 8-11 of my Second Statement and I do not repeat these matters within this statement but instead provide an update as to the current position with those investigations.
7. I have explained in my previous statements the separation of the investigation by the Trust into Cohort 1, Cohort 2 and Cohort 3. The position in relation to each Cohort under investigation is set out individually below as at the time of submission of this statement. As explained at paragraph 12 of my Second Statement, the Trust has produced a data breach status update report on a regular basis in relation to the ongoing process. Those produced since the 19 February 2026 are exhibited with this statement, and they have continued to facilitate the provision of ongoing updates to the families of the deceased victims and the surviving victims via their respective legal representatives [NUHT0000301, NUHT0000302, NUHT0000303, NUHT0000304, NUHT0000305].

Cohort 1

8. As stated in my Second Statement, at Stage 2 of the process 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. The draft terms of reference are currently being prepared prior to being shared with the bereaved families for comments and observations. Any comments will be taken into account prior to formally instructing Robin Hopkins to conduct this independent review.
9. With regard to the disciplinary panels in relation to staff within Cohort 1, at the time of drafting a total of 4 medical practitioners, and 10 Agenda for Change staff had been heard. I am also now able to exhibit a copy of the template letter provided to those proceeding to disciplinary hearings at [NUHT0000298].
10. Eight individuals have left the Trust prior to their case being heard by a disciplinary panel. The Trust has written to these individuals informing them that their case warrants progression to panel. If they do not engage then their case will be considered by panel in their absence.
11. As stated in my Second Statement (paragraph 25), the GMC have been informed on a named basis of the investigations into medical practitioners. I remain in ongoing communications with the GMC in relation to this matter and exhibit with this statement correspondence following a meeting on 26 March 2026 also involving colleagues from the Trust's human resources team at NUHT0000288. I have sought by way of the dialogue

with the GMC to ensure that they are appropriately sighted on potential professional conduct cases, and that the Trust investigation is sufficiently robust as well as to appropriately manage issues around confidentiality in respect of the individuals involved. As Cohort 1 advances towards completion the GMC has indicated that they will require copies of outcome letters and case investigation reports for their review. It is also anticipated that GMC will be issuing their own public statement in relation to this issue in due course. An updated Board report has also been shared with the GMC to inform them as to the approach being adopted by the Trust.

12. Most recently I received an email from the GMC on 17 April 2026 [NUHT0000289] setting out the current position of the GMC as at that point. This email reflects the intentions of the GMC to await the outcome of all cases in relation to Cohort 1 involving professionals regulated by the GMC.
13. As Cohort 1 has approached the completion of disciplinary hearings the Trust has considered the position with regard to potential referrals to the NMC also. This is distinct from that relating to the GMC. It is understood by the Trust that referrals to the NMC must await conclusion of internal processes except where an individual is no longer employed by the Trust or registered elsewhere. In those such cases the NMC will investigate directly. I have exhibited with this statement a paper summarising the process relating to the NMC **NUHT0000311**. This has recently been updated to include other professionals in addition to those regulated by the NMC, and I exhibit this updated process **NUHT0000310**. The Trust also now has in place a GMC referral process, approved in April 2026, which I exhibit now at **NUHT0000309**.
14. Regulated professionals within Cohort 1 are registered only with either the GMC or NMC. Further consideration will need to be given to appropriate processes for referrals to additional regulators in relation to Cohorts 2 and 3 as they progress.
15. Upon completion of the disciplinary panel hearings for Cohort 1 the Trust intends to produce a consolidated outcome on an aggregated basis. This will enable appropriate communications to be circulated within the Trust with a view to reflecting the seriousness with which the Trust treats matters such as this.

Cohort 2

16. Stage 1 of the process is being carried out for 164 individuals (from 294 audit outcomes). As of the reporting date, 142 fact finds had been concluded, with the following outcomes:
 - a. 81 have been assessed as legitimate access,

- b. 61 have proceeded to a formal investigation and are currently at investigation or report writing stage.
17. Whilst the Trust had aimed to conclude the majority of outstanding fact finds by the end of March 2026, this has not proved possible due to maternity leave and the Trust either being unable yet to locate ex-employees or not receiving responses from ex-employees via their current employers. For those individuals who have a completed fact find, Capsticks continue to progress interviews as part of the Stage 2 process.
18. It is the Trust's intention to re-engage Robin Hopkins to review the robustness of the outcomes of legitimacy at Stage 1 of the process for Cohort 2, in the same way as he did for Cohort 1. Terms of references are at the time of producing this statement being finalised for sharing with the surviving victims. It is intended that the surviving victims will be afforded the opportunity to provide comments and observations in relation to the terms of reference, and any such comments will be taken into account prior to formally instructing Robin Hopkins to undertake this exercise.

Cohort 3

19. I explained in my First Statement (paragraph 201) and my Second Statement (paragraph 29) that a concern was raised during the Trust's investigation process as to whether all relevant audit data across the Trust's core and downstream systems had been captured in the systems audits undertaken. The Trust resolved to conduct further analysis of its systems to ensure that all access to records had been identified, and that its investigation of this matter was comprehensive.
20. During the course of its investigation of this matter the Trust became concerned that not all accesses to the records of the victims of the incident had been fully identified. Cohort 3 was therefore established so as to ensure that all access across the Trust's core and downstream systems had been considered. A paper has been produced which explains the position with regard to the audits undertaken of Trust systems and how those individuals forming Cohort 3 have been identified, exhibited at **NUHT0000312**.
21. At the time of the audits from which Cohorts 1 and 2 were identified, the Trust operated 455 IT systems. The purpose of each system was reviewed to establish if it would require auditing for the purposes of the investigation of this matter. Five systems were identified as requiring review. These are the core IT systems of the Trust used across all specialities, with patient activity being captured on at least one of these systems. Paragraph 146 of my First Statement explains each of these systems. The other 450 systems were not audited because in most cases they were either non-clinical systems containing no patient data, or departmental systems used for specific cohorts of patients. Data in those systems would

- then only exist for patients who accessed those services. The systems that were audited were therefore those that are used across all specialities.
22. Between June and October 2025 the Trust engaged in an exercise to consider the extent of further systems requiring audit and to determine whether or not all components of those systems which had been audited in February 2025 had been conducted, so as to ensure that all individuals who accessed the records of both the deceased and surviving victims had been identified.
 23. On 28 October 2025 a decision was then taken to extract further data from additional systems operated by the Trust. This involved re-auditing of the five systems originally audited, as well as four additional systems. Whilst another five systems were considered for audit, following discussions with system administrators and service managers it was decided that audit of these systems was not required. These systems, and the rationale for the approach taken in relation to each, are explained at page 3 of **NUHT0000312**.
 24. Both the additional four systems and the systems previously audited were all fully audited, including auditing additional components of those five systems originally audited. This exercise has identified additional access to the records of the deceased and the surviving victims and these form Cohort 3.
 25. The Trust has divided Cohort 3 into Cohorts 3a and 3b, on the basis of which records were accessed. This is to align them with Cohorts 1 and 2 respectively. The Trust has sought to prioritise Cohort 3a in the first instance due to the ongoing panel processes in respect of Cohort 1. It will then focus on Cohort 3b, alongside Cohort 2.
 26. In relation to Cohort 3a the Trust has identified 50 individuals who accessed records of either Ian, Grace and Barnaby. Of these accesses the Trust Caldicott Guardian has determined that 8 individuals accessed records based on those staff having completed clinical actions within the relevant system, and as such being legitimate. To date 5 cases have been deemed to require formal Stage 2 investigation. The remaining individuals are subject to ongoing fact finds as in relation to Cohorts 1 and 2.
 27. In relation to Cohort 3b the Trust has identified 542 individuals as having accessed records of the surviving victims, in addition to those falling within Cohort 2. Whilst the Trust is initially focussing on Cohorts 1 and 3a, we will then proceed to consider Cohort 3b alongside Cohort 2. In light of the ongoing treatment received by surviving victims beyond the date of the incident, the Trust anticipates that there is the potential for a significant amount of such access to be legitimate but is yet to conduct its investigation process so as to properly inform the position.

28. The Trust recognises that this represents a significant increase in the number of individuals that had initially been identified as having potentially accessed records without a legitimate purpose. The Trust intends to undertake an exercise to understand the learning that can be gained from this matter with a view to better informing the audit of its systems should similar circumstances requiring investigation arise in the future.

Internal governance and reporting

29. The Incident Command Group (“ICG”) referred to in my First Statement and my Second Statement has continued to meet on a fortnightly basis until 31 March 2026. Since then they have been moved to weekly meetings going forwards. The ICG Logs for the period from 17 February 2026 are exhibited to my statement [NUHT0000341] as is the most up to date copy of the ICG governance log action tracker [NUHT0000334and NUHT0000342].

30. My Second Statement referred to the establishment of a Data Breach HR Task and Finish Group, Data Protection and Security Working Group, and Data Protection and Security Compliance Task and Finish Group. The current position in relation to each of these is as follows:

a. Data Breach HR Task and Finish Group – this group was established on a multi-disciplinary basis to consider the fact-find exercises undertaken at Stage 1 of the Trust’s investigation process. The group continues to undertake this exercise in relation to all outstanding individuals across all Cohorts.

b. Data Protection and Security Compliance Task and Finish Group – this group has met three times (11 February 2026 [NUHT0000297], 11 March 2026 [NUHT0000308] and 8 April 2026 [NUHT0000335]). I also exhibit papers presented to the group during the 8 April 2026 meeting [NUHT0000306] and [NUHT0000307], and the action log for this group up to date as at the point of drafting of this statement [NUHT0000347]. These meetings have discussed various matters relevant to this issue. This has included the issue of the perception of clinicians with regard to accessing records for education and training purposes, and a need for greater clarity in guidance on this point as well as the development of policy and organisational guidance to provide clarity on acceptable practices. Benchmarking of data against other trusts has been discussed, and an exercise is underway to review the position of the Trust against others [NUHT0000339]. Responses received to date indicate that the Trust has a higher number of data breaches when compared to reasonable comparators. Cultural and behavioural changes were highlighted as being required alongside technical measures, and the importance of effectively communicating the outcomes of disciplinary processes was raised so as to convey the seriousness of such breaches. An updated communication “Is

snooping worth your career?" has been approved by the group for a Trust wide communication. Subject to final amends to the drafting of this communication it is anticipated to be circulated Trust wide shortly.

- c. Data Protection and Security Working Group – I set out the purpose of this group at paragraph 38c of my Second Statement and that a meeting had taken place on 17 March 2026 and 17 April 2026 I exhibit with this statement copies of the agenda as **NUHT0000299** and minutes of the meeting of 17 March 2026 as **NUHT0000300**, and agenda as **NUHT0000285** and minutes of the meeting of 17 April 2026 as **NUHT0000286**. I also provide a copy of the terms of reference for this group as **NUHT0000292**. These meetings reviewed the terms of reference and recommended that the work of this group overlaps sufficiently with the Data Protection and Security Compliance Task and Finish Group and therefore should be merged. A recommendation is to be presented to the ICG meeting to discuss future options..

31. In addition to the meetings of the above groups, a report was provided to the Trust Board in relation to this matter in confidential session on 12 March 2026 [**NUHT0000290**]. The purpose of that paper was to ensure that the Trust Board was appropriately sighted on matters relating to the Inquiry and the substantive issue of the potential unauthorised access by members of staff to medical records. Draft minutes of this meeting are exhibited to this statement at **NUHT0000348**, and will be ratified at a meeting in May 2026.
32. At paragraph 39 of my Second Statement I referred to Board meetings on 8 January 2026 and 23 January 2026. I am now able to exhibit the ratified minutes in relation to those meetings as **NUHT0000338** and **NUHT0000349**.
33. At paragraph 37 of my Second Statement I referred to a paper presented to the People and Culture Committee in December 2026, and am now able to exhibit the ratified minutes in relation to that meeting at **NUHT0000344**.

The Trust's communication with bereaved families and surviving victims

34. The Trust has continued to provide updates to the families of the deceased victims and the surviving victims (other than Mr Gawronski who has indicated that he is content to be informed at the conclusion of the process) via their legal representatives on a regular basis in relation to its investigation processes [**NUHT0000319, NUHT0000317, NUHT0000316, NUHT0000315, NUHT0000336, NUHT0000327** and **NUHT0000319, NUHT0000317, NUHT0000316, NUHT0000315, NUHT0000336, NUHT0000327, NUHT0000337, NUHT0000333, NUHT0000322, NUHT0000332, NUHT0000318, NUHT0000320, NUHT0000324, NUHT0000328, NUHT0000325, NUHT0000326, NUHT0000331, NUHT0000329, NUHT0000323, NUHT0000321, NUHT0000345**]. These updates have

set out progress of the various stages of the Trust's investigation process, and numbers of individuals either deemed to require progression to Stage 2 and subsequently a disciplinary panel hearing, and the number deemed to require no further action at Stage 1. I exhibit with my statement copies of these communications from 23 February, 9 March, and 23 March 2026. Following the update of 23 March 2026 it was agreed by the legal representative of the families of the deceased victims that their contact details be provided directly to the Nursing and Midwifery Council [NUHT0000321], and this has been provided [NUHT0000313]. Most recently the Trust provided a more substantive update on 24 April 2026 informing the families and Mr Birkett and Ms Miller of further detail relating to Cohort 3, as explained above [NUHT0000337]. The Trust are also contacting Mr Gawronski to inform him of the position.

35. In addition to those updates, the Trust has also responded substantively to representations received from Dr Kumar during the meeting with the families of the deceased victims on 16 January 2026. Following careful consideration of the matters raised in the representations presented during that meeting, a copy of which was kindly provided for consideration by the Trust following that meeting [WITN0406024], a substantive response was provided on 27 March 2026 [NUHT0000333]. That letter reiterated the seriousness with which the Trust regards this issue, and its determination to identify unauthorised access and ensure appropriate action is taken where this is the case.
36. The Trust is particularly concerned by the matters raised by Dr Kumar as to the rigour and robustness of its investigation of this matter. From the outset the Trust has sought to ensure that its processes have been robust, involved sufficient independent oversight, including by way of the involvement of independent Counsel at an appropriate stage in the investigation and liaison with the GMC as professional regulator. The letter in response to the concerns raised by Dr Kumar sought to provide clarity as to the investigation process undertaken by the Trust and respond to concerns on the part of Dr Kumar with regard to potential retrospective justification, transparency, and holding individuals accountable where appropriate.
37. In my Second Statement I referred at paragraph 58 to an additional level of information provided to the families of the deceased victims in relation to the access by those members of staff deemed to require no further action at Stage 1 of the Trust's investigation process. As part of the process in providing that additional level of information the Trust subsequently wrote to the members of staff concerned as part of its data protection considerations, and the templates of those letters are exhibited with my statement for completeness as **NUHT0000294, NUHT0000295 and NUHT0000296.**

38. The Trust is conscious of the concerns raised by the families of the deceased victims with regard to the extent of information shared in relation to determinations of legitimate access to the medical records of their loved ones. That the families consider the Trust to not have been sufficiently transparent is of particular concern and something that the Trust seeks to address as it moves forward with its ongoing investigations in relation to Cohorts 2, 3a and 3b. The Trust will take learning from the process to date and will seek to provide the same additional level of detail in relation to its determinations of legitimacy of access to records at Stage 1 of its investigation process in relation to the remaining cohorts with a view to ensuring that both the families of the deceased victims, and the surviving victim themselves receive the assurances they require as to the robustness and rigour of the Trust's processes and determinations.

39. At the time of drafting this statement the families of the deceased victims have not sought further information following that referred to a paragraph 58 of my Second Statement. The Trust is aware of the families raising before the Inquiry concerns they have as to access to records of their loved ones for the purposes of supporting research and audit. The Trust has addressed concerns raised directly by the families in correspondence with them so far as such matters have been raised with the Trust. For additional context, the Trust as a university hospital has a remit to undertake clinical research in order to improve patient care, and at the time of the incident on 13 June 2023 the Trust had a total of 589 research projects open for the purpose of recruiting individuals to various projects. On the day of the incident 56 participants were recruited to these trials, and as such screening of patients for the purposes of participation in potential research was actively taking place. The Trust will engage further with the families of the deceased victims in relation to any further explanation they require in this regard.

40. The Trust remains committed to engaging as openly and transparently as possible with both the families of the deceased victims and also the surviving victims of this incident, and to ensuring a clear and consistent line of communication. The Trust has reiterated its offers to meet with the families and the surviving victims and is fully prepared to do so in order to provide them with both appropriate context to the Trust's investigations, and also assurances they require in relation to those investigations.

An update on actions taken by the Trust

Implementation of Recommendations by Capsticks

41. Whilst the investigations by Capsticks as part of the Stage 2 process in relation to Cohort 2 are ongoing, we have to date received one summary report relating to Agenda for Change staff falling within Cohort 2 [NUHT0000330].
42. The recommendations from the overarching reports produced by Capsticks to date, as well as those in any such future reports as their investigations progress in respect of Stage 2 of each cohort, will be carefully considered by the Trust in seeking to implement improvements going forwards.

Information Governance Review

At paragraphs 219 to 221 of my First Statement, and paragraphs 64 to 73 of my Second Statement I discuss the Information Governance review. This review arose as a result of the potential unauthorised access to records of the victims of the incident and made a number of recommendations tracked via the Data Breach Action Tracking log of the Data Protection and Cyber Security Panel. At the point of submitting my Second Statement, eight out of the ten actions identified were complete. The two remaining actions are still in progress. In relation to action 9 this is intended to be addressed by way of the new system auditing tool, Imprivata PPI, explained further below. In relation to action 10, the Trust continues to consider how to most appropriately to report system audit and data breaches to the Trust Executive Team.

Nervecentre Access Restriction and Audit Functions

43. The Trust continues to explore potential options for restricting access to patient records in an appropriate way within Nervecentre. Andy Callow (Senior Information Risk Owner) and Jeremy Lewis (Caldicott Guardian) are in ongoing correspondence with Nervecentre in this regard [NUHT0000277].
44. Discussions have been held with Nervecentre, to develop enhancements to prevent or discourage users accessing records they do not have legitimate access to. A pragmatic approach has been taken to introduce small changes as soon as possible, rather than waiting for a perfect solution longer-term. The first change that has been discussed is a patient record access restriction. I exhibit an email chain between the Trust Caldicott Guardian and Senior Information Risk Owner, and Nervecentre in this regard [NUHT0000277]. Details of the proposed additional functionality were received on 17 April 2026 in a draft paper provided by Nervecentre [NUHT0000343].
45. I also exhibit an earlier email chain providing views of both the Trust Caldicott Guardian and Senior Information Risk Owner as to other proposed additional functionality [NUHT0000278]. This related to a proposal to monitor “spikes” and was referred to at

paragraph 69 of my Second Statement. This has been considered but deemed to be unviable and is not being taken forward.

46. This is a new feature to allow users with elevated permissions to apply record restrictions to a patient, including the reason why the record has been restricted. With the restriction applied, any subsequent user that accesses the record will be prompted that access to the record has been restricted. A user is required to enter their password in order to access a restricted record, and this activity is logged in a bespoke audit. The software change is now undergoing quality assurance testing by Nervecentre ahead of it being released.
47. At paragraphs 71 and 72 of my Second Statement I referred to a decision of the Chief Executive's Team to support the approach to more proactively monitor access to patient records. A decision was made on 27 January 2026 and funding agreed. The project to implement Imprivata Patient Privacy Intelligence (PPI) solution has commenced and a project manager has been allocated. Imprivata PPI is intended to monitor access to Nervecentre, DHR and Notis as the highest use systems of the Trust. The Trust is in discussion with the supplier as to timeframes for implementation.
48. The Imprivata PPI system operates by raising alerts in relation to certain systems accesses. At this stage the Trust intends to implement the Imprivata PPI system with a view to monitoring data produced, and then subsequently reaching a determination as to the size of the team that will be required to review the output of the system. This will therefore be an ongoing project and likely lead to an initial backlog of consideration of output from the system with regard to its identification of access to records.

Newly updated Systems Audit Request Process

49. A newly updated process for dealing with requests for audits of system accesses was formally approved on 16 March 2026 following consultation with human resources, digital services, and safeguarding colleagues and adopted formally from 18 March 2026 [NUHT0000283]. At the session on 17 March 2026 service areas agreed to undertake procedural update sessions within their own services area by this date. This was approved formally on 4 February 2026 [NUHT0000282] and an update was provided to the Data Protection and Cyber Security Panel on 4 March 2026 [NUHT0000284].

Communications

50. At paragraph 80 of my Second Statement I referred to the intention to hold an online Townhall session and staff roadshows to support re-education of staff. The Townhall session took place in February 2026, and roadshows have been schedule from April 2026 as a follow on to that session. These roadshows are intended to focus on two-way

conversations between the Trust data protection team and staff to support knowledge and understanding around roles and responsibilities in relation to data protection.

51. The “Your Responsibility, Your Actions, Their Privacy” campaign referred to at paragraph 79 of my Second Statement has also continued, with the initial theme of ‘inappropriate access to records’ running for the first six month period, and from February 2026 the second theme of ‘integrity of data’. A series of graphics, screensavers and theme Trust Briefing articles with case study examples have been shared as **NUHT0000287**, **NUHT0000280**, **NUHT0000281**, **NUHT0000279**, **NUHT0000314**, **NUHT0000293**, **NUHT0000291**, and **NUHT0000346**.

Communicating Investigation Outcomes

52. The Trust recognises the importance of effectively communicating the outcomes of the investigations it is conducting, particularly with regard to ensuring that the seriousness of such matters is reflected to staff members. The issue has been considered at the ICG meetings and it is the intention of the Trust to communicate outcomes on an aggregated and non-identifiable basis. It is the intention of the Trust to consider exactly the nature of such communications initially following conclusion of all Cohort 1 cases, and at appropriate intervals thereafter.

Data Compliance Reporting

53. The Trust Data Protection Officer continues to provide a rolling data breach report to the Audit Committee. The most recent report was presented to Audit Committee on 7 April 2026 [**NUHT0000340**].

Ongoing fortnightly audits

54. The Trust continues to conduct fortnightly system audits to monitor any further access to relevant records as stated at paragraph 85 of my Second Statement. No further potential inappropriate access to records of any of the victims of the incident have been identified.

Recruitment

55. The Trust has recognised the need for additional resource in order to assist in delivering the remaining work in relation to this investigation and is currently in the process of seeking to recruit a Deputy Head of Employee Relations and team of investigator into the human resources team.

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: 5 May 2026

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Inquiry Reference	File Name
NUHT0000301	Data Breach status update report v38
NUHT0000302	Data Breach status update report v39
NUHT0000303	Data Breach status update report v40
NUHT0000304	Data Breach status update report v41
NUHT0000305	Data Breach status update report v42
NUHT0000298	3. Next steps letter MHPS - NUH Staff.docx
NUHT0000288	27.03.26 - Emails between Manjeet and GMC.pdf
NUHT0000289	7.04.26 - Fw_ IG Breach Feedback.msg
NUHT0000311	NMC Referral Process for NUH (003).docx
NUHT0000310	NMAHP Referral Process.docx
NUHT0000309	GMC Referral Process
NUHT0000312	Patient Access Investigation v1.4 (April 2026).docx
NUHT0000341	ICG logs 17 Feb 2026 to date
NUHT0000334	ICG - Closed Action 24.4.6 - Redacted.pdf
NUHT0000342	ICG - Open Actions 24.4.26.pdf
NUHT0000297	1.3.a 2026-02-11 DP&SC T&F Minutes.docx
NUHT0000308	DP&SC T&F Minutes 11March2026.docx
NUHT0000335	1.3.b Action Log - DP&SC T&F (1).xlsx
NUHT0000306	Doc 2.3 - 2026-03-05 Activity Timeline - Data Breaches D02
NUHT0000307	Doc 2.4b - DATIX IG report.docx
NUHT0000347	1.3.b Action Log - DP&SC T&F (1).xlsx
NUHT0000283	2026-02-16 NUH Data Breach Benchmarking.xlsx
NUHT0000299	2026-03-17 Data Protection & Security Working Group Agenda.docx
NUHT0000300	2026-03-17 Data Protection and Security Working Group Action Notes.docx
NUHT0000285	2026-04-17 Data Protection & Security Working Group Agenda.docx
NUHT0000286	2026-04-17 Data Protection and Security Working Group Action Notes.docx
NUHT0000292	Item 06 -2025-10-09 Terms of Reference - Data Protection & Security Working Group V1.docx
NUHT0000290	Incident Management March Confidential Update (002).pdf

NUHT0000348	03 Draft Minutes of the Extraordinary Confidential Meeting held on 18 March 2026 (Extract Nottingham Inquiry).docx
NUHT0000338	01 Minutes of the Confidential Meeting held on 8 January (RATIFIED EXTRACT FOR NOTTINGHAM INQUIRY)
NUHT0000349	01a Minutes of the Extraordinary Confidential Meeting held on 23 January 2026 (RATIFIED EXTRACT NOTTINGHAM INQUIRY)
NUHT0000344	Draft PCC minutes December 2025 (Nottingham Inquiry Extract).docx
NUHT0000319	Update - W_C 23 February 2026 _.msg
NUHT0000317	Update w_c 9 March 2026 - Nottingham University Hospitals.msg
NUHT0000316	Update w_c 23 March 2026 - Nottingham University Hospitals
NUHT0000315	Weekly update - Easter weekend
NUHT0000336	24.04.26 - NUH to Rothera Bray Letter - update on Cohort 2and 3b
NUHT0000327	RE_ Nottingham University Hospitals NHS Trust Update - W_C 20 April 2026
NUHT0000337	24.04.26 - NUH to Hudgells Letter - update on Cohort 1 and 3a(80_14303345_1.pdf
NUHT0000333	Letter from NUH to Hudgells - 27.3.26(80226459.1) (1).pdf
NUHT0000322	Re_ Update - w_c20 April 2026 _BROWNEJ-LEGAL_FID5808054_.msg
NUHT0000332	Meeting note - 16_1_26 _BROWNEJ-LEGAL_FID5808054_ (1).msg (04 May 2026 20:36)
NUHT0000318	Update w_c 9 March 2026 - Nottingham University Hospitals _BROWN_14300951_1.msg
NUHT0000320	Update - w_c 23 February 2026 _BROWNEJ-LEGAL_FID5808054_ (1).msg
NUHT0000324	RE_ Update - W_C 1 December 2025 _BROWNEJ-LEGAL_FID5808054_
NUHT0000328	RE_ Meeting arrangements and response to the request for further_14305172_1 (1).msg
NUHT0000325	RE_ Response_update - w_c 26 January 2026 2.msg
NUHT0000326	Re_ Response to the letter of Dr Kumar from NUH _BROWNEJ-LEGAL_FID5808054_.msg
NUHT0000331	Meeting.msg
NUHT0000329	Re_ Disclosure of Medical Records.msg
NUHT0000323	RE_ Update - w_c20 April 2026 _BROWNEJ-LEGAL_FID5808054_ (1).msg

NUHT0000321	Re_ Update w_c 23 March 2026 - Nottingham University Hospitals __14305170_1.msg
NUHT0000345	Re_ Weekly update - Easter weekend _BROWNEJ- LEGAL_FID5808054_.msg
NUHT0000313	Re Data Breach information.msg
NUHT0000296	Notice of information disclosure relating to your professional involvement [Template]
NUHT0000295	Notice of information disclosure relating to your professional involvement [Template]
NUHT0000294	Notice of information disclosure relating to your professional involvement (4.2.26 clarification) [Template]
NUHT0000330	Nottingham A4C report cohort 2 March 2026 FINAL.pdf
NUHT0000277	FW_ Legitimate access.msg (17 Apr 2026 17:35)
NUHT0000343	QG-NC_V9.2- Record restrictions DRAFT.pdf
NUHT0000278	FW_ Proposed solution for inappropriate patient retrieval_.msg (20 Mar 2026 12:07)
NUHT0000283	2026-02-16 NUH Systems Audit Request Process V1
NUHT0000282	2025-02-04 Data Protection & Cyber Security Action Notes.docx
NUHT0000284	2026-03-04 Data Protection & Cyber Security Action Notes
NUHT0000287	data breach slides.jpg
NUHT0000280	0399_data breach - deleting data - poster 3.jpg
NUHT0000281	0399_data breach - deleting data - poster.jpg
NUHT0000279	0399_data breach - deleting data - poster 2.jpg
NUHT0000346	Your responsibility your actions your privacy global information governance day.pdf
NUHT0000314	Roadshow 29 April.pdf
NUHT0000293	Mandatory Information Governance training.pdf
NUHT0000291	Integrity of Data.pdf
NUHT0000340	2026-04-01 Data Breach Report - Rolling Summary - Data Protection Office V1.docx