



HM Prison & Probation Service

Director General Prisons
HM Prison and Probation Service
8th Floor Ministry of Justice
102 Petty France
London SW1H 9AJ

Email: DirectorGeneralPrisons@justice.gov.uk

17th June 2019

Dear Ms Kearsley,

Inquest into the death of Nicky Reilly, also known as Mohamed Saeed-Alim

Thank you for your Regulation 28 Report of 4 January 2019, following the conclusion of the inquest into the death of Nicky Reilly, also known as Mohamed Saeed-Alim. As Director General for Prisons, I am responding on behalf of Her Majesty's Prison and Probation Service (HMPPS). I am grateful to you for bringing to my attention your concerns as directed at HMPPS, and for this opportunity to respond to them.

I know that you will share a copy of this response with Nicky's family, and I would first like to express my sincere condolences for their loss. Every death in custody is a tragedy, and the safety of those in our care is my absolute priority.

Your first concern is that, when Nicky was returned to the prison estate from Broadmoor, the Care Programme Approach (CPA) was not continued. As the CPA is a clinically-led programme to support those with mental health needs, the healthcare provider, or mental health services at a prison, is responsible for determining whether a CPA is required for an individual.

During his time managed by the Managing Challenging Behaviour Strategy (MCBS), Nicky was supported by a co-ordinated, multi-disciplinary case management approach, the Care and Management Plan. In Nicky's case, this process resulted in him being located at the Specialist Intervention Unit (SIU) at Manchester, with the intention of re-integrating him into the custodial environment and stabilising his behaviour, at that time his most pressing identified needs. The Care and Management Plan aimed to support Nicky through to the Personality Disorder service on the Westgate Unit, seen as the best available option for clinical and operational support once he had adjusted and was ready to access treatment in a prison setting. His care at the SIU was overseen by the central management group, a multi-disciplinary team including mental health services and a dedicated mental health nurse.

Whilst recognising the significance of the introduction of the new national case management model, Challenge Support Intervention Plan (CSIP), which replaced the MCBS policy on 1 February this year and is currently being implemented and embedded across the prison estate, you have expressed concern that some of the issues covered during the inquest may still be relevant. You have specifically referred to poor record keeping, the lack of multi-disciplinary attendees and the lack of requirement for formal reports.

CSIP is a multi-disciplinary approach which focuses on those who pose a raised risk of being violent, and works to change their behaviour. It is centred on the needs of the individual,

providing them with the right support to improve and manage behaviour. As part of the implementation process all establishments were provided with guidance and a range of materials, including terms of reference that set out the need for multi-disciplinary engagement and a template for the agenda and minutes for the multi-disciplinary risk management Safety Intervention Meeting (SIM). This will ensure that information sharing is embedded in the process, along with a requirement to maintain effective records of the information which informed decision making.

HMP Manchester has been holding a weekly multi-disciplinary meeting to manage complex and challenging prisoners since April 2018, and CSIP was introduced in June 2018. The purpose of the weekly meeting is assist the Residential function by providing multi-disciplinary case management for prisoners who require additional resources over and above their CSIP or ACCT Intervention, Support or Care plans. Departments who do not attend are expected to provide written submissions to the meeting. The meetings are chaired by a Senior Manager from the Residential and Safety function, and minutes are kept to ensure an ongoing record of decision-making is maintained.

Your next concern is that Nicky did not have an allocated psychologist in the SIU and that no interventions were carried out following his completion of the Extremism Risk Assessment. While I recognise both points, I should clarify that Nicky's allocation to the SIU was based on a range of factors, not solely so that formal interventions could be delivered. It is not uncommon for some complex individuals to be encouraged to focus on their involvement in the regime rather than on specific interventions at certain times. Nicky's difficulty in coping within the custodial environment and the potential for this to present a high risk both to himself and to others meant that the SIU, as a small unit with a high staffing level, was considered the best environment for him to readjust to the prison setting and be offered sufficient support and care from staff.

You have referred to mental health and psychology services record-keeping operating separately, with clinical records being held on SystemOne to which psychologists do not have access. While I recognise that this separation does carry the risk that information is not effectively shared, I must respect the medical in-confidence issues that make this necessary, and I expect all staff working in prisons to use the many forums available to them to work in a multi-disciplinary, collaborative way to ensure that decisions about prisoners are made with all available information.

You have also raised the issue of training for staff in how to support and manage prisoners with Asperger syndrome or personality disorders. Prior to starting work on the unit, all staff receive a training module which provides guidance on managing those prisoners with challenging behaviour including as a result of personality disorders or learning disability. This 'Working with Challenging Behaviour' training is available to staff across the Close Supervision Centre system and those working in segregation units.

A number of establishments have delivered awareness events aimed at improving staff confidence in dealing with prisoners with these needs, and nationally a toolkit has been developed to help staff better meet the needs of those in our care with Learning Disabilities and Challenges (LDC). The toolkit is designed for prisons and for probation service operational leaders at prisons, helping them to look at how their support, services and surroundings can better meet those needs and provide a more equal and fair service for those with LDC needs. It includes resources and practical tips, such as how to display information and make environments more engaging and inclusive.

We are also increasing our support for prisoners with autism with a new, dedicated unit due to open in 2019 at HMP Wakefield. This unit will cater for men on the autistic spectrum who

struggle to cope in the mainstream prison regime. The unit has been developed in consultation with the National Autistic Society, and will operate to an agreed set of standards which will lead to it being assessed and accredited by the National Autistic Society. Our Head of Psychology at Wakefield was named as Outstanding Health or Social Care Professional at the 2019 Autism Professionals Awards, which recognise and reward services and professionals who are leading the way in innovative autism practice and making a real difference to the lives of autistic people in the UK.

Thank you again for bringing these matters of concern to my attention. I hope that this response provides assurance that lessons have been learned from the circumstances of Nicky's tragic death.

Yours Sincerely,

A handwritten signature in black ink that reads "P. Cople". The signature is written in a cursive style with a large initial "P".A solid black rectangular redaction box covering the name of the sender.

Director General - Prisons