



Ministry
of Justice

The Right Honourable Sir Adrian Fulford PC KC
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Email only: [REDACTED]

The Right Honourable

[REDACTED]
Lord Chancellor & Secretary
of State for Justice

MoJ ref: [REDACTED]

3 September 2024

Dear Sir Adrian,

Introduction

Thank you for your letter of 20 May 2024 sent to my predecessor as Lord Chancellor and Secretary of State for Justice enclosing your Prevention of Future Deaths (PFD) report. Please also accept my thanks for allowing the Ministry of Justice (MoJ) until 9 September 2024 to provide our response.

I take this opportunity to offer my sincere condolences to the families and friends of James Furlong, Joseph Ritchie-Bennett and David Wails who were tragically killed in Forbury Gardens, Reading on 20 June 2020. I am grateful these findings have been brought to my attention. I am determined to do all I can to keep the public safe from terrorism and prevent similar attacks in the future.

In your PFD report you identified significant shortcomings in several areas:

- A. the provision of adequate mental healthcare to [REDACTED] (KS) in both custody and the community;
- B. the assessment and sharing of information and intelligence;
- C. the risk assessment and management of KS through Pathfinder; and
- D. the risk assessment and management of KS through MAPPA.

In the response that follows, the MoJ's work to address shortcomings is set out sequentially in the same areas, though, as is to be expected, there is some overlap between the issues identified in these areas and our response. Supporting documents have been referenced in footnotes.

During the inquests you heard PFD evidence from: [REDACTED], the Chief Probation Officer; [REDACTED], Executive Director of the Security Directorate of His Majesty's Prison and Probation Service (HMPPS); and [REDACTED], Head of National Security Unit (East and South Central) HMPPS National Security Division (NSD). It is not

intended that this response will repeat their PFD evidence but there will be some limited reiteration to provide necessary context.

A. Mental Health Provision

1. Whilst the operational delivery of mental healthcare is for the relevant NHS trusts, this case raises wider concerns about the continuity of healthcare provision between custody and the community, the treatment and management of offenders with personality disorders and the support afforded to probation practitioners in working with offenders with complex mental health and substance and personality issues.
2. Together with NHS England, the MoJ and the Government are firmly committed to improving the way health and justice services address the needs of people in prison and under the supervision of probation services. This commitment is established in the National Partnership Agreement on Health and Social Care in England, published on 23 February 2023 which sets out defined roles for all partners (Department of Health and Social Care (DHSC), HMPPS, MOJ, NHS England and the UK Health Security Agency) and core objectives for delivering better care.¹
3. Following the attacks in Forbury Gardens, the Prime Minister at the time commissioned an internal Rapid Review of mental health services for people under HMPPS supervision. Providing further independent scrutiny, in September 2021, the Justice Select Committee published its report on Mental Health in Prisons and a Joint Thematic Inspection report on these themes was published by HM Inspectorate of Probation shortly afterwards in November 2021.² Taken together, these reports called for system-wide changes.
4. The MoJ, HMPPS, the DHSC and NHS England have worked collaboratively to drive improvements in the areas of concern identified across each of these reports, including: ensuring needs are identified early throughout the system; improving data collection and information-sharing across health and justice agencies; strengthening learning and development for all staff; continuing to ensure that mental health provision meets the needs of people in prison; and delivering greater continuity of care throughout the pathway and on release.
5. We set out key commitments and actions on these issues in our Action Plan, published on 4 March 2022 and updated on 27 March 2023.³ This included the following activity:
 - i) Testing and evaluating a new model within Approved Premises (APs), enabled by £2.4 million funding over three years up to 2025. This provides targeted, enhanced mental health support to high-risk prison leavers with the most complex needs, building a clear bridge into services in the community, as recommended in the Rapid Review. The initial formal evaluation review will be available in Autumn 2024.

¹ [National Partnership Agreement for Health and Social Care \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

² [Mental Health in Prison \(parliament.uk\)](https://parliament.uk), Justice Select Committee, 2021. [A joint thematic inspection of the criminal justice journey for individuals with mental health needs and disorders \(justiceinspectorates.gov.uk\)](https://justiceinspectorates.gov.uk), HM Inspectorate of Probation, 2021.

³ An updated response to: A Joint Thematic Inspection of the Criminal Justice Journey for Individuals with Mental Health Needs and Disorders, March 2023: [Updated plan \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- ii) Recruiting 47 Health and Justice Partnership Coordinators (HJPC) and 12 Health and Justice Partnership Managers (HJPM) roles. 46 HJPCs and 12 HJPMs have been recruited to date and are in post across England and Wales. The management of these roles sits with the Heads of Community Integration within probation. Their purpose is to strengthen the links between substance misuse and health services in prisons and the community to support access to treatment. This includes working through the Local Combatting Drugs Partnerships, to ensure referrals to treatment, consistent information-sharing and the shaping of local commissioning to meet the needs of offenders. They also work across probation regions within Probation Delivery units to support and upskill probation practitioners.
 - iii) Building confidence in information-sharing through the establishment of a joint NHS/HMPPS Information Sharing Advisory Group (ISAG) in 2021. The ISAG provides guidance and advice on information-sharing and looks ahead to new initiatives and projects to ensure that implications for information-sharing are considered and issues are addressed. The ISAG has overseen the development of two guidance products for operational staff, with further products in development, including a Prison Managers Guide, Probation Guide and a series of themed learning bulletins.
 - iv) Developing an Adult Health, Care and Wellbeing Core Capabilities Framework to strengthen learning and development for MoJ staff, working with Skills for Justice.⁴ The framework will describe the skills, knowledge and behaviours required for those working with vulnerable individuals in custody, detention environments or on probation to enable them to recognise individuals who have health, care and wellbeing needs, identify the support that is available to them and help them access it. The framework is on track to be published by the end of 2024.
6. Beyond work set out in the Action Plan, we have gone further to strengthen the way we support people with mental health needs, including the following activity:
- i) We have renewed grant funding to the Samaritans, providing total funding of just under £2 million between 2022 and 2025. This is primarily for the delivery of the Listener Scheme through which selected prisoners are trained to provide support to fellow prisoners in emotional distress.
 - ii) The NHS RECONNECT service was launched in some areas in 2019 to improve continuity of care and support vulnerable people leaving prison to access community services. It is the largest health and justice commitment in the NHS Long Term Plan, with £20m of funding for 2023/24, and is on target for 100% rollout across England by April 2025. RECONNECT provides release planning to offenders with an identified health need whilst they are still in custody, but approaching their release date, and then follows through with support for a period of up to six months post-release. The new Health and Justice Partnership

⁴ Established in 2002, Skills for Justice is the Sector Skills Council for the UK Justice, Community Safety, Fire and Rescue, Central and Local Government sectors. Skills for Justice is licensed by the UK Government and is a not-for-profit organisation and registered charity.

Coordinators are working strategically with RECONNECT services to strengthen and develop collaborative working and referral pathways.

- iii) NHS England have also committed £3m for piloting Enhanced RECONNECT services in four locations in England during 2023/24. Enhanced RECONNECT supports offenders with complex needs who are identified as high risk of harm to the public to engage with and get the right treatment from community services for an extended period of up to a year after release. Offenders are also supported by expert care navigators working with health and probation services. DHSC have commissioned the National Institute for Health and Care Research to conduct an evaluation of the four pilot sites which is due to end in October 2025, so that a decision can be taken as to a national rollout of Enhanced RECONNECT. I understand that more information on this is provided in NHS England's PFD Response.

- 7. In December 2023, NHS England and HMPPS published a refreshed Offender Personality Disorder (OPD) Pathway Strategy for 2023 to 2028.⁵ The OPD Pathway is a set of psychologically informed services operating across criminal justice and health, underpinned by a set of principles and quality standards. Using evidence-based relational and environmental approaches, it aims to reduce risk associated with serious reoffending and improve mental health within a high-risk, high-harm cohort likely to meet the clinical threshold for a diagnosis of 'personality disorder'. The refreshed OPD Pathway builds on the work done in the past decade pursuant to the original OPD Pathway strategy which was launched in 2011 and then updated in 2015.

“The OPD pathway was established as an efficiency change program to recycle existing resources and provide an innovative, jointly delivered set of services for those with the most complex needs within the criminal justice and health systems. This vision is broadly being achieved; however, the experience of OPD pathway services to date, reflected through the ongoing commissioning cycle and wider feedback gathered during the strategic review, identifies that some highly complex individuals, particularly among those in custodial settings, have difficulties that are not yet being adequately addressed. This impacts on the public purse, poses an ongoing risk to public protection, and has implications for the health and wellbeing of those living and working in custodial and community settings. Gaps remain in service provision and there is more work to do to enable the vision of a holistic pathway.”

“The OPD pathway adds significant expertise to the treatment and management of high-risk individuals with pervasive psychological difficulties in the criminal justice and health systems. Collaborative partnerships, along with effective signposting and a commitment to developing coordinated approaches to care, will therefore continue to be essential to the success of the OPD pathway as it looks to consolidate its work over the next phase of delivery.”

- 8. The strategic ambitions identified in the refreshed strategy include the following which appear to be relevant to the issues that arose in the management of KS's risk:

A1. Responding to unmet complexity of need. Expand support for those in scope who the OPD pathway has not yet reached, helping more people become stable enough to progress, while seeking to extend OPD pathway approaches to working with complexity across the wider system.

⁵ [NHS England » The offender personality disorder \(OPD\) pathway: a joint strategy for 2023 to 2028](#)

A2: Pathway consistency and quality. Develop national pathway consistency and quality by consolidating existing service provision, addressing regional disparities and creating opportunities for progression.

A3. Enhancing identification, pathway planning, referrals and access. Improve access to OPD pathway services across the country by raising awareness of services, so that staff, participants and external stakeholders can make well-informed decisions about sentence planning and pathway progression.

A4. Strengthening transitional support. Develop service handovers to be consistently managed and well planned at times of transition and improve information-sharing between OPD services, and with service participants and external partners.

A5. Supporting a whole system approach to complexity, risk and need. Develop the pathway to become more outward facing, providing consultancy and training beyond the OPD pathway and strengthening partnerships, to support a whole system response to the management of complexity, risk and need.

9. The Intensive Intervention and Risk Management Service (IIRMS) provision is part of the OPD Pathway. IIRMS expanded rapidly following an increase in funding from 2019. This was to ensure that it is available in every region which had not been the case previously. This expansion has strengthened the way we support prison leavers with personality disorders. Local provision will be reviewed against the national IIRMS guidance to ensure that the service offer is consistent. This process will provide assurance that people subject to probation supervision receive a consistent service irrespective of where they live. This work will take place throughout the duration of the current strategy up to 2028.

B. Information-sharing

10. In your PFD report you noted that deficiencies in information-sharing between the various organisations involved in the risk management of KS had contributed to the failure to provide an adequate response to the risk posed by KS. Information-sharing processes within the specific contexts of MAPPA and Pathfinder are set out in their own respective sections. This section describes the changes which have been made to improve information-sharing between the prison service and the probation service.
11. Since June 2020 there have been significant developments in the digital offering in both prisons and probation. There is greater automated information-sharing between the core systems used in prisons (NOMIS and DPS⁶) and NDelius. All Offender Manager Unit staff, including Prison Offender Managers (POMs), now have access to the Probation Services' electronic record system, NDelius, on a read-only basis.
12. Manage POM Cases (MPC) is a digital service which sits on DPS and is used to manage the allocation and the responsibility of cases to POMs during an individual's time in custody and transition into the community. MPC determines all allocations in accordance with Offender Management in Custody (OMiC) policy. Once sentencing calculations are done by the prison, MPC automatically determines whether a case should be managed by the POM or Community Offender Manager (COM) responsible for the offender. MPC

⁶ DPS (Digital Prison Services) is a suite of newer digital services being developed for use by prison staff and prisoners (specific services).

then transfers handover dates onto NDelius meaning both POM and COM can easily see this information.

13. Contact entries made straight into NDelius will not transfer back onto MPC or DPS so there remains a responsibility for practitioners to communicate with one another regarding key progress points in an offender's sentence. However, other useful information has been extracted from NDelius and made more visible in the screens that are used by MPC users in the Offender Management Unit (OMU) who are based in the prison. For example, MPC users can now see an individual's MAPPA level and the last OASys (Offender Assessment System, a risk assessment tool used by Probation) risk level on their screens, so they do not have to access NDelius or OASys to check this.
14. A specific subset of case notes written up by prison staff in NOMIS are transferred to NDelius and displayed in the NDelius contact log. This automatic transfer occurs for entries which relate to the following recorded activities, regardless of who has made the entry:
 - i) Person released from institution.
 - ii) Person transferred.
 - iii) General observations.
 - iv) Alerts active.
 - v) Alerts inactive.
 - vi) All OMiC events.
 - vii) All OMiC OPD events
 - viii) Keyworking events.
15. Other new services are being developed to share information across systems to make sure that HMPPS staff have the information that they need. Whilst some of these services are still in development, several have been launched since 2020, including in particular the Pathfinder IT service which supports the management of terrorism-related nominals across the prison and probation services. Pathfinder IT is addressed in more detail at paragraphs 30 to 32 below.
16. A project to replace the Mercury Intelligence System with the Intelligence Management Service (IMS) is underway, with the roll-out of the new live system planned for Spring 2025. IMS will enable, for the first time, some probation staff to have direct access to intelligence held by the prisons. This is in contrast to Mercury, which, for contractual reasons, only prison staff were permitted to use. Probation staff access to IMS will be for POMs in the first instance, though the potential for probation staff working in the community to have access will also be explored. In addition, IMS is a modern digital system which is much faster than Mercury and has a user interface that is much more intuitive as it is based on the Government Digital Service standards originally devised for public-facing services. We will be able to deliver improvements to IMS more quickly and easily and ensure that we provide the right data at the right time to enable robust decision making.
17. Information from IMS will be disseminated to HMPPS staff and partner agencies more effectively. Probation staff will be able to identify intelligence that is useful to inform risk assessment and management and formally request that it is released to them from the prison's security department. Sharing information with partners will be the same as it is now with Mercury but with more controls and audits in place to monitor it.

18. IMS will assist with the dissemination of information from the POM to the COM. In the initial release of IMS, it will be the responsibility of the POM to identify the material of use to the COM and request it from the prison's security department. The security department will provide a usable form of words to be passed to the COM with the form of words being dictated by the sensitivity of the intelligence. Ultimately, it is intended that COMs will have direct access to IMS. However, given the size of the HMPPS workforce this is a large undertaking which will require time to achieve.
19. Whilst the Mercury system is still operational, there is also a plan to publish specific guidance to ensure that all prison staff are aware that Mercury Intelligence Records need to be linked to a nominal's record, even if the subject is no longer in custody. This will be published by Autumn 2024. The working assumption is that intelligence on former prisoners is linked to their records, and it is the case that the vast majority of information is correctly linked. However, this requirement is not formally stated anywhere within HMPPS training or processes. This new guidance will address this lacuna.
20. The Assessment Care in Custody Teamwork (ACCT)⁷ process is still largely paper-based although the fact that an offender is being monitored on an ACCT should be recorded in NOMIS, which will automatically send an alert through onto NDelius.

C. Pathfinder

21. In your PFD report you identified numerous shortcomings in the operation and effectiveness of the Pathfinder process in KS's case, including failures to arrange a pre-release Pathfinder review, failures by Pathfinder to secure the engagement of Mental Health services and failures to ensure that a complete intelligence picture was available to those who were tasked with the management of KS's risk within the prison and probation services and amongst policing partners. The MoJ recognises that KS's case raises concerns that systemic problems within Pathfinder could present risks that offenders' extremism risks are not identified and responded to appropriately.
22. This response on Pathfinder seeks to detail the steps MoJ has taken to address the failures in the Pathfinder process which you identified; the further changes which the MoJ has identified and implemented to improve the Pathfinder process; to provide assurances to you that improvements are being effectively implemented by MoJ; and future changes which the MoJ is intending to make as part of a process of continuous ongoing improvement to Pathfinder.

Failure to arrange a pre-release Pathfinder Meeting

23. In March 2021, the Dormant Review Standard Operating Procedure (DR SOP) was introduced. This provided detailed guidance as to when and how to complete a review of a dormant Pathfinder case, and who should do it. Previously, staff were reliant on the very limited detail about the Dormant Review requirement that was included in the Managing Extremism Policy Framework (Annex C of Managing Extremism Amongst Offenders in Custody and Annex L of Managing Extremism Amongst Offenders in the Community). The Dormant Review process ensures that those who have previously

⁷ ACCT is the Prison Service system for identifying and managing prisoners at risk of suicide and self-harm.

presented a terrorist risk are reviewed before a significant change of circumstances, such as release from custody.

24. All Pathfinder nominals, save for those previously assessed and managed at the lowest risk level, must be classified as 'Dormant Review' when the decision is taken to remove their 'active' Pathfinder status. Following the Dormant Review process set out below, nominals will be classed as dormant where they have been assessed as no longer presenting with an engagement or susceptibility to terrorism. The Prison Prevent Lead (PPL) or CT Specialist Probation Practitioner (CTSPP) is notified, via the Pathfinder IT system, of the prisoner's release date and will seek information regarding the prisoner three months prior to release. Once this notification of an impending release has been received, there will be a review which commences with alerting all the agencies engaged with Pathfinder of the prisoner's imminent release. If all are satisfied that the threat and risk are mitigated, then the prisoner will be made 'dormant', and this will be recorded on the Pathfinder system. (Once a case has been made 'dormant' in custody prior to release, the offender will only be discussed at Community Pathfinder meetings if new concerns arise that lead to a new referral being made to Community Pathfinder.) If not made 'dormant', then they are made 'active' and will transfer into the community as 'active' on Pathfinder. This process ensures that this is a multi-agency decision.
25. Dormant Review cases are now discussed at every Prison Pathfinder meeting as a standing item on the Pathfinder meeting agenda. Any Pathfinder prisoners classified as 'Dormant Review' who either (1) have been a Dormant Review case for 3 months or (2) are approaching a significant change in their custodial status will be considered by the Pathfinder committee and made an 'active' case again if any risk is identified.
26. The change to the Pathfinder Dormant Review process described under scenario (1) above, ensures that cases which have remained 'dormant' are still regularly discussed and assessed for any changes in risk. Therefore, all Dormant Review cases are considered on an ongoing basis. In respect of scenario (2) above, a case will be discussed in more depth if the offender that is subject to Dormant Review is approaching a significant milestone, such as if the offender is due for parole, to be released or re-categorised. If no risks are identified at the last Prison Pathfinder meeting prior to release, an offender's case will be made 'dormant'.
27. A member of the Probation Counter-Terrorism Team (PCTT) will not always attend the Prison Pathfinder Dormant Review meeting in person. However, the PCTT are always consulted for their view on the Dormant Review cases by the Regional Counter-Terrorism Team (RCTT) and any view they have will be fed in via a PCTT representative or the PPL on behalf of the network.
28. Two dedicated audits have taken place since the introduction of the Dormant Review SOP to test compliance and the quality of application. In the period 1 March 2021 to 31 August 2022, 455 cases were screened. It was found that only 10 had a requirement for a review in the last three months of custody to decide whether to make them 'active' or 'dormant'. Six of these cases were dealt with in accordance with the SOP, three followed the SOP for the most part with minor areas of non-compliance with the procedure identified and one case had been overlooked for technical reasons which were subsequently addressed. In the period 1 March 2024 to 25 June 2024, 572 cases were screened. 23 cases had a requirement for a review in the last three months of custody to decide whether the cases should be made 'active' or 'dormant'. 20 of these cases were reviewed in accordance with the requirements of the SOP. For the remaining three, the process was followed in the sense that the risks of the individuals were properly

reviewed, however the three cases were each made 'dormant' at the three month point rather than the last Pathfinder meeting prior to release.

29. In order to provide assurances that the expectations of Pathfinder in the pre-release period are maintained to a high standard, it is now the responsibility of the Regional Pathfinder Chairs to assure themselves that the appropriate identification and management of Dormant Review cases is undertaken in the pre-release window. Assurance processes to ensure that standards are maintained in the Dormant Review process will also be included as part of the updated community and local custody Pathfinder SOPs.

Pathfinder IT

30. The Dormant Review process is supported by Pathfinder IT (PFIT), which was created in 2020. PFIT is a centralised case management system which enables professionals across HMPPS staff to manage the CT Cohort, which encompasses Terrorist and Terrorist-Risk nominals across both the Custody and Community arena. It is accessible by Joint Extremism Unit (JEXU) Prison and Probation networks, JEXU HQ and various external partners (e.g. Joint Counter Terrorism Prisons and Probation Hub (JCTPPH) & CT Policing).
31. PFIT draws live data from primary frontline case management systems across HMPPS, specifically NDelius and NOMIS. This is to ensure that key dates, e.g. the Calculated Release Date, are accurate and aligned consistently with wider HMPPS data platforms. Should a frontline prison or probation team amend any of these dates e.g. if a sentence is recalculated, the amended date will automatically be updated within PFIT once a change has been recorded within either NOMIS or NDelius. This means that in cases such as KS's, the PPL and the Regional Counter Terrorism Lead would automatically become aware from the data recorded via PFIT that a prisoner's release was impending, either when a prisoner enters the final three months of their sentence or if their release date is brought forwards. This enables the RCTT to ensure that the Dormant Review case is considered ahead of the prisoner's early release to ensure risk is fully assessed. This flag prompts further discussion and consideration at Prison Pathfinder meetings.
32. Furthermore, PFIT has an integrated notification feature which ensures that an alert is automatically generated and sent to relevant users (determined as those users who have the nominal listed within their caseload) to make them aware of any change to a key date.

New Pathfinder tools – guidance and assurance

33. In October 2022, the Pathfinder Guidance Framework (PGF) Operational Delivery Guidance was issued. The PGF assesses susceptibility to extremism and what is required by way of interventions to address this. It has been designed to help document, structure and support decision making and the case management of terrorist risk offenders. It should be completed alongside the Controls and Interventions Matrix (CIM). It should be used by CT Specialists to guide consideration of the extremism concerns and to help direct further actions and interventions. It was issued to trained assessors, supervisors and staff involved in the management of terrorist risk cases across HMPPS. The PGF is an assessment tool which must be completed for all terrorist risk offenders who have been made an active case of concern at Pathfinder. It must be completed within 8 weeks of the offender being made 'active'. It informs CT specialists in providing advice and guidance to those outside the CT network. The PGF assessment can only

be completed by staff who have attended a full day training event and successfully completed the post training assessment. The PGF replaced the Extremism Risk Screening (ERS) which was used in KS's case.

34. The Counter Terrorism Quality Development Tools (CTQDTs), first launched in 2021, have been developed in collaboration with the Improvement Support Group (ISG), OMiC Team, Probation Service NSD and JEXU's Prison and Probation CT Operational Network of specialist staff. The Tools, deployed by regional CT Leads, have two main aims:

- a. Quality Development – Providing Regional CT Teams and Prison & Probation Practitioners with feedback to improve quality standards in operational delivery, including sharing notable positive practice.
- b. First Line Assurance – Providing Regional CT Leads with a mechanism to ensure that CT delivery meets a minimum standard and address any shortfalls which are identified. This allows Regional CT Leads to build capability and confidence within their respective teams.

Additionally, national themes and trends are analysed, and presented to senior leaders to address any wider or systemic gaps (e.g., where guidance may need updating).

Failures by Pathfinder to secure mental health engagement

35. Terrorist and terrorist-risk offenders commonly have multiple, complex needs and face difficulties in accessing services. As healthcare does not allocate treatment based on national security risk but rather on clinical need, terrorist and terrorist-risk offenders cannot be auto-prioritised. To date, HMPPS has limited levers to use to secure healthcare attendance at Pathfinder and escalate issues where mental health services are lacking.

36. In June 2022, HMPPS and NHS England jointly issued guidance for healthcare staff entitled "Increasing the Engagement of Prison Integrated Healthcare Teams in Pathfinder". This followed a JEXU Review of mental health provision after the attacks in Forbury Gardens. The review identified the need to improve the engagement of healthcare teams in Pathfinder. The aim of this guidance has been to encourage healthcare attendance at case management meetings in custody, and in turn to help ensure mental health information is being used to inform the assessment and management of terrorist risk. Follow-up surveys on the implementation of this guidance show an increase of 21 percentage points in healthcare's attendance at Pathfinder meetings from 59% in the first half of 2022 to 80% in the second half of 2022. The surveys were not mandatory but provide an indicative representation. HMPPS have been informed by the NHS that they have sent out this guidance to all mental health providers involved in Pathfinder.

37. To better support probation teams in navigating the barriers that operational staff face when accessing mental health and complex needs services for this offender cohort, JEXU has issued further guidance setting out the different national provisions available for terrorist and terrorist-risk individuals with suspected or diagnosed mental health needs once they have been released into the community. This includes information on services that can support in cases where offenders do not engage with the services available to them. JEXU has also developed specific training on the interaction between mental health issues and terrorism risk, with the purpose of supporting those involved in

case management (specifically Pathfinder partners) and healthcare colleagues in better understanding this interaction.

38. As part of ongoing continuous improvement activities, HMPPS is taking steps to improve how Pathfinder is delivered including re-defining the roles and responsibilities of Pathfinder partners. These include links that have been established between Pathfinder forums and the Counter Terrorism Clinical Consultancy Service (CTCCS) which replaced Vulnerability Support Hubs in April 2024. CTCCS are embedded multi-disciplinary mental health teams that work with individuals who are deemed susceptible to radicalisation and who also present as having mental health issues.

Failures by Pathfinder concerning Information-sharing

39. In April 2021, the JCTPPH, a new national body with co-located staff from CT Policing, HMPPS and MI5 became operational. The core function of the JCTPPH is co-ordinating quicker and better information and intelligence exchange between operational partners. The JCTPPH provides a range of new capabilities and services that enable more effective management of individuals of national security concern in prison or under probation supervision in the community. The JCTPPH is focussed around placing the right intelligence, appropriately protected, into the right forums to ensure the most effective risk management decisions are made. Working with partners, the JCTPPH ensures there is a shared understanding of who poses a risk, and why, to enable management of these individuals through multi-agency partnerships and engagement with the appropriate statutory bodies and functions.
40. Since 2020, HMPPS have also enhanced our ability to access intelligence and information from partners through improvements to regional Pathfinder, which provides a multi-agency working environment for HMPPS, CT Policing and partners to discuss cases, make decisions, plan releases and share information pertaining to CT case management. Pathfinder meetings are held regularly and there is a requirement for minutes to be taken and shared with partners to ensure decisions made are recorded and actions required are documented.

Pathfinder conclusion

41. As part of ongoing continuous improvement activities, HMPPS and partners are planning to make further improvements to Pathfinder. These reforms will build on the established foundations of multi-agency, CT-specialist case management processes already operating in the prison and probation sector, developing these further to improve our ability to make agile, informed decisions around CT case management, by creating timely, secure access to the right information and intelligence, at the right time, by the right people.
42. Amongst those planned improvements are the following: HMPPS will review the thresholds for referring and adopting cases to Pathfinder and will review the appropriate risk levels for each threshold; HMPPS will also ensure that there is a consistent and aligned understanding of terrorist risk that is shared by Pathfinder partners; HMPPS will strengthen its ability to respond to risk by setting up a new National Pathfinder process, which will provide senior oversight and additional assurance on case management. National Pathfinder will, among other things, be a forum for escalating issues affecting case management or risks where national support may be required, as well as overseeing high risk cases.

D. Multi-Agency Public Protection Arrangements (MAPPA)

43. In your PFD report you identified numerous shortcomings in the operation and effectiveness of MAPPA in KS's case. Your report encouraged the MoJ and the Chief Constable of Thames Valley Police to work together to remedy these deficiencies. The problems you identified included the ineffectiveness of MAPPA in formulating a complete picture of the risk posed by KS and the corresponding failure of MAPPA to effectively disseminate intelligence between organisations. Your report noted that if these intelligence failures had not taken place, it was possible that MAPPA could have upgraded KS to 'very high risk' and designated him a Critical Public Protection Case, resulting in his management at MAPPA Level 3. Such a change could have impacted KS' licence conditions, the availability of Approved Premises and the speed of a recall of KS. Further, you identified the erroneous assignment of KS to a non-existent MAPPA risk level, errors in the information considered by MAPPA about available mental health treatment options, misconceptions in meetings about how KS' mental health conditions impacted his risk, an incorrect decision to remove KS from the MAPPA agenda and a failure to regularly secure the engagement of key stakeholders. The MoJ recognises its part in these failures and the risks which would arise in the future if these issues are not properly addressed.

Thames Valley MAPPA

44. Thames Valley MAPPA drafted an action plan in response to the MAPPA Serious Case Review of 5 October 2021 (MAPPA SCR). The October 2023 updated action plan was exhibited to [REDACTED] PFD witness statement. The main actions taken as a result of this post-MAPPA SCR action plan were set out in the PFD witness statements of [REDACTED] and of [REDACTED]. An updated version of this action plan ('TVP Local Action Plan'), now addresses points arising from your PFD report. There is an element of crossover in findings between the MAPPA SCR and your PFD report. This local action plan shows when recommendations from the MAPPA SCR have been progressed if they are relevant to your findings and issues raised in your PFD report.

45. The actions identified in the TVP Local Action Plan which are new and are therefore not described in either of the witness statements of [REDACTED] or [REDACTED] are summarised below. Training and reminders about the correct MAPPA processes have been provided to probation practitioners as follows:

- i) Training on identifying cases that would benefit from MAPPA management was provided to probation case administrators on 1 May 2024.
- ii) The MAPPA Chairs Compendium of Learning has been amended to emphasise the need for chairs to indicate what circumstances might lead to a case needing to be re-referred into MAPPA Level 2/3.
- iii) The Head of Public Protection has reminded probation practitioners of their responsibility to ensure that any case that is outside MAPPA or is at Level 1 and needs to be heard in a meeting must have a new referral submitted to the thresholding panel. This has been included in the Compendium of Learning referenced above.

- iv) The Head of Public Protection has reminded probation practitioners (as the lead for most MAPPA cases) of their responsibility to ensure the MAPPA administrator is aware of who to invite to meetings, not just at the point of referral but throughout the MAPPA management of the offender. This has been included in guidance documents and ongoing training for Chairs.

46. As described at paragraph 56(ii) of [REDACTED] PFD witness statement there is now an escalation process to monitor and address non-attendance at MAPPA meetings. The MAPPA Coordinator and the Strategic Management Board continue to maintain a list of escalation points so that the attendance and meaningful participation of agencies at MAPPA is pursued.

47. Local Strategic Management Boards (SMBs) are responsible for delivering MAPPA within their respective Criminal Justice areas. These boards provide governance and are required to have quality assurance processes in place. Thames Valley MAPPA SMB has implemented quality assurance of the MAPPA process. This has included audits on 18 March 2024 and 15 April 2024 for referrals rejected by the thresholding panel and audit of MAPPA Minutes on 19 February 2024 for the management of MAPPA Level 2/3 meetings. These aspects were specifically chosen as they had been identified as not working well by the author of the MAPPA SCR.

48. In the first audit, 12 cases were selected at random and the thresholding of referring cases to MAPPA Level 2 was analysed. In 11 cases the auditors agreed with the referral decision, with them disagreeing with the referral in one case only. The robust approach taken by the audit team has identified clear goals for improvement in several areas of the MAPPA process. Audit reports are presented to the MAPPA SMB to identify any actions. Learning from the audit around presenting risk information, risk assessment and the identification of how MAPPA will add value to the risk management of the case will now be disseminated within the Thames Valley area. This will be done via the Thames Valley MAPPA SMB Quality and Monitoring Sub-group and the MAPPA Chairs Forum.

49. In the second audit, six cases were selected at random and the meeting minutes analysed. The record of the audit outcome meeting on 19 February 2024 identified some areas of improvement especially in respect of the attendance of other agencies. In response a detailed action plan was drawn up and this set out steps such as refresher training for MAPPA Chairs, the escalation processes to be invoked, and reminders to agencies to attend.

Assessing Intelligence in its entirety

50. In your factual findings you identified that there was an incomplete intelligence picture for KS. This included prison intelligence which did not reach KS's COM. The National Intelligence Unit (NIU) within HMPPS has reviewed the way prisons share security information and intelligence within MAPPA, specifically when contributing to MAPPA level 2 and 3 meetings.

51. In consultation with the national MAPPA team, the NIU have produced additional guidance for prison security departments to improve the quality of the intelligence assessment which forms part of the information-sharing report (MAPPA F) which prisons complete for each level 2/3 pre-release MAPPA meeting. The guidance includes a new template to structure the intelligence assessment and instructions on the process to

follow. This has been designed to ensure that the intelligence provided by prisons to MAPPA panels is comprehensive.

52. In addition to providing relevant intelligence, it is now required that prisons will attend all pre-release MAPPA Level 2/3 meetings. At a national level, their attendance is monitored by the Responsible Authority National Steering Group (RANSNG), which a senior representative from the Prison Service attends. The data shows that, nationally, prison attendance at MAPPA Level 2/3 meetings is consistently high. Where there is a dip in a particular area the RANSNG will commission localised work to improve attendance. At present prison attendance at Level 2/3 meetings stands at over 93% against a target of 90%.

Addressing Risk

53. The quality of how MAPPA meetings are managed is monitored using the Quality Improvement Tool which was launched in April 2023. The National MAPPA team is now assessing the data collected in the last year. Initial findings from the Quality Improvement toolkit show that overall, the management of cases is meeting the set criteria including the quality of chairing and the quality of minutes. There are some areas for improvement and the National MAPPA Team will address these in the coming months. The National MAPPA team will continue to use the findings from the Quality Improvement Tool to address deficiencies and highlight where areas are doing well.
54. In addition, MAPPA are subject to independent scrutiny by the three Criminal Justice Inspectorates. The joint thematic inspection of MAPPA was published in 2022⁸. This concluded “that for cases managed at Levels 2 and 3, MAPPA largely achieves its aim of managing the risks that violent and sexual offenders pose to the public”, but that “for Level 1 cases, further improvements are needed”.
55. There has also been an independent review of MAPPA by Jonathan Hall,⁹ as a result of which a discrete new MAPPA category, Category 4 was created. This was to ensure that all offenders convicted of terrorism offences are automatically referred to and managed under MAPPA and to enable offenders who are assessed as presenting a terrorism risk to be managed under MAPPA, even where they have not been convicted of terrorism offences. We also introduced amendments to part 13 of the Criminal and Justice Act 2003¹⁰ to put beyond doubt Duty to Co-operate (DTC) agencies’ powers to share information under MAPPA and extended these powers to cover any agency the Responsible Authority considers may contribute to the assessment and management of the risks presented by MAPPA offenders, for example GPs.
56. In July 2023 there was a joint inspection of the management of terrorist offenders¹¹ which stated that it was evident that many of Jonathan Hall KC’s recommendations from his 2020 review of the management of terrorist offenders through MAPPA have been implemented.

⁸ [Criminal Justice Joint Inspection of MAPPA by HM Chief Inspectors of Probation, Prisons and Constabulary July 2022](#)

⁹ [Independent Review of Statutory Multi-Agency Public Protection Arrangements May 2020 by Jonathan Hall KC](#)

¹⁰ <https://www.legislation.gov.uk/ukpga/2003/44/part/13>

¹¹ [Counter Terrorism Joint Inspection – National Security Division and multi-agency arrangement for the management of terrorist offenders in the wake of terror attacks – July 2023](#)

Conclusion

57. Finally, I wish to thank you for the care and consideration with which you and your legal team conducted these inquests. Your factual findings and PFD report identify extensive learning points for the MoJ. Whilst much of the improvement work was already in train, the need for greater scrutiny of some key issues and further important improvements has been identified as a direct result of these inquests. I hope that these will provide some reassurance to you and to the families and friends of James Furlong, Joseph Ritchie-Bennett and David Wails.

Yours sincerely,

A large black rectangular redaction box covering the signature of the Lord Chancellor and Secretary of State for Justice.A black rectangular redaction box covering the name of the Lord Chancellor and Secretary of State for Justice.

LORD CHANCELLOR AND SECRETARY OF STATE FOR JUSTICE