

[2021] PBRA 134

Application for Reconsideration by Nutley

Application

1. This is an application by Nutley (the Applicant) for reconsideration of a decision of the Parole Board dated the 26 July 2021, made following an Oral Hearing held on 30 November 2020 and reconvened on 12 July 2021, which decided not to direct his release.
2. Rule 28(1) of the Parole Board Rules 2019 provides that applications for reconsideration may be made in eligible cases either on the basis (a) that the decision is irrational and/or (b) that it is procedurally unfair.
3. I have considered the application on the papers. These are the dossier, the Decision Letter dated 26 July 2021, the application for reconsideration dated 15 August 2021 which comprised of handwritten representations from the Applicant which bear the date 5 August 2021, and additional email representations from the Legal Representative of the Applicant dated 16 August 2021 which included a Stakeholders' Response Form (SHRF) dated 12 May 2021. Representations dated 24 August 2021 from the Secretary of State were also considered.

Background

4. The Applicant is serving a sentence of imprisonment for public protection for offences of robbery of a bank, blackmail, false imprisonment, possession of an imitation firearm (machine gun) with intent, possession of a bladed article and placing an article (imitation explosive device).
5. The offences took place on 28 June 2010 when the Applicant entered a bank to rob it, taking with him an imitation firearm made to look like a machine gun and an imitation explosive device. He used them to threaten the victims in the bank over a 3-hour period, and he left the bank with a substantial amount of money. The Applicant was aged 36 at the time of the offence and was 37 when sentenced.
6. His minimum tariff of 7 years expired on 30 June 2017. The oral hearing which took place over two days on 30 November 2020 and 12 July 2021 was his third review. The Applicant was aged 48 at the time of this review.



7. The Applicant was ineligible for consideration for transfer to open conditions due to the Secretary of State's policy as he had absconded from open conditions on 12 March 2020.

Request for Reconsideration

8. The application for reconsideration is dated 15 and 16 August 2021. The application comprises of 19 pages of handwritten submissions made by the Applicant himself, together with attached documents and further typed representations by the Applicant's Legal Representative.
9. The grounds for seeking a reconsideration are as follows:
 - (i) That the decision was irrational, on the basis that:
 - (a) The panel directed a review of the Applicant's medication, failing to acknowledge that this had already been carried out between the first and second days of the oral hearing;
 - (b) The panel did not review the evidence before it in a balanced way, in particular not placing enough weight upon the report of the prison-commissioned psychiatrist. The unbalanced view led the panel to conclude that it was solely the Applicant's belief that he needed Diazepam over the long term to manage his agoraphobia and anxiety;
 - (c) The panel were unable to understand the Applicant's agoraphobia and in particular his assertion that he could manage his agoraphobia better in the community than in custody. Their lack of understanding led to their view that he should seek out talking therapies and find coping strategies that did not involve Diazepam;
 - (d) The panel suggested that the Applicant engage with the Mental Health In-Reach Team when a review by the team had discharged him from their service;
 - (e) There is a factual inaccuracy in the panel's summation of the evidence where they described the reason for the Applicant transferring from Prison A to Prison B was because an agreement could not be reached as to precisely what medications the Applicant should receive when the reasons for transfer were because the Applicant had requested a transfer and because he was unable to collect it due to his agoraphobia as this required him to leave his wing and travel outside and through locked doors;
 - (f) There is a factual inaccuracy in the panel stating that psychiatrist's preferred route for the Applicant's release was through the open prison estate which was not the extent of psychiatrist's evidence;
 - (g) The panel placed weight on the evidence of the manager of the Prison Offender Manager (POM), when her evidence should not have been relied upon as she had stopped the POM from attending, despite a direction to do so from the Parole Board;



- (h) The decision letter said that the Applicant presented as egocentric and displaying grievance thinking during the oral hearing. The Applicant states that the psychologist instructed by him who attended disputes this. The panel did not identify that as the Applicant has a diagnosis of Narcissistic Personality Disorder his presentation was in line with what could be expected; and
- (i) The panel misrepresented the recommendation of one psychiatrist which had been for release not a transfer to open conditions.
- (ii) That the process was procedurally unfair, on the basis that:
 - (a) The adjournment after 6 hours of evidence was heard on the first day of the oral hearing enabled the COM to delay proceedings until the new Offender Management in Custody (OMiC) rules were in force, rendering the POM's recommendation for release meaningless;
 - (b) The POM who supported release was prevented from attending the second day of the oral hearing by her manager and had relevant evidence for the panel;
 - (c) The panel accepted into evidence an unsolicited psychiatric report obtained by the Community Offender Manager (COM) which the COM introduced as part of the risk management plan;
 - (d) The Applicant did not present further evidence to strengthen his position as he assumed there would not be a further opportunity to do so for any party;
 - (e) The application for the prison-commissioned psychiatrist to provide an addendum report setting out his view on the necessity of the Applicant's requirement for Diazepam was subject to a long delay by the Secretary of State resulting in there being inadequate time to address this issue;
 - (f) The application for the prison-commissioned psychiatrist to attend the second day of the oral hearing was refused by the panel and they were only allowed to present a written addendum. This prevented the prison-commissioned psychiatrist from hearing the evidence of the psychiatrist from the Forensic team in the NHS Trust and commenting upon it;
 - (g) The panel allowed the COM to present additional evidence in the form of Multi-Agency Public Protection Arrangements (MAPPA) letters which it should not have admitted. Additionally, the letters contained incorrect factual evidence about the Applicant admitting he would be a risk if released without Diazepam and that he failed to attend a community mental health appointment in January 2021 due to panic attacks and his general mental health. The Applicant asserts that it was in fact psychiatrist who had commented that the use of Diazepam would reduce his risks and that his wing was locked down due to COVID restrictions which prevented his attendance not due to any other reason; and
 - (h) There was a delay in PPCS and the panel responding to the SHRF sent by the Applicant's solicitor, which meant there was an insufficient time to address the concerns raised in the SHRF.



Current parole review

10. The Decision was made on the Secretary of State's referral of the Applicant's case to the Parole Board under **section 28(6)(a) of the Crime (Sentences) Act 1997** to consider whether or not it would be appropriate to direct the Applicant's release.
11. The Decision was made by a 3-person panel which comprised an independent member, a judicial member and a psychiatrist member. The panel considered the Applicant's case at an oral hearing on 30 November 2020. Oral evidence was heard from the POM, a prison-commissioned psychiatrist, a psychologist instructed by the Applicant, the COM and her Senior Officer and from the Applicant. The Applicant was legally represented. The case was adjourned for further information and a finalised risk management plan to be provided. Two sets of written submissions were made by the Applicant and one by his legal representative after the first hearing. The oral hearing resumed on 12 July 2021. Further evidence was heard from the POM's line manager, a psychiatrist and a psychiatric nurse from the Forensic team in the NHS Trust, the psychologist instructed by the Applicant, the COM and her Senior Officer and the Applicant. Again, the Applicant was legally represented, with the legal representative providing written closing submissions after the hearing.

The Relevant Law

12. The panel correctly sets out in its decision letter dated 26 July 2021 the test for release.
13. Under Rule 28(1) of the Parole Board Rules 2019 the only kind of decision which is eligible for reconsideration is a decision that the prisoner is or is not suitable for release on licence. The grounds for reconsideration are that a decision on the prisoner's suitability for release is irrational or procedurally unfair.

Irrationality

14. In **R (DSD and others) v the Parole Board [2018] EWHC 694 (Admin)**, the Divisional Court set out the test for irrationality to be applied in judicial reviews of Parole Board decisions. It said at para. 116,

"the issue is whether the release decision was so outrageous in its defiance of logic or accepted moral standards that no sensible person who had applied his mind to the question to be decided could have arrived at it."

15. This test was set out by Lord Diplock in **CCSU v Minister for the Civil Service [1985] AC 374**. The Divisional Court in **DSD** went on to indicate that in deciding whether a decision of the Parole Board was irrational, due deference had to be given to the expertise of the Parole Board in making decisions relating to parole. The Board, when considering whether or not to direct a reconsideration, will adopt the same high standard for establishing 'irrationality'. The fact that Rule 28 contains



the same adjective as is used in judicial review shows that the same test is to be applied.

Procedural unfairness

16. Procedural unfairness means that there was some procedural impropriety or unfairness resulting in the proceedings being fundamentally flawed and therefore, producing a manifestly unfair, flawed or unjust result. These issues (which focus on how the decision was made) are entirely separate to the issue of irrationality which focusses on the actual decision.
17. In summary an Applicant seeking to complain of procedural unfairness under Rule 28 must satisfy me that either:
- (a) express procedures laid down by law were not followed in the making of the relevant decision;
 - (b) they were not given a fair hearing;
 - (c) they were not properly informed of the case against them;
 - (d) they were prevented from putting their case properly; and/or
 - (e) the panel was not impartial.
18. The overriding objective is to ensure that the Applicant's case was dealt with justly.

The reply on behalf of the Secretary of State

19. The Secretary of State has replied to the application in a letter of 24 August 2021. This reply explains that the delay in the Secretary of State addressing the SHRF referred to in ground (e) was due to the document having initially been sent to the wrong case manager within PPCS. The reply also explains that it has not been possible to speak to the previous POM to confirm when a review of the Applicant's medication had taken place nor to speak to her or her line manager to address the Applicant's allegation that the POM had been prevented from attending the second day of the oral hearing.

Discussion

The irrationality grounds

Ground (a): The panel directed a review of the Applicant's medication, failing to acknowledge that this had already been carried out between the first and second days of the oral hearing.

20. The Decision Letter detailed the evidence of a psychiatrist from the Forensic team in the NHS Trust, who would be potentially responsible for treating the Applicant upon release, which suggested a medication review, with the Applicant's other anti-anxiety/mood-stabilising medications being increased, or different combinations trialled. The Letter set out that the POM, COM and the psychiatrist had identified a pathway to undertake a medication review, to look again at alternative therapies (such as talking therapies), and for the Applicant to then be tested in future by a



progressive move to open conditions. The panel themselves did not direct a review of the Applicant's medication and I find that there is nothing in this ground.

Ground (b): The panel did not review the evidence before it in a balanced way, in particular not placing enough weight upon the report of the prison-commissioned psychiatrist. The unbalanced view led the panel to conclude that it was solely the Applicant's belief that he needed Diazepam over the long term to manage his agoraphobia and anxiety.

21. It is plain from the dossier and the Decision that the Applicant considers the prescription of Diazepam is something he needs. Diazepam was a feature in the index offending, alongside alcohol and stress. The Decision letter records the professional opinion of a psychiatrist from the Forensic team in the NHS Trust that the Applicant was confident he knows best and that if prescribing was questioned, he struggled to engage with the mental health team, making his openness with professionals likely to reduce. In assessing the risk management plans the panel formed the view that the Applicant's risks had not sufficiently reduced, with one of the factors being that he still showed a lack of some internal strengths and skills, and was not prepared to look at alternatives to Diazepam, with his reactions if he didn't get his own way being both extreme and risky. These reactions have included him obtaining a prescription from a community GP practice whilst on day release in October 2018 and absconding from open conditions in March 2020.

22. The Decision did not conclude that it was solely the Applicant's belief that he needed Diazepam over the long term to manage his agoraphobia and anxiety. The Decision specifically set out that both the Applicant and the prison-commissioned psychiatrist "*stressed the importance of the consistent prescription of diazepam*". The psychiatrist's evidence was clearly detailed in the Decision, with him identifying that the Applicant needed medication but that this was commonly regarded as a short-term prescription and that some providers would not provide it long-term.

23. Panels of the Parole Board are not obliged to adopt the opinions and recommendations of professional witnesses. It is their responsibility to make their own risk assessments and to evaluate the likely effectiveness of any risk management plan proposed. They must make up their own minds on the totality of the evidence that they hear, including any evidence from the Applicant. They would be failing in their duty to protect the public from serious harm (while also protecting the prisoner from unnecessary incarceration) if they failed to do just that. As was observed by the Divisional Court in **DSD**, they have the expertise to do it.

24. The Decision, which extends to 13 pages, is a clear, well balanced consideration of the evidence that the panel had before it. It provides detail of the evidence given by each of the professionals and the Applicant and sets out the conclusions the



panel reached after weighing all of the evidence it had. There is nothing whatever in this ground.

Ground (c): The panel were unable to understand the Applicant's agoraphobia and in particular his assertion that he could manage his agoraphobia better in the community than in custody. Their lack of understanding led to their view that he should seek out talking therapies and find coping strategies that did not involve Diazepam.

25. There is nothing within the Decision which supports the claim that the panel lacked understanding of the Applicant's mental health, which includes his agoraphobia. The panel included a specialist psychiatrist member. The panel heard evidence from the psychiatrist and an independent psychiatrist from the Forensic team in the NHS Trust who would potentially be involved in treating the Applicant if he were released. A psychiatric nurse from the NHS Trust also gave evidence, as well as the psychologist the Applicant instructed.

26. The Decision Letter sets out details of the Applicant's mental health, none of which is illustrative of an inability to understand the same.

27. The panel concluded that the Applicant's claim that he would be able to use skills to cope in the community but not in prison was not a rational distinction. The ground raised is really a complaint of lack of agreement with the Applicant's perspective rather than a lack of understanding borne out by any evidence. There is nothing in this ground.

Ground (d): The panel suggested that the Applicant engage with the Mental Health In-Reach Team, when a review by the team had discharged him from their Service.

28. The Applicant has provided with his application a copy of a letter dated 17 September 2020 which followed an appointment of 9 September 2020 for a review. The letter explained that it was agreed he would be discharged from the mental health in-reach service. The panel within section 9 of the Decision gave an indication of possible next steps to assist future panels. This explained that a future panel may benefit from seeing evidence of joint working between the Applicant and the International Institute of Risk & Safety Management (IIRMS), mental health in-reach and the Forensic Outreach Liaison Service (FOLS) teams, and a joint strategy to help the Applicant address and manage his risks in the community.

29. The panel's indication of potentially useful information in the future was not irrational, despite the discharge of the Applicant from mental health in-reach services in September 2020. It was not setting out a current requirement but giving detail to assist any future panel. This indication does not bind any future panel which must carry out its own risk assessment. There is nothing in this ground.

Ground (e): There is a factual inaccuracy in the panel's summation of the evidence where they described the reason for the Applicant transferring from Prison A to Prison B was because an agreement could not be reached as to precisely what



medications the Applicant should receive when the reasons for transfer were because the Applicant had requested a transfer and because he was unable to collect it due to his agoraphobia as this required him to leave his wing and travel outside and through locked doors.

30. Within the Decision Letter the panel adopted the analysis of the Applicant's progress in prison prepared by the previous panel of the Parole Board which had undertaken a review of the Applicant. The summation of the evidence described is within that analysis and is taken from the evidence of the prison-commissioned psychologist which was dated May 2019. It is not the case that the information considered is inaccurate, which might be capable of making the decision irrational. It is right that the analysis provided in relation to this transfer between prisons does not reflect the entirety of the evidence in the May 2019 prison-commissioned psychology report nor does it reflect what the Applicant says about it. However, the panel had the full May 2019 report as part of the dossier and they also had the opportunity of hearing directly from the Applicant.

31. Moreover, I am satisfied that the incomplete description of the reason for transfer from Prison A to Prison B did not affect the decision that was reached. There were a multitude of other strong reasons given for the decision not to direct release which did not rely upon this incident. There is nothing in this ground.

Ground (f): There is a factual inaccuracy in the panel stating that the psychiatrist's preferred route for the Applicant's release was through the open prison estate which was not the extent of the psychiatrist's evidence.

32. The Decision set out a summary of the evidence of the psychiatrist, which included that "it would be safer for [the Applicant's] risks to be tested through a successful period in open prison" but also detailed his suggestion that "with specialist support, and consistent prescribing (if available)" the Applicant could be released. Within the conclusions section of the decision the totality of this evidence was again set out. The ground relied upon is not an accurate reflection of the entirety of the Decision and I find there is nothing in this ground.

Ground (g): The panel placed weight on the evidence of the manager of the POM when her evidence should not have been relied upon as she had stopped the POM from attending despite a direction to do so from the Parole Board.

33. The Applicant asserts that the POM was prevented from attending the second day of the oral hearing. The POM did attend the first day and evidence was taken from her. She additionally provided two updating reports between the first and second day, in January and April 2021.

34. The POM'S supervisor, who had countersigned all of the reports provided by the POM, was in attendance at both hearings. The evidence of the POM'S supervisor and the COM which did not support release was presented at the second hearing as one recommendation on behalf of the Parole Board, in accordance with the changes to OMiC rules.

35. The Decision acknowledged the evidence previously provided from the POM who had supported release in her November 2020 report and "did not appear to have



changed her view". It also noted the single recommendation from the Probation Service which did not support release. It was for the panel to balance the evidence heard and it is apparent that they took into account the differing opinions heard when doing so. The second day of evidence was just that, with the panel taking into account the previously heard live evidence of the POM despite her non-attendance on the second day. I find that there is nothing in this ground.

Ground (h): The decision letter said that the Applicant presented as egocentric and displaying grievance thinking during the oral hearing. The Applicant states that the psychologist instructed by him who attended disputes this. The panel did not identify that as the Applicant has a diagnosis of Narcissistic Personality Disorder his presentation was in line with what could be expected.

36. The panel identified the Applicant's risk factors as including "a sense of egocentricity, and of entitlement" and having "elements of grievance thinking". When considering whether risk had reduced, they formed the view that risk had not sufficiently reduced, including that he "presented to the panel in an egocentric and narcissistic manner".

37. The view of the panel of the presentation of the Applicant is one that they are qualified to make. It is for them to reach conclusions about the evidence they hear and the manner in which it is presented. There is nothing in this conclusion by the panel to indicate irrationality, particularly given the Applicant's own statement that this presentation is consistent with his diagnosis of personality disorder. There is nothing in this ground.

Ground (i): The panel misrepresented the recommendation of one psychiatrist which had been for release not a transfer to open conditions.

38. This ground is a repetition of ground (f) above. For the same reasons, this ground is not made out.

The procedural unfairness grounds

Ground (a): The adjournment after 6 hours of evidence was heard on the first day of the oral hearing enabled the COM to delay proceedings until the new OMiC rules were in force, rendering the POM's recommendation for release meaningless.

39. The adjournment of the oral hearing after hearing 6 hours of evidence was a decision taken by the panel in order that a finalised risk management plan could be developed and proposed for consideration by the panel. The purpose was clearly set out in the adjournment notice/panel chair directions, as it was recognised that as a consequence of the Applicant's personality disorder and problematic personality traits, and his likely support needs around his chronic anxiety disorder, the plan would require specialist input and clarification to enable the panel to reach an informed assessment of risk.



40. A further POM report was directed "only should she need to identify any adverse developments", evidence having been taken from the POM at the first hearing.

41. There is no evidence presented that a delay was orchestrated by the COM so that the new OMiC rules would be in place. Furthermore, the new OMiC rules do not render the POM's recommendation for release meaningless, they result in a single Probation recommendation being made after discussion between the POM and COM, with it being identified if there is disagreement between the professionals. The disagreement within the evidence was explicitly referred to in the decision and considered. There is nothing in this ground.

Ground (b): The POM who supported release was prevented from attending the second day of the oral hearing by her manager and had relevant evidence for the panel.

42. This is a similar ground to the irrationality ground (g), but instead raised as a procedural unfairness/impropriety. The first point to consider is that the Applicant has not presented any evidence that the POM was prevented from attending the second day of the oral hearing by her manager.

43. Secondly, the POM had given evidence orally on the first day of the oral hearing and had provided written reports which were all considered by the panel. By the time of the second hearing a considered and collaborative view was given under OMiC by the Probation witnesses. This did not support release. The panel acknowledged and considered the evidence of the POM and that she had been supportive and the understanding that she still held that view.

44. No application was made by the Applicant to adjourn his oral hearing in order to ensure that the evidence of the POM was heard. I am satisfied that the hearing the Applicant had was fair and that his case was dealt with justly, notwithstanding the absence of the POM, her evidence being taken into account as part of the entire picture. There is nothing in this ground.

Ground (c): The panel accepted into evidence an unsolicited psychiatric report obtained by the COM which the COM introduced as part of the risk management plan.

Ground (g): The panel allowed the COM to present additional evidence in the form of MAPPA letters which it should not have admitted. Additionally, the letters contained incorrect factual evidence about the Applicant admitting he would be a risk if released without diazepam and that he failed to attend a community mental health appointment in January 2021 due to panic attacks and his general mental health. The Applicant asserts that it was in fact the psychiatrist who had commented that the use of Diazepam would reduce his risks and that his wing was locked down due to COVID restrictions which prevented his attendance not due to any other reason.



45. Grounds (c) and (g) are considered together as they both relate to the production and admission of further evidence prior to the second day of the oral hearing. A further psychiatric report was produced to the panel as part of the evidence of the COM for the second day of the hearing. It was recognised in the adjournment directions that specialist input would be required for the risk management plan. It was specifically identified that specialised forensic community mental health team support was likely to be required. In Panel Chair Directions of 26 February 2021, the panel noted that they had not directed this report but that they considered it helpful to have it from the team which may be involved in the Applicant's care should the panel direct release.
46. A letter on behalf of the level 3 MAPPA panel dated 26 January 2021 was provided to the panel prior to the second day of the hearing. This letter expressed concerns over the viability of the risk management plan due to limitations in place owing to the COVID-19 pandemic and concluded that the panel did not think the Applicant could be safely managed in the community.
47. The letter detailed specific examples which included the Applicant's violent attitudes and the way he seeks to cope with difficulties, such as self-medicating with diazepam. It stated, "*[The Applicant] himself admits that if he is released into the community without diazepam he will be a risk to the public.*" The grounds claim that this latter statement is 'incorrect', however the evidence in the independent psychological report was that the Applicant "*indicated clearly that he feels unable to progress into the community without being prescribed a benzodiazepine*" (p493 dossier at 4.18.1). Similarly, the evidence in the psychiatric report of the psychiatrist was that "*[the Applicant] feels that without benzodiazepines being available to him, he will be unable to manage outside prison*" (p374 dossier at 8.8). In the evidence given to the panel at the oral hearing the Applicant stated that without medication, he thought he would revert to alcohol and that, as a consequence, his risks of causing harm would increase. This ground is misconceived and there is nothing in it, given the Applicant's own evidence to the panel and several professional witnesses. His inability to cope without Diazepam is clearly linked to his risks of harm.
48. The second example refers to a failure to attend a mental health appointment in January 2021. The MAPPA letter states "*Evidence that he feels unable to leave his cell for appointments and assessments without repeated recourse to prescription drugs. For instance, [in] January 2021 he did not attend a community mental health assessment, citing panic attacks and the general state of his mental health.*"
49. An undated and unsigned letter from a Wing Officer at Prison B is included as an exhibit to the handwritten representations made by the Applicant. It explains that "*part of the MAPPA contention states that [in] January [the Applicant] failed to attend his mental health appointment however this is not possible as B wing was in*



lockdown and Prison B a covid outbreak site.” It appears therefore that the example given was inaccurate.

50. The ground for reconsideration does not state that the first element of the statement is wrong (that the Applicant has struggled to leave his cell to attend appointments without medication), merely that the incident in January 2021 did not occur. On the evidence provided by the Applicant for reconsideration it appears that the incident in January 2021 did not occur in the way set out, as the wing was locked down and the prison a COVID-19 outbreak site. I have considered whether this detail of incident in January 2021 within the MAPPA letter was fundamental to the panel’s decision. The panel did not find as a fact that this incident occurred, and it was not referred to in the Decision Letter. It is a minor example of a single incident and there is no evidence that it played a material part in the panel’s decision. In those circumstances I find there is nothing in this ground.

Ground (d): The Applicant did not present further evidence to strengthen his position as he assumed there would not be a further opportunity to do so for any party.

Ground (e): The application for the prison-commissioned psychiatrist to provide an addendum report setting out his view on the necessity of the Applicant’s requirement for Diazepam was subject to a long delay by the Secretary of State resulting in there being inadequate time to address this issue.

Ground (f): The application for the prison-commissioned psychiatrist to attend the second day of the oral hearing was refused by the panel and they were only allowed to present a written addendum. This prevented the prison-commissioned psychiatrist from hearing the evidence of the psychiatrist from the Forensic team in the NHS Trust and commenting upon it.

51. These 3 grounds relate to the opportunity of the Applicant to best present his case to the panel. The Applicant was legally represented during this review and at each day of the oral hearing, with full opportunity to ask questions of each of the witnesses and to make representations.

52. No challenge was raised to any of these matters by requesting an adjournment so that further information could be provided or that the prison-commissioned psychiatrist could attend, or by requesting additional time for the submission of further evidence after oral evidence had been heard. I am quite satisfied that the Applicant and his legal representative had sufficient opportunity to raise these issues in advance of the second day of the oral hearing, at the oral hearing and in written representations after the conclusion of evidence. There is nothing in this ground.

Decision



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53. For the reasons I have given, I do not consider that the decision was irrational or procedurally unfair and accordingly the application for reconsideration is refused.

Angharad Davies
16 September 2021