



**HMP Grendon**

**Annual Report**

**December 2009 - December 2010**

## **STATUTORY ROLE OF THE IMB**

The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison and IRC to be monitored by an independent Board appointed by the Home Secretary from members of the community in which the prison or centre is situated.

The Board is specifically charged to:

- (1) Satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.
- (2) Inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
- (3) Report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.

To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records.

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## **DESCRIPTION OF THE PRISON**

HMP Grendon was opened in 1962 to provide treatment for prisoners with anti-social personality disorders. Grendon's reputation is world class.

Grendon houses up to 240 male prisoners in category B secure conditions, following the principles of therapeutic communities across its six wings. Each wing contains approximately forty men including an assessment wing, holding approximately 25 men, which prepares new prisoners for therapy.

Group therapy is aided by a multi-disciplinary group of staff, working together with the prisoners. The process of therapy requires considerable commitment from the prisoners and a minimum stay of two years is recommended.

HMP Grendon is jointly managed with HMP Springhill (situated next door) Although sharing a number of common services Springhill and Grendon operate as separate units and exist for vastly different purposes.

## **EXECUTIVE SUMMARY**

Given the disruption caused by the murder in the prison in August, the Board feels that Grendon has performed well in a difficult environment of financial constraint. The Board is reassured that the therapy budget has been ring fenced. The Board continues to be concerned in the following areas:

- Management of the healthcare contract with Care UK and the provision of adequate healthcare services to the men
- Provision of Education services by Manchester College
- The withdrawal of some drug testing and the management of drug risks within the prison

## **SIGNIFICANT CONCERNS TO WHICH WE REQUIRE MINISTERIAL RESPONSE**

Healthcare continues to be an area of concern. The appointment of Care UK has NOT led to “the improvement of recruitment, training and care....” that was anticipated (letter from Crispin Blunt in response to the IMB’s 2009 Annual Review). In the view of the Board, there was not the “knitting together” of responsibilities between the prison management, PCT and the healthcare provider (Care UK) with the initiation of the contract. This resulted in the intervention by the Board in September prompted by the deterioration of the provision to the men demonstrated by a marked increase in applications. In our opinion, none of the three areas in charge, prison management, the PCT or Care UK, has attended to this problem sufficiently.

Major disruptions of the education provision which should have been provided by Manchester College under a contract negotiated by the Skills and Funding Agency has led to a significant loss of training and purposeful activity for the prisoners. As in the case of the healthcare provision, the Board feels that much of this difficulty has arisen due to local management being unable to have complete control.

The Works Department within the prison continues to be an area of concern as it provides poor service and maintenance but is not directly answerable to prison management. The Board is pleased that a review of the relationship with the Works Department has begun in 2011.

It should be highlighted that the difficulty raised in all three areas above, Healthcare, Education and Training and the Works Department, stems from the fact that they are provided by outside agencies over which local management has limited control. This problem is also echoed in the sourcing of food highlighted in the section under Catering. The Board feels this issue of control and responsibility should be addressed by the Minister.

## **ISSUES OF EXCELLENCE**

### **Grendon Community**

Despite the effects of the continuing cutbacks seen this past year Therapy continues to be delivered by an excellent team at Grendon. Therapy involves all of the staff from the Governor down and all should be complimented on their dedication and resolve in difficult circumstances in currently maintaining this world class establishment.

## **Finance department**

Praise should be given to the finance department which continues to achieve the ongoing budget cuts required with direction from the Governor and senior management.

## **Chaplaincy Team**

The Board is pleased that a member of the Chaplaincy Team, Major Bert Roper, Salvation Army, was awarded an MBE for his services to offenders.

## **SIGNIFICANT EVENTS**

On Sunday 1<sup>st</sup> August a prisoner was found in his cell with severe head injuries. He was attended by medical staff and an ambulance crew and was subsequently removed to a local hospital where he died a few hours later. Police were also called to the scene and as a result a prisoner was arrested on suspicion of murder and another on a related charge. Both prisoners were taken into police custody.

Not only on G Wing but throughout the prison prisoners and staff were profoundly shocked by this event as this was the first time an incident like this had happened in Grendon. Although the dead prisoner had been involved in fractious events with other prisoners on the wing (but not with the suspected murderer), and which were the subject of discussion at a wing meeting on the Friday two days before the incident, nobody foresaw what was to happen.

The whole prison was locked up for the rest of Sunday and most of Monday. G wing itself was locked up until a wing meeting was held on the Wednesday morning so that the governors could explain what had happened and what was going to happen and the prisoners could ask questions and vent their feelings. As the Head Therapist stated, 'the grieving process for all, staff as well as prisoners, starts here and now'. A large amount of counselling was made available to the prisoners from various quarters, including to the inmates held on other wings.

On Friday 6<sup>th</sup> August, six prisoners, thought by the staff to be negative to the healing process of the wing, were removed from the prison. This removal was carried out without any problems. Two prisoners were placed on ACCTs but were removed again shortly thereafter.

The staff dealt with the situation in a very professional manner and managed to keep the atmosphere in the wing as sympathetic and positive as possible in the circumstances. As a result there were no further incidents on that wing or throughout the prison.

It was decided by prison and area management that, although the wing only had approximately 28 prisoners (from a possible maximum of 44; the number had been previously reduced due to the wing closure caused by a major heating refurbishment contract), new prisoners should be introduced slowly so the community would have time to recover.

Over the following months the wing residents gradually came to terms with what had happened and managed to return to therapy and the daily routine quickly. More therapy staff were committed to the wing and the group sessions were held regularly. By the end of the year it was possible to notice that the wing had grown into a more settled community.

There are many staff on the wing who should be commended for their strength of character, fortitude, patience and caring attitude towards the prisoners in what were very difficult circumstances.

Members of the IMB were present to monitor all major events and the prison's responses which took place throughout this incident.

## **OBLIGATORY REPORTS**

### **Diversity**

Once again the Board highlights that Grendon has a lower than expected percentage of BME prisoners – only 16% of its population. This is an area that should continue to be monitored.

The faith team represents a complete range of beliefs and cultures and catering provides suitable food requirements.

### **Drug Strategy**

Drug issues at Grendon are limited as men commit to being drug free as part of therapy. Incidence of failed drug tests is low. All men arriving in the induction wing have access to a CARATS worker. However, in 2010, the CARATS worker in Grendon also assumed responsibility for CARATS work at Springhill with the departure of the Springhill CARATS worker. This has meant that CARATS work at Grendon has been reduced. The Board would like to see a dedicated CARATS worker on board at Grendon as soon as possible in 2011.

There was concern among the Board that the reduction of testing and removal of drugs dogs late in 2010 as a result of budget cuts would hamper the safe, drug free operation of the therapeutic regime. However, this was rectified early in 2011 when the drug dogs were re-introduced. It is an area that will need to be monitored on an ongoing basis, especially with the introduction of the IDTS program at Spring Hill. The awareness of the presence of steroids and steroid misuse is also an area to monitor. The close work and vigilance of the Drugs Strategy Team and Security resulted in the interruption of a large quantity of steroids being introduced into the prison in late 2010.

### **Learning and Skills**

Education has been severely hampered due to the inability of Manchester College to provide the service that they had agreed in accordance with a contract prepared by the Skills and Funding Agency. The contract and its negotiation were not robust enough to prevent this deterioration in services. It is sad that the prison did not have more input into the letting and implementation of this agreement.

Problems with Manchester College which surfaced early in the year have continued throughout. This has caused enormous disruption to staff who felt uncertain about the security of their jobs and to the prisoners whose purposeful activities were interrupted.

The Board is very disappointed that, due to cutbacks, PICTA was discontinued at Grendon. Funding for the Writer in Residence has gone with the resulting loss of this service.

## Library

While we were re-assured by the minister that library provision might improve, this has certainly not taken place. This year has seen a dramatic decline in library visits. The Board is concerned that statutory library requirements are not being met.

## Healthcare

The responsibility for Healthcare in the Grendon is split between several bodies, which at times lead to significant problems in communication, and also a problem in any one body assuming responsibility when things go wrong. Examples of the overlapping and sometimes confusing responsibilities are as follows:

- **HMPS** is responsible for some fixed assets: the buildings and dental chairs
- **NHS Buckinghamshire (PCT)** is responsible for the NHS computer system (SystemOne) - both the hardware and the software
- **CareUK** is responsible for primary care since April 2010 and employs all the medical and nursing staff. They also fund hospital escorts but the prison provides the staff for this, as well as the discipline officers in healthcare.
- **Bucks Priority Dental Service** is responsible for the dental care and employs the dental staff
- **Lloyds Pharmacy** is responsible for the dispensing of drugs but the cost of drugs falls to Care UK
- **Harmoni** provide the out of hours on call service and employ the staff members who are involved with the prison out of normal working hours and at the weekends.

The IMB has commented adversely in our reports for previous years about the provision of healthcare in HMP Grendon and these problems have continued through 2010. The number and skills of the staff were inadequate for the needs of the prisoners and the facilities are dated and inadequate, not meeting those expected in the contemporary NHS. During the first part of the year the delays in commissioning care contributed to a worsening of this situation as it put a blight on staff recruitment and undermined the morale of the dwindling number of healthcare staff who remained in post and who were left in an uncertain position about their own future employment with CareUK before this new provider had agreed their contract with the PCT and prison service.

As a result of this the problems that we commented on last year became more severe up to the change of provider to CareUK in April 2010. There was a transient improvement in staff morale at this time but because some of the staff left after they had not transferred their contracts to CareUK, the number of permanent healthcare staff declined yet further and this and other changes in the management led to a steep rise in the prisoners' healthcare complaints throughout the summer months.

The IMB was sufficiently concerned to write to the PCT in September 2010 complaining about the situation in healthcare in Grendon (and Springhill).

Particular concerns were

- Both the poor attendance and the quality of care given by medical staff, as there were periods when locum GP's who should have been attending did not arrive at the prison. This was a particular concern as there appeared to be no system for documenting the staffs' attendances for those duties they were employed to deliver

- The poor standards of record keeping, in part but only in part, because the implementation of the computer system was delayed, and patient care suffered as a consequence
- Poor communication between the prisoners, prison staff, healthcare staff, CareUK and the PCT. This was compounded by the changes in the handling of the prisoners' complaints about healthcare, which made it very difficult for the governors to be fully aware of the problems that were arising.

During the summer and autumn months of the number of complaints made by prisoners about healthcare matters rose steeply, in some weeks these exceed all those for all other issues combined, and this reflected the general level of dissatisfaction with the care provided.

At the same time the IMB experienced a refusal (confusions about sharing data) by both CareUK and the PCT to share any monitoring data that they might have obtained on the quality of the care provided, which made it impossible for the IMB to form an objective view. However the flow of complaints from the prisoners and wing staff continued and the IMB formed the impression that in addition to poor communication the standard of care had deteriorated.

The fall in the number of regular staff and the failure to recruit replacements lead to several posts being filled in the short term with agency staff who were unfamiliar with this prison's regime, and this, together with the increase in the number of substantial complaints, lead to a serious question as to whether the new contract for the provision of primary care was being honoured. This document was also not provided when requested by the IMB in the months after CareUK had taken up the provision of primary care.

In addition to these problems with CareUK and the employed medical staff, there was concern that the **pharmaceutical dispensing service** provided by a local community pharmacist was not providing an adequate service to the prisons, with several prisoners having to wait for urgent medication for an unacceptable time. It was also noted that these difficulties with the provision of prescribed medicines was not entirely due to the problems with the dispensing pharmacist.

Early in the year the **dental service** at the prisons improved with a new dentist employed and extra weekly sessions provided at the prison for a few months which reduced the number of prisoners waiting for an appointment to see the dentist. However the increase in the dental sessions was only temporary and the waiting time for urgent dental appointments increased again towards the end of the year with an increase number of prisoners waiting to see the dentist.

In November 2010 a new but experienced senior interim head of healthcare was appointed to lead the CareUK team and this did bring an improvement in several of the problems, such as in communication with staff and prisoners and consequently an improvement in their attendance at doctor's and other healthcare appointments. He also addressed some of the healthcare staffing problems and identified and addressed training needs for some of the more longstanding staff. However at the end of the year the permanent staff numbers are still reduced with no permanent head of healthcare appointed and it is anticipated that the interim head may move on at the end of January 2011.

The **Out of hours cover** has been criticized several times this year especially when the doctor on call refused to attend the prison when a prisoner died in tragic circumstances which were very stressful for both staff and the other prisoners on that wing. On that occasion the healthcare staff on duty in the prison did attend very promptly and received positive reports from all involved.

## **Segregation Units**

Grendon does not have a segregation unit. Any need for such a facility involves the transfer of the inmate to Bullingdon.

It should be noted that Grendon facilities have been used as an effective short term “segregation unit” for prisoners at Springhill who are “lodged” at Grendon F wing pending removal to other prisons. The Board is concerned that we are not always notified when these lodgers are sent to Grendon. The Board does receive complaints from prisoners as well as staff about the disruption this practice causes to wing therapy and regime.

## **Safer Custody/ Incidents/ ACCTS and self harm**

The Safer Custody meetings are well organised with good reporting and regular attendance. The staff display a high level of commitment to Safer Custody. There are often several ACCTs running at the same time (see table on ACCTS on page 12) and the Board is not convinced the resources in terms of staff, healthcare and safe cells are adequate. This has not changed since our last report.

Despite the incident which took place in August (see Significant Events), Grendon continues to be a safe establishment with a low incidence of bullying. There were only 8 bullying documents opened in 2010, 3 for victims and 5 for possible bullies. Four were from one wing involving one incident which, upon investigation, was found to be groundless. There were none at all from two of the wings. A total of 60 ACCT documents were opened in 2010 for 42 prisoners. Staff continues to deal well and sympathetically with these issues among the difficult prisoner population at Grendon.

The therapeutic process undoubtedly prevents and controls unacceptable behaviour with very few instances becoming out of control. In the very few serious instances the perpetrators are quickly removed to Bullingdon or to the Prison from which they came. The stability of the Wing communities and the therapeutic process is the main priority. Maintaining the therapeutic environment is vital to keeping a safe Prison environment.

As a measure of the Board’s concern with the low staffing levels in the prison at night, we continue to monitor this through the use of night visits. It is an area that is of continuing concern – as highlighted in our 2009 report.

## **OTHER AREAS**

### **Therapy**

The Board is pleased that the therapy budget has been ring fenced for the coming year. This was a major concern as highlighted in last year’s report.

The Board continues to be concerned at the frequency and regularity at which small group meetings are missed or cancelled due to shortage of staff and/or lack of suitably experienced staff.

The Board was particularly impressed at the way in which G Wing has recovered after the murder which took place during the summer. This is due to the enormous work undertaken by the staff. This wing is now settled and working well.

There is some concern on the part of the Board with respect to prisoners arriving on F Wing, the induction wing. Our concern is that this wing has seen some disruption by the arrival of prisoners who cannot or would not be able to engage in therapy. This places considerable extra work demands on staff. A high proportion of these unsuitable prisoners appear to be DSPD prisoners. Funding for this type of prisoner was withdrawn and therefore the prison should not be receiving them.

The Board is continuing to monitor staff supervision to ensure that there is sufficient support for those staff who deal with very difficult issues. We feel this is currently being adequately addressed by management.

## **Catering**

The Board is concerned about the centralised buying of food, especially meat, which is of very poor quality. There has been significant difficulty with meeting sell by dates on supplies received. Ultimately, the costs have proved much higher than if the prison were able to source food locally and independently.

There is significant disruption caused by the inefficiencies of maintenance of kitchen/catering equipment. The Board is concerned that equipment suppliers are not fulfilling their service agreements.

The Board would like to commend staff for achieving a good healthy diet despite the significant cost constraints. It should also be noted that food supply and equipment maintenance which cause most difficulties are the responsibility of outside agencies.

## **Security**

The security department received a very good audit result of 92%. A serious incident training exercise (a hostage-taking incident) was attended by the IMB. It highlighted areas which needed to be addressed but was effective overall. There is however, little incidence of problems with drugs or phones in the prison. The Security Department dealt well with the murder incident and the number of security issues this incident raised. The Boss chair continues to work well.

## **Chaplaincy**

The chaplaincy team continues to be an effective and important resource in the prison. The team even arranged for a marriage to take place in the prison. The team worked especially hard and effectively in the aftermath of the murder in the prison. The senior chaplain should be especially praised.

## **Visits**

Visits continue to be well run and innovative. A great deal of effort has been made to provide family days and "visits with a difference". There is concern for visits from a security point of view in the event that the drugs dogs were to remain absent from the prison. This is an important area to watch in the coming year.

## **ACCTS**

There were sixty ACCT documents opened in 2010 for a total of 42 prisoners. A breakdown of ACCT documents opened in each wing is as follows:

A Wing: 8 (6 prisoners)

B Wing: 11 (8 prisoners)

C Wing: 13 (9 prisoners)

D Wing: 6 (4 prisoners)

F Wing: 8 (6 prisoners)

G Wing: 14 (9 prisoners)

Total: 60 (42 Prisoners)

## **THE WORK OF THE BOARD**

Members of the Board attended meetings throughout the year across the following subjects:

- Therapy
- Grendon Ops
- Security
- Inter wing
- Wing meetings
- Catering
- Drug Strategy
- Diversity
- Induction New staff
- Social events
- Visits
- POA
- Training
- Safer Custody

### **Prisons visited/hosted**

Over the last 12 months members of the Board have visited Wormwood Scrubbs and Dovegate prisons.

### **External training**

Members of the Board have attended the following external training courses:

- New Members Course
- C & R training
- T-CAT training
- PNOMIS training

The IMB Conference was attended by 2 members

## Internal training

Members of the Board have had two full training mornings where we have had talks from various departments.

During the year a new Vice Chair was appointed

Vice Chair – Ian North

| <b>BOARD STATISTICS - GRENDON</b>                                       |     |
|---|-----|
| Recommended Complement of Board Members                                 | 15  |
| Number of Board members at the start of the reporting period            | 14  |
| Number of Board members at the end of the reporting period              | 14  |
| Number of new members joining within the reporting period               | 2   |
| Number of members leaving within the reporting period                   | 2   |
| Total number of board meetings during reporting period                  | 12  |
| Average number of attendances at Board meetings during reporting period | 9.3 |
| Total number of applications received*                                  | 55  |

\*Because of the nature of a Therapeutic community the number of applications is low. Issues are discussed and resolved.

| APPLICATIONS BY SUBJECT         |    |
|---------------------------------|----|
| Accommodation                   | 0  |
| Adjudications                   | 0  |
| Diversity related               | 0  |
| Education/employment/training   | 0  |
| Family Visits                   | 4  |
| Food kitchen related            | 4  |
| Health related                  | 16 |
| Property                        | 12 |
| Sentence related                | 0  |
| Staff/prisoner/detainee related | 8  |
| Transfers                       | 6  |
| Miscellaneous                   | 5  |
| Total                           | 55 |

I would like to take this opportunity to thank all members of the Grendon Board and our IMB clerk for their hard work and support over the last 12 months.

Louise Hammond  
IMB Chair, Grendon