



HMP Grendon

Annual Report

December 2010 - December 2011

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.

CONTENTS

page

Description of the Prison	4
Executive Summary	5
Significant Events	5
Issues of Excellence	5
Significant Events	6
Obligatory Reports	6
Other Areas	11
Work of the Board	13
Board Statistics	14
Application Statistics	15

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 different categories of prisoner and with vastly different regimes. A single Independent Monitoring Board monitors both establishments.

EXECUTIVE SUMMARY

The Board feels that Grendon continues to perform well in a difficult environment of on-going financial constraint. We would like to praise the staff who continue to manage and maintain the therapeutic regime. However the Board continues to be concerned that further financial reductions will undermine the prison's ability to provide therapy that is safe and effective. Our concerns, highlighted in 2010 remain largely the same in 2011 and include:

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

There are additional concerns which have arisen in 2011. These are:

- Provision of dental services and the lack of coordination of other medical treatments and services which fall outside of the CareUK contract including the pharmacy contract
- Continued deterioration of the service and supply of food provided under the contract with 3663 and especially the quality of the meat.

At the end of 2011, Grendon saw the early retirement of both the number one governor, Dr Peter Bennett, and the number two governor, Joe Swierczynski, both of whom had been at the establishment for a long time. The Board appreciated the positive relationship which had been established with the retiring team and is looking forward to working with the new Governor, Jamie Bennett and Deputy Governor, Laura Sapwell.

SIGNIFICANT CONCERNS

Healthcare continues to be a main area of concern which has absorbed the greatest amount of the Board's time and efforts (see under Healthcare).

In last year's report it was noted that there was a significant loss of training and provision of purposeful activity due to the actions of Manchester College. The Inspectorates Report also cited this situation. The Board is concerned that the contract is once again out to tender (though Manchester College is not tendering again). This may cause further disruption and will undoubtedly lead to a further reduction of educational provision for the men.

In 2010 we cited The Works Department within the prison as an area of concern. Little has changed as of year-end 2011. While we had understood a review of the relationship of the prison and the works department was to take place in 2011, we have not seen evidence of the result of this review. The heating in particular continues to be an area of ongoing difficulty. Given the disruption that was caused in the prison over the refurbishment of the heating system in 2010, this is both surprising and disappointing.

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. Due to staff shortages, there have been a number of occasions in 2011 when group therapy sessions have been cancelled at short notice or replaced by larger Wing Meetings. If Grendon is to be maintained as the world class establishment of its reputation, this erosion of the therapy regime must be guarded against.

SIGNIFICANT EVENTS

The murder trial which arose from the death of the prisoner in Grendon in August 2010 was completed in November 2011. This trial placed the staff and prisoners under considerable strain. They should be praised for their response and their contribution to maintaining a calm atmosphere in the prison throughout the trial. One officer, Eddie Laidlaw was recognised by the National Offender Management Service (NOMS) for his committed work during this period. Upon the completion of the trial the Ombudsman was due to begin the review of the incident, but it is understood that the defendant is appealing so this review has been postponed. The IMB will monitor this review as it progresses in 2012.

OBLIGATORY REPORTS

Diversity

Grendon has benefitted greatly from having a dedicated Diversity Manager who started in this post in November 2010. Prior to this, the post had been vacant for approximately a year and so reports for that period are not complete. Diversity training for staff and prisoners, reporting of all incidents and dealing with incidents have all been carried out efficiently in the view of the IMB.

From January to November 2011 there were 36 racial and diversity reports filed which compares to 23 in the whole of 2010. On the face of it such an increase appears to be negative but the IMB would largely agree with the Diversity Manager that this was most likely to be explained by an increase in numbers and training of the PREMs (Prisoner Equality Mentors) who are now present on all of the wings. They have been actively promoting awareness of racial and diversity issues and instructing other prisoners about what constitutes 'an incident'. They also attend monthly meetings with the Diversity Manager to discuss problems brought to them by their wings and any incidents that have been reported. Cultural events such as Black History Month and religious festivals are celebrated by many inmates. Most main stream religions are represented by relevant religious figures who are available or take services regularly. The catering staff produce food appropriate for a wide variety of religious, cultural and medicinal needs which, considering the small budget they work from, is noteworthy.

Black and minority ethnic prisoners (BMEs) are approximately 20% of the prisoner population (6% of the staff). This is below the national prison average and although this has been identified by the prison for some time it has only been possible to improve upon it slowly (it was 15% in 2007). A comprehensive Diversity and Equality Action Plan (DEAP) is disseminated to staff and prisoners quarterly.

In summary, the way diversity and racial issues have been monitored and dealt with in Grendon during 2011 has been exemplary, mainly due to the energy and commitment of the Diversity Manager and the PREMs. However it is noted that the Diversity Manager's position is being changed from January 2012 in that she will no longer be based in Grendon and will have a more supervisory role from an office in Springhill on a part time basis. The IMB has been informed that this is in order to enable management grade staff to take on this important work as part of their everyday activities. The IMB will monitor this change.

Drug Strategy

Drug issues are more limited at Grendon than at a similar prison as men commit to being drug free as part of therapy. Incidence of failed drug tests is low. Failure will prompt a commitment vote on the Wing and will usually result in the return of the man to the sending prison. However, remaining a drug free prison is crucial to promoting the safe and secure environment in which therapy can take place successfully.

All men arriving on the induction wing have access to a CARATS (Counseling, Assessment, Referral, Advice, Throughcare) worker. The Board was pleased to see the arrival of the replacement, dedicated CARATS worker in summer 2011, as the work was being handled out of Springhill for the previous 6 months at a reduced level. The Grendon Drug Sub Group commenced meeting again each month as a result, with representatives from each wing participating to discuss drug related issues in the prison. All men on the induction wing meet with the CARATS worker and sessions are ongoing for some of the men throughout all the wings.

During 2011, it was discovered that in-possession prescriptions for pain medications, especially tramadol and gabapentin were being abused by some of the men. It was revealed that in some cases, extra supplies of the drug had been dispensed by Healthcare unwittingly (the situation was made more difficult because of the problems in Healthcare -see under Healthcare) .Generally, the control of these drugs by Healthcare was found to be very poor. This resulted in the cessation of all in-possession pain medication until all cases had been reviewed. In addition, security introduced testing for tramadol to ensure that only men prescribed these drugs were taking them. This did result in some test failures and a better understanding of the abuse of the drugs on the wings. This situation was largely resolved by year end when in-possession medication was once again approved. Testing for tramadol is ongoing.

In 2011 it was announced that the provision for all drug services in prisons will be placed with the local authority through the local DAAT(Drugs and Alcohol Action Team)and ultimately through the Primary Care Trust (PCT). This change will have a significant effect for Grendon. While mandatory drug testing will be taken over by security, the new provisions will not include compliance/compact testing which has been an important support for the therapeutic regime. The contract, which is being prepared by the local authority, was being finalised at the year end and is unlikely to come into effect until at least mid-way through 2012 as it will need to go out to tender to service providers.

It is unlikely that the prison will absorb the costs of continuing the testing regime that has existed. This loss of testing, combined with the loss of the drugs dogs which took place in 2011, does present a risk to Grendon's drug free environment and this is an area of significant concern for the IMB in its monitoring for the coming year. It should be noted that the effective drug strategy does rely on the close working relationship between the drugs team, wing staff, healthcare, and security. It is hoped that a positive working relationship will continue despite the outsourcing of drug services.

Learning and Skills

Education at Grendon is unsatisfactory, and the proposed conditions for the new contract will need to be monitored closely especially as the proposal is for a reduction in education hours. At present education is underused with therapy, gym, and visits all taking priority. On some afternoons there are almost as many staff as inmates in the education block.

The gym is popular and reasonably well equipped.

The introduction of the "Grow for Grendon" scheme in 2011 has created an opportunity for up to ten men to gain horticultural qualifications. This initiative, which was developed and sponsored by prison management, represents an important departure in expanding the educational opportunities available to the men.

Library

Despite the Minister's assurances to us in the previous year, access to the library was not improved and library visits continued to decline throughout 2011 to a very low level. The report from the Inspectorate (HMCIP) in August further highlighted this. However, we are pleased to report that the library was relocated at the end of December 2011. From a management point of view the new location makes it easier for the prison to ensure that it provides at least the statutory access. We will continue to monitor this. In addition, the new site provides a much improved environment. The Board hopes the positive impetus the move has brought will be maintained and developed upon in the coming year despite constraints on resources. In the next year the Board will monitor the prison's plans to have library, education (under a new contract) and prison staff working together more closely than they have done and also ensuring prisoner involvement so that resources are used as effectively as possible to meet prisoners' needs

Healthcare

In our report for 2010 the IMB raised serious concerns for the attention of the Minister about the provision of healthcare at HMP Grendon.

There has been some improvement during 2011, but unfortunately at times during the year the IMB was sufficiently concerned to raise issues about healthcare again with the Governor and directly with the PCT. IMB members have devoted much time during the year to investigating applications from prisoners that relate to serious deficiencies in the provision for their healthcare.

Healthcare staff at HMP Grendon is present on site only during the working day and into the early evening. Overnight an out of hours on-call service is provided but if the situation is urgent, the duty prison staff may decide to escort the prisoner to the local hospital. At weekends the healthcare centre is open during the day other than when the duty healthcare staff is called to HMP Springhill.

There have been significant problems with the provision of healthcare including:

- low levels of permanent staffing, which required CareUK to engage many locum and agency staff;
- inadequate facilities which delayed the start of the new dental provider;
- delays in dispensing prescribed drugs
- and poor communication between all those concerned, including the prison, the PCT and those commissioned to provide the services, resulting in poor information about healthcare being made available to the prisoners.

While during the course of the year there were improvements in the provision of healthcare, at the end of the year there were still deficiencies that cause concern.

We have reported on the various bodies who are involved in the provision of care and while there has been improvement in several aspects of their provision, communication between them and with the prisoners remains problematic.

The prison is responsible for some fixed assets and during the year alterations were made to these that have improved the facilities for the dispensing of medication. There has also been refurbishment that was required to the dental decontamination unit.

NHS Buckinghamshire (PCT) is responsible for the computer facilities and during the year the implementation and usefulness of these has been extended. The PCT is also

responsible for commissioning the services provided and they have been more involved this year, coming to realise more about the circumstances that relate to this prison and the role of the IMB. However they have seemed slow to appreciate that they are responsible for ensuring that the services commissioned are provided to prisoners at an acceptable standard.

CareUK who have been responsible for primary care in HMP Grendon have had a considerable turn over of staff during 2011, including those responsible for managing the service, of which there have been four within twelve months. This has caused problems in liaison between CareUK, prisoners and prison staff and governors as successive doctors and nurses have taken time to discover the routine and regime of the therapeutic prison. Even more problems have resulted from the low proportion of permanent nursing staff employed by Care UK. This has led to many locum and agency staff with variable professional standards and at times serious concerns about the quality of the clinical care provided by both nurses and doctors. After several serious shortcomings had come to the attention of the IMB, they were raised directly with the governor and PCT. The IMB is now satisfied that there is good leadership for primary care for prisoners in HMP Grendon and the proportion of permanent staff has improved at the end of the year although some agency nursing staff are still employed, which has caused concern, especially at weekends.

After a succession of locum doctors who were employed in the first part of the year, one of whom raised such serious concerns that he had to be asked to leave, there are now two doctors who attend more regularly and the number of applications and complaints coming to the attention of the IMB has reduced. Apart from issues about the one to one communication and attitude of a doctor, there was a steep rise in the quantity of opiates and similar drugs prescribed and an increase in drugs allowed in a prisoner's possession which reached a point where there were concerns that these were interfering with the prisoners' ability to participate in the therapy groups and related wing based regime that form the therapeutic communities on which the effectiveness of Grendon is based.

During the first half of the year there were also issues with the responses to complaints from prisoners and in communicating about these with the prisoners and prison governors. However the present leadership has taken steps to communicate more directly with the prisoners and members of the CareUK nursing staff have attended Wing meetings and meet regularly with wing representatives – a very welcome development.

CareUK are also responsible for providing the Integrated Drug Treatment Service (IDTS) for drug addicts undergoing methadone withdrawal. At the start it was questioned if the prisoners who were suitable for the therapeutic regime at HMP Grendon would be suitable for this but in due course a nurse was appointed to supervise such treatment. To date no prisoners at Grendon have been included in this programme.

Bucks Priority Dental Service were commissioned to provide dental services at the start of the year, but the PCT has made changes in commissioning dental services and there was a period of several months during the year when only emergency services were available, while the facilities were refurbished. Normal service, provided by **Haddenham Dental Centre**, has now been resumed but there have been problems in communication between the providers and the prisoners resulting in failures to attend for appointments, as the notices of these had not been received in time by the prisoners. The IMB have received applications about this and been actively involved in attempts to improve communication. While we are hopeful that it will improve, at the end of the year there were still outstanding difficulties in ensuring that adequate notice of dental appointments was given and is received by the prisoners concerned.

Lloyds Pharmacy remains responsible for the dispensing of drugs. The branch involved has been changed during the year but there are still ongoing problems with the prompt provision of drugs, especially those prescribed by the doctor on Friday afternoons. The IMB is aware that some responsibility for these delays also rests with CareUK staff and has been concerned that, at times, such delays have been assumed to be unavoidable. Complaints made by the prisoners and raised by the IMB concerning the dispensing of prescribed drugs are not being communicated to the pharmacy. This is an unresolved issue.

The pharmacy provision and dispensing of prescribed drugs remains an outstanding concern of the IMB.

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.

While there have been times during the year when the IMB has been concerned in ensuring that issues raised by prisoners have been attended to promptly and adequately, this has improved. However the IMB remains concerned that the fragmented commissioning has resulted in service provision that is poorly coordinated. The changes in the commissioning of the dental service has resulted in dentists attending the prison who were unfamiliar with the environment and seeing relatively few prisoners, and prisoners who need to be seen waiting an unacceptably long time for dental treatment.

Communication between the PCT and the many healthcare providers with the prison staff and prisoners remains a problem and one that requires further attention in the future.

Segregation Units

Grendon does not have a segregation unit. Any need for such a facility involves the transfer of the prisoner 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 wings pending removal to other prisons. The Board is concerned that we are not always notified when these lodgers are sent to Grendon.

Safer Custody

Grendon has continued to have a high level of commitment to all aspects of safer custody. Supported by management, staff and prisoner representatives, safer custody is well managed and co-ordinated.

The prisoner representatives are becoming progressively more involved and are being given training to help them contribute positively to the overall safety of the prison.

The Safer custody meetings are well organised with good reporting and regular attendance. The staff displays a high level of commitment to Safer Custody.

Grendon continues to be a safe establishment with a low incidence of bullying.

A total of 14 Bullying documents were opened in the year with 7 perpetrators and 7 victims. There were a total of 22 bullying incidents reported in the year involving 16 perpetrators and 17 victims.

OTHER AREAS

Therapy

The Board was concerned that during 2010 that there were a large number of men who were out of therapy but remaining on the wings. This number dropped significantly by the end 2011. IMB receives the Out of Therapy report from senior management on a monthly basis in order to monitor this important information.

Management have taken on board that an increase in the number of jobs for the men should be an important goal for the coming year. The Board is pleased that attention is being paid to ensuring Supervision for staff is being maintained. The Board has felt throughout the year that there has been insufficient presence of senior governors on the wings. While we are aware that their time is constrained, we feel that greater senior management presence would be appreciated by both prisoners and staff.

Catering

As reported last year, 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. Not only has this increased the cost of supplying food but it increases the catering costs overall as kitchen staff has to spend significant time in rectifying incorrect orders as well as re-organising menus.

The meat supplied has been of such poor quality that staff has resorted to purchasing joints and preparing the meat themselves. This has resulted in absorbing extra staff time and generating additional costs. Despite these difficulties, the staff should be praised for maintaining a high standard of catering.

Security

The effective management of security at Grendon is crucial to maintaining the safe environment in which therapy can take place. Security is supportive of the therapeutic process and wing therapy staff is present at security meetings. Security successfully maintains a balanced position of supporting but not intruding upon the therapeutic process. The presence of mobile phones in the establishment during 2011 has been a major source of concern and security has worked closely with wing staff and therapy staff to encourage monitoring and resolution of this problem. There was also considerable concern expressed by the security department over the uncontrolled presence of prescription drugs. Security has worked co-operatively with healthcare to help control this problem (see Drug Strategy).

Control and restraint teams were deployed twice through the year. The IMB was on hand at both incidents and observed that these were used appropriately.

Chaplaincy

The Chaplaincy team is interdenominational and works hard to provide regular meetings, services and programs for all faith groups. There is an on-going issue with the lack of a Buddhist monk which has been difficult to resolve. With staff cuts, meetings and services have been curtailed upon occasion when there has been insufficient staff to allow the groups

to take place, especially in the evenings. The IMB will monitor this closely in the coming year to ensure the men are offered appropriate opportunity for the worship of their choice. There had been a difficulty with the fact that, with only one Imam on the staff, Friday prayers for Muslim prisoners could not be held on both the Grendon and Springhill sites. This situation has been rectified at year end with the allocation of funding to bring in a second imam.

During 2011, the Chaplaincy was honoured by a visit from the Archbishop of Canterbury who was very impressed by the prison. A volunteer member of the chaplaincy team received an award from the Butler Trust. Sylvia Nutt, a chaplaincy volunteer, won a Commendation from the Butler Trust for visiting and supporting prisoners for the past fifteen years. Her nomination was supported by some of the many prisoners whose lives she has touched.

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 now that the drugs dogs have been withdrawn. This is an important area to watch in the coming year. Plans for a new visitor's Centre, as requested by the Inspectorate, are being developed by prison management. The IMB will monitor the progress of this new and much needed project.

ACCT's (Assessment, Care in Custody Teamwork)

ACCT procedures and documents are well controlled and closely monitored with training sessions taking place throughout the year. Staff continue to deal well and sympathetically with these issues among the difficult population at Grendon

A total of 54 ACCT documents were opened in 2011 for 33 prisoners which is 6 less than last year when 42 prisoners were placed on an ACCT.

A breakdown of ACCT documents opened on each wing is as follows.

A wing	9 (6 prisoners)
B Wing	9 (5 prisoners)
C Wing	7 (6 prisoners)
D Wing	7 (5 prisoners)
F Wing	11 (8 prisoners)
G Wing	11(6 prisoners)
TOTAL	54 (33 prisoners)

From 1st January to December 31st 2011, the Safer custody cells were used a total of eight times and there were six constant watches.

The therapeutic process undoubtedly prevents and controls unacceptable behaviour with very few instances becoming out of control. In these very few 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 in keeping a safe Prison environment.

THE WORK OF THE BOARD

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

- Therapy
- Healthcare and PCT
- Grendon Operations
- Security
- Inter wing
- Wing meetings
- Catering
- Drug Strategy
- Diversity
- Induction New staff
- Social events
- Visits
- Prison Officers Association (POA)
- Training
- Safer Custody
- Carol Service

Prisons visited/ IMB visits hosted

Over the last 12 months, members of the IMB visited Whitemoor prison. They hosted a visit by members of the IMB from Wellingborough prison.

External training

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

- Control and Restraint (C&R) training
- Therapeutic community (T-CAT) training

The IMB Conference was attended by two members

Internal training

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

At the end of the year a new Vice Chair was appointed

Vice Chair – Margaret Cripps

BOARD STATISTICS - GRENDON	
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	10
Number of new members joining within the reporting period	0
Number of members leaving within the reporting period	4
Total number of board meetings during reporting period	12
Average number of attendances at Board meetings during reporting period	10
Total number of applications received*	40

APPLICATIONS

Because of the nature of a Therapeutic community, the number of applications is low. It should be noted that the number indicated is for formal written applications. Because of the nature of the prison, many applications are taken verbally as members attend at the prison during the course of Rota visits and wing meetings.

APPLICATIONS BY SUBJECT	
Accommodation	5
Diversity related	2
Food kitchen related/Canteen	4
Health related	16
Property/money	3
Sentence related	1
Transfers	6
Miscellaneous	3
Total	40

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