



**HMP Grendon**

**Annual Report**

**January 2013 – December 2013**



## **Section 1**

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### **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 Secretary of State 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.

## **Section 2**

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## Section 3

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### DESCRIPTION OF THE PRISON

- 3.1 HMP Grendon was opened in 1962 and was designed from the outset specifically to provide therapy for prisoners with anti-social personality disorders. Although its facilities have changed over the years it remains the only prison in the UK to be exclusively therapeutic and as such Grendon's reputation has spread worldwide.
- 3.2 Grendon can house up to 238 male prisoners in category B secure conditions and follows the principles of Therapeutic Communities (TCs) on each of its wings. At the start of 2013 there were five wings (A, B, C, D and G) each containing approximately 40 men and an assessment wing (F), holding approximately 25 men, which prepared new prisoners for therapy.
- 3.3 Several changes were implemented in October 2013 in order to accommodate the establishment of a new TC+ (a therapeutic community modified for the needs of prisoners with learning disabilities) and an Enhanced Induction and Preparation for Treatment Wing (which will incorporate the old Induction wing and include an expanded program for men who may take longer to prepare for introduction to therapy). These changes included the disbanding of the community on B wing and moving the community on G wing to B wing. The community on F Wing (the old induction wing) was moved to the larger capacity of G wing to become the Assessment wing and holding accommodation for those prisoners waiting to leave the prison. G Wing commenced as the Enhanced Induction and Preparation for Treatment Wing in April 2014. F wing was emptied in preparation for re-opening as the new TC+ wing in April 2014.
- 3.4 As a result of these changes the prison population fell from approximately 215 in January 2013 to 209 at the end of December.
- 3.5 Prisoners volunteer to come to Grendon and must pass several entrance requirements including being free of drug or drink addictions.
- 3.6 The therapeutic regime 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.
- 3.7 HMP Grendon is jointly managed with HMP Springhill, a category D 'open resettlement' prison located on adjoining property. Although sharing a number of common services and therefore able to share some staff, Springhill and Grendon operate as separate units and exist for very different purposes.
- 3.8 Healthcare is provided by Care UK under contract with the local Healthcare Commissioning body (Health and Justice Commissioning NHS England, Thames Valley Area Team). Nurse clinics include Wellman, Diabetes, Asthma and Immunisations. There are visiting Podiatry and Physiotherapy services.

A Mental Health In-Reach service is provided by Oxford and Bucks Mental Health Trust.

There are Dental (Haddenham Dental Centre) and Optician (Howcroft and Selby) services providing regular clinics.

- 3.9 A drug and alcohol intervention service contract is provided by Inclusion under contract with the Healthcare Commissioning Body.
- 3.10 Education services are provided by Milton Keynes College.

## Section 4

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### EXECUTIVE SUMMARY

- 4.1 2013 was a year of change at HMP Grendon, brought about by the implementation of 'Fair and Sustainable' (F&S) working practices for the staff in April, the re-profiling of staff positions, and the changes to the wings put into effect in October in preparation for the introduction of a new TC+ wing and Enhanced Preparation for Treatment wing in 2014 (see 3.3). These events were successfully and safely carried out but raised some issues of concern (see 4.3 below).
- 4.2 Despite the disruption caused by these events the Independent Monitoring Board (the 'Board') was generally still impressed by the safe and humane environment created by the prison staff, enabling the prisoners to make the most of the TCs.
- 4.3 There were no problems that the Board felt were of immediate concern but there were issues to which it would like to draw attention.
- 4.3.1 **'Fair and Sustainable' and staff profile changes.** Although, as noted in 4.2 above, this new regime for the prison staff was rolled out with a minimum of disruption to the inmates, the Board was concerned by the effect on the morale of the staff and the effect of staffing changes and moves for a majority of the rest of the year (see 6.1.1).
- 4.3.2 **Security.** As mentioned in the 2012 IMB annual report, the IMB feels that, although the prison continues to be generally safe and secure instances of drug problems on the wings still occur. There were also some cases of mobile phones being found on the wings and a number of key lock compromises throughout the year (see 5.4).
- 4.3.3 **Safer Custody.** The Board noticed a marked reduction in the monitoring and reporting on Safer Custody over the year (see 5.6.2).
- 4.3.4 **Transferring prisoners out of the prison.** This has been a long-standing problem where prisoners, whether having finished their work at Grendon or wanting to be removed for whatever reason, have to wait for protracted periods to do so. This wait, sometimes for over a year, can lead to disillusionment, boredom and disruption in the prison with a negative impact on the delivery of the therapeutic regime and security (see 6.1.7).
- 4.3.5 **'Lodgers'.** During the year unusually large numbers of prisoners that needed to be moved from Springhill to closed conditions were temporarily "lodged" in Grendon. Initially the IMB was concerned that these movements were done without a full protocol in place. Additionally it caused much extra work and disruption to the wings in which they were accommodated (mostly G wing) (see 5.5.3).
- 4.3.6 **Drugs.** Whilst levels of drug use in the prison are low, some illegal drugs have been found and there is evidence that prescription drugs have been abused. The Board feels that the methods of tackling drug use in the prison are fragmented and less effective and a coherent strategy across all disciplines would be beneficial (see 5.3.2).

## ISSUES OF EXCELLENCE

- 4.4 The implementation of both F&S, re-profiling and the rearrangement of the wings (described briefly in 3.3 and 4.1) was carried out satisfactorily in the view of the Board. These events were notified well in advance and the management of the prison was assiduous in trying to ensure that all affected staff (everyone, in the case of F&S) were fully briefed as to what was involved, when and how it would be implemented and what their new roles would be if they elected to continue their employment at the prison. Through good relations between management and the POA there appeared to be minimum disagreement and through the hard work, flexibility and professionalism of the staff, both events were carried out with a minimum of disruption to the prison as a whole. The Board commends all those involved.
- 4.5 **Visits.** A new building was opened during 2013 dedicated to Visits at Grendon. This has made an enormous difference to the experience of visitors. As it is situated outside the external walls of Grendon it is much easier to access, the main room is clean, warm and friendly and is much more child-friendly too.
- 4.6 **Diversity.** Diversity continues to be an area where the Board feels Grendon does well. There are very active Diversity action groups on each wing. As a result, and because of the TCs themselves, reports of racism, abuse and bullying are rare and events celebrating Diversity are frequent and well attended. The officer responsible for developing a wide range of Diversity initiatives received a Butler Trust award.
- 4.7 **Library.** The library is much better organised and run than in previous years and continues to attract a good number of inmates, as well as organising several events throughout the year.
- 4.8 **Healthcare.** Care UK was shortlisted for the Great Care Award which was a great credit to all the staff.
- 4.9 **HMIP Inspection.** The prison received an unannounced inspection from HMIP between 5<sup>th</sup> and 16<sup>th</sup> August and received the highest ranking of “good” in three of the four areas under inspection, Safety, Respect and Resettlement. The second highest ranking of “reasonably good” was given to the other area of Purposeful Activity.

## Section 5

### OBLIGATORY REPORTS

#### 5.1 Equality and Inclusion

- 5.1.1 Diversity issues are managed largely by the prisoners themselves with encouragement and guidance from the staff.
- 5.1.2 Meetings are held monthly with the Governor and PrEMs (Prisoner Equality Mentors) and a DEAT (Diversity Ethnic Action Team) meeting takes place every quarter leading to the publishing of a DEAP (Diversity Ethnic Action Plan). Smart monitoring statistics are collected and published monthly which follow eight mandatory monitoring elements such as adjudications proven and dismissed, ROTLs, IEPs etc, watching for any ethnic/race related biases. No significant biases have been shown.
- 5.1.3 The number of racial and diversity reports filed in 2013 decreased from the previous year.

#### Discrimination incidents - summary

2013	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Non Diversity	1	1	2	0	1	4	0	0	0	1	0		10
Racial/ Ethnicity	0	3	1	6	0	0	5	0	2	0	1		18
Disability	0	0	0	0	0	0	0	0	0	0	0		0
Gender	0	0	0	0	0	0	0	1	0	0	0		1
Age	0	0	0	0	0	0	0	0	0	0	0		0
Religion/Belief	0	0	0	0	0	0	0	1	1	0	0		2
Marriage/Civil Partnership	0	0	0	0	0	0	0	0	0	0	0		0
Transgender	0	0	0	0	0	0	0	0	0	0	1		1
Pregnancy/ Maternity	0	0	0	0	0	0	0	0	0	0	0		0
Sexual orientation	0	0	0	0	0	0	0	0	0	0	0		0
<b>Total</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>5</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>2</b>		<b>32</b>

- 5.1.4 The proportion of BME (all those who have not identified themselves as White and British) in Grendon has risen in the last year and at the end of November 2013 stands at approximately 26% (similar to the national percentage). The proportion of BME staff is only 7% but this has also increased in the last year. At the end of December there were 10 foreign national prisoners.
- 5.1.5 A number of BME events are held in the prison each year, some annual, e.g. Ramadan, Eid, Buddhist festival, black history month, Christmas carol service etc., and others one-off such as Nelson Mandela's funeral and a visit by Eva Schloss.
- 5.1.6 The Catering department have regular special meals for different ethnic groups in the prison as well as meeting the day to day dietary needs of different religious groups. Prisoners are encouraged to organise and cook for the special meals.

- 5.1.7 Most mainstream religions are represented by relevant chaplains or visiting chaplains who are available and take services regularly.
- 5.1.8 In summary Diversity and Racial issues, which are already at a low level, appear to be dealt with effectively in Grendon.
- 5.1.9 Disability. Grendon faces a growing demand for support for disabled prisoners (including disabilities which reflect an aging population). Adjustments to regime are often hampered by conflicting acceptance of responsibility between the prison, healthcare and catering, for example. As this aspect of the population increases, the Board feels that more attention must be paid to developing a focus for disabled prisoners. A survey has been undertaken since the HMIP inspection and the Board will be interested to see any adjustments made.

## **5.2 Healthcare and Mental Health**

- 5.2.1 Provision of healthcare in Grendon has been settled this year. There has been a marked improvement in prevention and control of infection and cleanliness of the Healthcare section of the prison.
- 5.2.2 During the year several rooms in Healthcare were refurbished which brought them up to higher standards and new outside cleaners have been used for cleaning.
- 5.2.3 A Care Quality Commission (CQC) inspection in the middle of 2013 showed that the Healthcare premises were compliant in all areas except for open pipework on some ceilings which could represent a risk for attaching ligatures.
- 5.2.4 There are now two permanent GPs which gives much more stability.
- 5.2.5 There is limited space for clinics in the afternoons which sometimes mean they have to be cancelled. There is also a need for more room so that more training and group work can be provided.
- 5.2.6 Pharmacy. Lloyds Pharmacy is providing a reasonable service and the communication with Care UK has been greatly improved by an electronic prescription system (System One) leading to much more accurate and timely deliveries.
- 5.2.7 There is a concern that Healthcare is not being informed that prisoners are on prescription drugs (such as Tramadol) when they are inducted into the prison, leading to a lack of control regarding their medication.
- 5.2.8 The Board felt that there was a need to improve the communication between various disciplines in the prison (e.g. wing staff, security, therapists etc.) so that the risk assessment of prisoners could be more effective.
- 5.2.9 The Board noted that Healthcare, although not always informed of the presence of Springhill 'lodgers', was not always as pro-active as necessary in seeing the lodgers upon their arrival in Grendon.

### **5.3 Drug Strategy**

- 5.3.1 Drug issues are more limited at Grendon than at other Category B prisons as men commit to being drug-free as part of their therapy and the processes of the therapeutic community reinforce this. Incidence of failed drug tests is low. Failure will prompt a commitment vote on the wing and will usually result in the man leaving the prison.
- 5.3.2 It is unfortunate that the hoped for re-organization of Grendon's drug strategy and drug strategy document did not commence consistently until late in 2013. The drug strategy document was not updated until the beginning of 2014. While it is likely that drugs are considerably less prevalent in Grendon than in other Category B establishments, the presence of drugs and the misuse of prescription medication is highly de-stabilizing to the therapeutic regime and to the benefits which therapy can provide. The Inspector's report highlighted a lack of cohesion in drug strategy and the Board agrees with this assessment
- 5.3.3 Budgeting constraints and staffing pressures in the wake of F & S and the staff re-profiling have meant that compact testing has not been carried out and staff has struggled to meet targets set for MDT's and the reporting of results for MDT's has been, on occasion, interrupted.
- 5.3.4 The provision of drug and alcohol support programs has been more widely available since the commencement the contract with Inclusion in April 2013. Take up by the men of these services has been good. However, there is some evidence of a lack of communication and referral between the prison and Inclusion.
- 5.3.5 All men arriving on the induction wing have access to a DART worker. The Grendon Drug Sub Group continues monthly meetings with representatives from each wing participating to discuss drug related issues in the prison.

### **5.4 Security**

- 5.4.1 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 and therapy staff is present at, and contributes to, security meetings.
- 5.4.2 While it is important that security maintains a balanced position, supporting but not intruding upon therapy, the Board has noticed that there have again been significant lapses in security in 2013. As also noted in the IMB 2012 Annual Report, both mobile phones and drugs have been found on the wings and these were a major source of disruption on B wing prior to its dissolution later in the year to provide space for G wing residents in anticipation of opening the new Enhanced Induction and Preparation for Treatment wing. Drug and phone finds and suspicions continued on B, C and D wings in 2013.
- 5.4.3 The number of key/lock compromises continues to be an issue in this prison. This has been a persistent problem throughout the year and has received consistent senior management attention and is continuously flagged-up to staff. Despite this, 6 key/lock incidents were reported in December alone, along with 4 breaches of security. There were 18 SIR's concerning drugs and medications misuse in December which represented an increase.

*Monitoring fairness and respect for people in custody*

- 5.4.4 Drug testing information and results were persistently not available in Security meetings (although were provided subsequent to the meetings taking place).
- 5.4.5 The amalgamation of responsibility for Security in Grendon and Springhill prisons took place in the autumn of 2013, resulting in combined Security meetings taking place from November onwards.

## **5.5 Segregation, Care and Separation, Close Supervision**

- 5.5.1 Grendon does not have a segregation unit. Any need for such a facility involves the transfer of the inmate to HMP Bullingdon or other nearby closed establishment.
- 5.5.2 One prisoner was isolated for his own protection and at his own request for a 24 hour period.
- 5.5.3 During the year an unusually large number of prisoners needed to be moved out of the open conditions of HMP Springhill into closed conditions. This was accomplished by temporarily transferring them to Grendon before moving them on. Until October these 'lodgers' were primarily accommodated in F wing and after October they were placed on G wing.
- 5.5.4 Although most of the lodgers from Springhill were only accommodated in Grendon for short periods (usually one or two days but sometimes longer), from April onwards there was an increasing number. Initially the Board raised concerns with the Governor that there was no protocol for the treatment of these prisoners and that, as a result, legal responsibilities and regulatory procedures were being missed. This was rectified, but there continued to be problems particularly with informing Healthcare in Grendon of the presence of the lodgers if they arrived after hours (which is often the case). The IMB is, in most cases, informed whenever lodgers have been placed in Grendon.
- 5.5.5 The presence of the lodgers on F and G wings caused extra work for the staff and diluted their attention to the residents of those wings.

## **5.6 Safer Custody**

- 5.6.1 Although Grendon continues to manage Safer Custody well the Board noticed that staff changes brought about by the staff re-profiling and efficiency savings impacted the gathering and dissemination of information from the Safer Custody meetings.
- 5.6.2 Since this re-profiling was implemented the full-time Safer Custody Manager has been replaced by two part time Custodial Managers who have other commitments while monitoring all aspects of safer Custody. The Board notes that, since this arrangement has been in place, one result is that some of the statistics which were reported each month are no longer available and attendance at the Safer Custody meetings is varied. In light of the Inspection Report's comments concerning the underdeveloped data analysis for Safer Custody ("formal safer custody and violence reduction processes should be robust"), the Board feels that this is a concern which should be highlighted and addressed.

- 5.6.3 **Bullying.** Grendon continues to be a safe establishment with a low incidence of bullying. However no statistics were available.
- 5.6.4 **ACCTs.** ACCT procedures and documents are well controlled and closely monitored with training sessions taking place throughout the year. Staff continues to deal well and sympathetically with these issues among the difficult population at Grendon.
- 5.6.5 A total of 51 ACCT documents were opened in 2013 which is 4 fewer than last year.

## **5.7 Residential Services - Catering**

- 5.7.1 There continues to be issues with the quality and accuracy of food ordered and supplied by 3663, the contracted food supplier. However this situation has improved over last year with fewer complaints from staff and prisoners.
- 5.7.2 The catering staff should be praised for maintaining a reasonable standard of catering which is often commented on favourably by the prisoners.

## **5.8 Education, Learning, Skills and Purposeful Activity**

- 5.8.1 Milton Keynes College provides the education programme and tutors for the prison.
- 5.8.2 Basic skills courses in English and mathematics are funded and all residents are required to take them. Funding for courses from level 3 is not available but inmates can apply for a student loan, which can also be obtained for Open University courses.
- 5.8.3 One Grendon prisoner received an Open University degree this year. Representatives of the OU came to the prison and an impressive awards ceremony was held on the wing to which his family were invited.
- 5.8.4 This year has seen a re-organisation with education, gym and library coming together under one umbrella, and there has been a greater effort to get more men involved in one or other of these activities.
- 5.8.5 Lack of staff, often caused by illness, resulted in the provision of PE activity to fall, on occasion, below the statutory minimum.
- 5.8.6 There is a recognised need for additional courses, primarily vocational, at Grendon and for a greater emphasis on purposeful activity. This was highlighted in the Inspection Report. The Board notes senior management efforts to improve the take-up of purposeful activity in the prison.

## Section 6

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### OTHER AREAS

#### 6.1 Regime and Population of the Therapy Communities

- 6.1.1 **Fair and Sustainable and re-profiling of staff.** As a result of F&S and the staff re-profile the prison appears to be run on the minimum number of staff possible and is thus more vulnerable to unpredictable events which may cause unusual pressure on staff numbers, e.g. serious incidents, unscheduled escorts out of the prison or a 'flu' epidemic.
- 6.1.2 Training for staff in new roles was sometimes limited or non-existent or late.
- 6.1.3 There are examples of officers on different pay scales doing similar jobs leading to inevitable friction.
- 6.1.4 There were also instances in the detailing where staff are given insufficient time to move between posts. This resulted in incidents when prisoners were delayed attending visits, healthcare appointments, exercise and education.
- 6.1.5 There has also been disruption in the delivery of small group therapy cover from time to time resulting in groups being facilitated by non-allocated staff, or small groups being replaced by wing meetings or cancelled because staff is not fully trained or has been drawn away from therapy duties for other detailing requirements. While all of these incidents were thankfully sporadic and not persistent, the Board is concerned that the quality of therapy should be undermined in this way.
- 6.1.6 **Out of Therapy.** The number of prisoners who were considered 'out of therapy' – present on the wings but not partaking in therapy – was greater than the previous year and at one point reached 18% of the prison population. Having these men on the wings, sometimes for many months, inevitably has a disruptive influence on the regime and on security.
- 6.1.7 Grendon suffers from a lack of appropriate forward placements for its men once they have completed or left therapy. This was exacerbated in 2013 by the closure of prisons nationally and in particular certain prisons with whom Grendon had been working to develop a supportive environment for Grendon men. It was hoped that the closer integration to the national personality disorder pathway would offer greater opportunity. This has not yet been realised and the Board would like to stress the importance of, and need for, improving the prospects for men leaving therapy at Grendon.
- 6.1.8 With the reorganisation of the wings in October it was necessary to accommodate an unusually high number of prisoners who had elected to leave the prison when B wing was disbanded. They were moved to G wing until they could be moved out altogether and this allowed the disruption on the active wings to be kept to a minimum.
- 6.1.9 The effect on G wing was to have three groups of prisoners present: those being inducted into the prison, those who were out of therapy and the lodgers from Springhill. These men were all on different, often conflicting paths and it

was noted by the Board that the staff on this wing, who had recently been through the significant changes brought about by F&S and re-profiling had a very demanding time.

- 6.1.10 The Board is optimistic that the tighter integration of Grendon into the national personality disorder pathway will yield benefits to Grendon. Creation of the new TC+ and the new Integrated Preparation for Treatment programs is expected to help to reduce pressure on low numbers at Grendon; the prison should be able to accept men whom formerly they had to reject as inappropriate for therapy.
- 6.1.11 **Regime change.** During the year the regime was changed to allow the prisoners to be unlocked all day. This enriched the lives of the inmates by leading to greater opportunities to associate and to exercise.

## **Section 7**

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### **THE WORK OF THE BOARD**

#### **7.1 Meetings Attended**

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

- Therapy
- Healthcare and PCT
- Grendon Ops
- Security
- Inter wing meetings
- Wing meetings
- Catering
- Drug Strategy
- Diversity
- Induction of new staff
- Social events
- Visits
- POA
- Training
- Safer Custody

#### **7.2 Prisons visited/hosted**

7.2.1 None in 2013.

#### **7.3 External training/conferences**

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

- C & R training
- Personal protection training
- T-CAT training

7.3.2 The IMB Conference was attended by 2 members.

#### **7.4 Internal training**

7.4.1 Members of the Board have held training mornings in 2013 when talks from various departments in the prisons were given. The Board is grateful for the time and effort given by those members of the prison staff that gave these informative talks.

#### **7.5 Appointments**

7.5.1 No new members were appointed to the Board in 2013.

## 7.6 Board Statistics

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	-
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

## 7.7 Applications

7.7.1 Because the methodology of a Therapeutic community is to allow the members to address their own problems in the first instance, the number of applications is low compared to other prisons. The numbers in the table below represent written applications – members of the Board often have to deal with verbal ones in the course of visits to the prison.

APPLICATIONS BY SUBJECT	2012	2013
Accommodation	1	1
Health related	2	7
Property/money	4	3
Sentence related	0	7
Transfers	4	1
Education	1	3
Confidential	1	1
Discipline	3	3
Therapy	2	0
Miscellaneous	4	5
<b>Total</b>	<b>22</b>	<b>31</b>

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.

Margaret Cripps  
IMB Chair, Grendon and Springhill

April 2014