



**HMP Grendon  
Annual Report  
January 2014 – December 2015**



## Section 1

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### STATUTORY ROLE OF THE IMB

The Prison 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 a therapeutic community prison, and as such Grendon's reputation has spread worldwide.

Grendon is a Category B prison with the majority of residents serving indeterminate sentences and a small number of men serving long determinate sentences. Serving prisoners apply for a place at Grendon to address their offending behavior and psychological deficits. Many have personality disorders and addiction histories. The minimum length of stay is 18 months, with many remaining at Grendon for longer in order to complete their therapy.

Prisoners chair community meetings twice weekly, small therapy groups are held on the other weekday mornings, and both staff and prisoners are responsible to the communities for their actions.

- 3.2 Grendon can house up to 238 male prisoners in Category B secure conditions and follows the Therapeutic Community (TC) principles on each of its wings. During 2014 and 2015, the prison population was fairly stable at between 200 and 215 residents.

At the start of 2014 there were four TC wings (A, B, C and D), each accommodating up to 40 men. The former assessment wing (F, for 25 men) was being refurbished as a new TC+ (a Therapeutic Community modified for the needs of prisoners with learning disabilities), and G Wing reopened as a larger assessment wing, accommodating up to 40 men for a three to six month assessment period (previously the standard assessment period was three months).

- 3.3 The new F Wing TC+ facility opened in April 2014. It has a capacity of 20 residents (as prisoners are known at Grendon), and by December 2014 had 17 residents, with 20 in December 2015. (The population tends to fluctuate more than other Wings: residents may have more impulsive behaviours compared to residents of other Wings.)

Arriving prisoners now remain on the larger Assessment Wing (G) for between three and six months, with the regime now more similar to the regime on the four TC wings than previously.

During 2014 and 2015, G wing also acted at times as holding accommodation for prisoners waiting to leave Grendon, and accommodated prisoners from neighbouring HMP Springhill ("Lodgers", see below) who were no longer assessed as being suitable to live in open conditions.

- 3.4 The Grendon regime has been incorporated into the National Offender Personality Disorder (PD) Pathway Programme, and the impact on reoffending and improved psychological health is being evaluated to develop services for offenders with PD, and understanding of implicit attitudes towards violence. This work is being commissioned by the criminal justice and health sectors.
- 3.6 The therapeutic regime is aided by a multi-disciplinary group of staff, working together with the residents/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, and a single Independent Monitoring Board monitors both prisons. Although now sharing almost all services, contracts and staff, Springhill and Grendon operate as separate units and exist for very different purposes.

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3.8 The following services are provided across HMP Grendon and HMP Springhill:

- 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 for prisoners at both Grendon and Springhill.
- A drug and alcohol intervention service contract is provided by Inclusion under contract with the Healthcare Commissioning Body.
- Education services are provided by Milton Keynes College.
- Since July 2015, Estates Services – including property and equipment maintenance – have been provided under contract by Carillion.

## Section 4

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### EXECUTIVE SUMMARY

- 4.1 There were a number of significant national events which affected Grendon during 2014 and 2015, and their impact will continue into 2016:
- **Benchmarking and the introduction of “New ways of working”**  
The Benchmarking Team started work in Grendon & Springhill (as the two prisons share resources) in January 2014, and the final report was accepted and published in August 2014. The report resulted in an increase in resources across both sites, which is welcomed by the Board. However, both Grendon and Springhill operated with limited staffing throughout 2014, with the heavy use of agency staffing. The POA reported over 30 vacancies in mid-2014, increasing to 68 in early 2015 (combined Grendon and Springhill total). This had a significant impact on the prisoner experience and contributed to what the Board felt was deterioration in the overall régime, and in particular staff/prisoner relationships: although under the benchmarked profile, officers are allocated to a wing and only deliver group therapy on that wing, there is more cross deployment of staff for operational duties than in the past, and this means it can be more difficult to build a constructive relationship with prisoners on a wing. The Board would like to commend staff and management who, despite these difficulties, did succeed in maintaining the régime to a level not seen in many other prisons in the system. The Board is impressed with the quality and level of recruitment in 2015, which should allow the new staffing profile to be implemented by early 2016.
  - **Estates Management and the Carillion Contract**  
During 2014, the Board was concerned about the length of time taken for repairs and maintenance to equipment, in particular regarding catering equipment, to be effected. This can impact on the ability to maintain a safe, secure and decent environment. However, the situation became markedly worse after the Estates contract with Carillion commenced in July 2015. One contract manager covers five sites: YOI Aylesbury, plus HMPs Bullingdon, Grendon & Springhill and Woodhill. The company appears to have underestimated the nature of working in a secure prison environment, including obtaining security clearance for workers. Repair delays have increased: this covers specialist kitchen equipment as well as work to, for example, showers on the wings. In addition, the contract does not appear to facilitate the use of prisoner labour, with appropriate safeguards, as was possible under the previous Estates/Works arrangements – this can be both beneficial for the prisoners, and cost effective for the establishment.
  - **Two deaths in custody during 2015**  
There were two deaths in custody during 2015 in Grendon. In June 2015 a prisoner who had been terminally ill died in hospital just before processes could be put in place for him to be transferred closer to his family. He had elected to remain at Grendon during his illness because of the care and support he was receiving from fellow prisoners and staff on his wing, as well as Healthcare staff.  
In mid-December 2015 a second prisoner died at Grendon: the death is still being investigated by the Prisons and Probation Ombudsman (PPO) and the Coroner.
- 4.2 There were no issues of immediate concern, but there were matters during 2014 and 2015 to which the Board would like to draw attention:
- **Delays transferring prisoners out of Grendon**  
This problem has been highlighted in the past, and continued into 2014 and 2015. Prisoners who have either finished their therapeutic work at Grendon, or want to be removed for whatever reason, have to wait for protracted periods to do so. They are known as “out-of-therapy” men. The wait can be over a year, and can lead to disillusionment, boredom and disruption in the

prison with a negative impact on the delivery of the therapeutic regime to others, an increase in the number of ACCTs opened, and to security.

- **“Lodgers”**  
During both years, prisoners who needed to be removed from open conditions at Springhill have been routinely “lodged” on a temporary basis in Grendon. As reported previously, the IMB has been concerned that these movements are carried out without a full protocol in place, although a checklist was produced in 2014 covering issues such as medication, and the prisoner being seen by the Grendon Healthcare team within a certain period. Additionally, this causes disruption to the Wings in which they are accommodated (mostly G Wing, the new Induction Wing). Later in 2015, Lodgers were being accommodated on all wings except F (TC+), so spreading the disruption.
- **Safer Custody**  
The Board noticed a continued reduction in the monitoring and reporting on Safer Custody over the two year period.
- **Security: drugs and phones on the Wings**  
Whilst the level of drug use in Grendon appears to remain low compared to other Category B establishments, illegal drugs have been found, there is evidence that prescription drugs have been abused, and the use of New Psychoactive Substances (NPS) has been increasing. These issues are particularly important at Grendon, engendering deception and destroying trust between officers and prisoners, as well as prisoner to prisoner: trust is at the heart of the therapeutic process.
- **Overall condition of prisoner accommodation**  
Grendon was built in the early 1960s, and each prisoner has a single cell. However, cells above the ground floor have no in-cell sanitation, and a “Night San” system operates, with a prisoner calling the officer on duty to be allowed out of his cell to use the toilets on his landing. This system relies on the night call system working, and being attended to by the officer on duty (who may well be covering two wings, and so responsible for some 80 prisoners). The Board has noticed an increase in prisoner applications regarding responses to the emergency cell call and intercom systems and drew these points to the attention of the Governor in early December 2015.

4.3 The Board would like to highlight the following **areas of excellence** during 2014 and 2015:

- **Team work on the wings to sustain the therapeutic communities and deliver therapy:**  
Grendon offers a unique model of imprisonment and treatment, delivered by multi-disciplinary teams of officers, psychologists and therapists who work together on a wing. During 2014 and 2015, the wings were re-organised to accommodate the new TC+ on F Wing, and a larger Assessment Unit of 40 men on G Wing. At the same time, the other Wing communities were disrupted as prisoners were relocated to establish balanced communities on other wings. Some wings were destabilised as issues such as the discovery of a phone or drugs on a wing, or disruptive behaviour by one or more men, have impacted on the whole community. In addition, long-term staff absences, and changes to therapeutic staff in particular have impacted on the TCs. However, throughout, staff teams have created a safe and humane environment, enabling prisoners to continue to access the Therapeutic Community Process.
- **Diversity and special events** remain an area where the Board feels Grendon does well. Each Wing has a diversity action group, and as a result reports of racism, abuse and bullying are rare, and special events are well attended and appreciated by the prisoners. Events are held to mark Traveller Heritage month, Eid, Black History Month, for example. Prisoners prepare appropriate food, decorate the wings and share cultural insights with each other. In addition, “family days” are held on the wings, with family members encouraged to attend and to

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understand the therapeutic process that prisoners are experiencing. A series of specialised events also means that Grendon prisoners have enriching experiences. Examples include the annual Grendon Debate, with prisoners debating a topical issue with students; a drama group working with prisoners; and a music programme. A conference in 2015 covered issues raised by the prevalence of NPS, and was attended by prisoners from both establishments, plus experts in the field and officers: the outcome will be a policy tailored to both prisons.

- **Visits:** The Visits Reception building was opened in 2013, and, in the view of the Board, continues to operate well, providing a play area for children. Visitors are registered and then accompanied to the Visits area in the main prison. Prisoners serve refreshments, and families and other groups sit around small, low tables in an informal atmosphere, overseen by officers.
- **Healthcare:** This has continued to be provided to a high standard for Grendon prisoners, and the Healthcare Manager was awarded a Butler Trust Commendation in 2014.

## Section 5

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### OBLIGATORY REPORTS

#### 5.1 Equality and Inclusion

Diversity issues are managed by the prisoners through the processes in the wing communities, with encouragement and guidance from wing staff teams.

Meetings are held monthly with the Governor and PrEMs (Prisoner Equality Mentors), and a DEAT (Diversity Equality Action Team) meeting takes place every quarter leading to the publishing of a DEAP (Diversity Equality Action Plan). Monitoring statistics are collected and published monthly, following 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, and the number of race and diversity reports remains low.

A number of events are held in the prison each year, including Ramadan, Eid, Buddhist festivals, and Black History month.

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 special meals.

Most mainstream religions are represented by relevant chaplains or visiting chaplains who are available and take services regularly.

In summary Diversity and Racial issues, which are already at a low level, appear to be dealt with effectively in Grendon.

Disability: Grendon faces a growing demand for support for disabled prisoners (including disabilities which reflect the aging population). Adjustments to régime 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.

The introduction of the Social Care Act, which came into effect in April 2015, raised issues about new responsibilities of local councils and the role of social services within the prison, which were still being worked through at the end of 2015.

#### 5.2 Education, Learning, Skills and Purposeful Activity

Education is provided largely through Milton Keynes College (MKC), under contract to the Skills Funding Agency. In 2012, a new form of contract was introduced, under OLASS Phase 4, using a payment by results approach. As of 1<sup>st</sup> August 2014, MKC is paid only on actual registrations and achievements. The final 20% of funding for a course is received only if a student passes the course.

MKC provides the following courses: Entry Level and Functional Skills in English and Maths; Barista/Customer Service/Business; Introductory IT Skills; BCS ITQ (User Skills); Group and Teamwork; Industrial Cleaning; Mentoring; and Football coaching. All these courses are funded. For English and Maths, all prisoners are required to take up to Functional Level 1 and at least work toward Level 2. Entry Level Maths and English is taken mainly by TC+ prisoners. Funding for Functional Skills courses from Level 3 is not available but inmates can apply for a student loan, which can also be obtained for Open University courses.

Some practical courses are provided by the prison régime including Card Making and Magazine Editing; Open University Study and Learning Support; and Gym/PE instruction. There is also a Virtual Campus provision

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(namely, controlled computer access to on-line educational courses) but this was underutilised during 2014 and 2015.

Engagement with work and education is delegated to communities and individuals, involving a process of approval (or “backing”) through therapy groups, the wing community and the staff. To improve education uptake, this process was streamlined in December 2014 so that only group and staff backing is required for a prisoner to attend a course. Some courses have also been lengthened in order to help recruitment.

Uptake of courses by residents has been restricted by some lack of teaching staff, the removal of funding for (external) Wing tutors, the lack of functional skills amongst some of the prisoners, the difficulty for prisoners in dealing with the mental and emotional demands of both therapy and education, and difficulties for prisoners in making the time commitment. The gap left by the removal of wing tutors has, to some extent, been filled by the introduction of an Education Recruitment Student who visits the wings periodically. However, there continues to be a need for increased recruitment, additional courses, primarily vocational, and for a greater emphasis on purposeful activity. As at December 2015, allocations of residents to courses had fallen due to course cycles, therapy interventions and the cancellation of some classes due to lack of trainers. Functional Skills delivery has been amended to enable new men to join at any point enabling numbers to be maintained. This will improve allocation. Increased use of mentors from Oxford Brooks University is seen as a possible way to support the Functional skills delivery.

A Personal Development Plan system was introduced in October 2015, with new targets being set during the therapy review process in order to integrate work and education into the therapeutic process. Individuals are inter alia backed for a range of activities which makes classes easier to allocate.

The Board notes the commitment of the Governor and the education staff to continue to improve the education regime. Increased emphasis is placed on the importance of education. Efforts have also been made to engage prisoners in extra-curricular education events including Education Open Days, a Celebration of Education event, an annual debate held between prisoners and students of Birmingham University, and the Learning Together project, which involved prisoners working with students from Cambridge University. This highly innovative programme was repeated during 2015/6 academic year.

### **5.3 Healthcare and Mental Health**

During 2014 and 2015 there has, in the view of the Board, been a further improvement in the provision of healthcare services in Grendon and Springhill, brought about through the effective management and liaison between the healthcare provider and prison management, and the previous improvements in infection control and cleanliness appear to have been maintained.

The Service Manager led these changes, and received recognition as recipient of the 'Inspirational Leader' awarded by Care UK for her efforts, and also by the Butler Trust with a Commendation. Additionally other staff were recognised and rewarded for their contribution, and there was a new focus on streamlining clinical practices.

Communication between healthcare services has seen significant improvement with the introduction of 'functional mailboxes' enabling more effective communication within the healthcare cluster, and improved data sharing. A weekly multi-agency Shared Care meeting discusses patient care and is improving communication between healthcare providers and staff teams on the therapeutic communities.

The Dental Contract has been an area of concern on several occasions during this year. Issues have been the contractual ambiguity for the identification of responsibilities between the prison, the provider and the commissioning of dental services. For example on two separate occasions in September 2014 and November 2014 there was no treatment available for prisoners due to:

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- Inoperable dental chair inspection lamp
- Broken x-ray machine
- Broken dental chair
- Broken 'autoclave' leading to failure to be able to sterilize dental instruments.

All of these incidents took longer than was satisfactory to resolve and impacted negatively upon the prisoners. The contract is now an issue that is for further resolution and is under discussion.

Work is currently underway to develop prison, social care and healthcare pathways.

## **5.4 Drug Strategy**

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 prompts a commitment vote on the wing and may result in the man leaving the prison.

However, the presence, or suspected 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. There was anecdotal evidence of increased drug use during 2014 and 2015, and the Board was concerned about safeguards against acknowledged associated issues, including increased levels of debt amongst prisoners and bullying on the wings.

All men arriving on the induction wing have access to a DART worker, and there are monthly meetings with representatives from each participating wing to discuss drug-related issues in the prison.

Grendon and Springhill jointly hosted a drug awareness conference in May 2015. This event was highly innovative, and included prisoners from both Grendon and Springhill, and staff from both prisons as well as from the broader prison system. Talks from expert professionals were the basis for discussions amongst all participants, and contributions formed the basis of a draft new drug strategy for 2016.

## **5.5 Security**

The effective management of security at Grendon is crucial to maintaining the safe environment in which therapy can take place. The Security team is supportive of the therapeutic process and wing and therapy staff contribute to security meetings, with security staff contributing to the monthly Therapy Policy meetings.

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 2014 and 2015. As also noted in previous Annual Reports, both mobile phones and drugs have been found (and suspected) on the wings and these are always a major source of disruption.

The number of key/lock compromises continues to be an issue in this prison, although since it has received consistent management attention, being continuously flagged-up to staff, the number of key/lock incidents appears to have decreased.

## **5.6 Segregation, Care and Separation, Close Supervision, including “Lodgers”**

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.

As before, during 2014 and 2015, whenever prisoners needed to be moved out of the open conditions of HMP Springhill into closed conditions, they were often transferred on a temporary basis to Grendon before moving

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them to another establishment. They were generally placed on G wing (Assessment Wing), and later also on one of the other wings. These prisoners are generally known as “Lodgers” in Grendon.

However, the presence of the lodgers on G wing, and other wings, causes extra work for the staff and dilutes their attention to the residents of those wings. It also brings a risk that illicit substances will be imported into Grendon.

The Board continued to raise 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 with a checklist, which specifies a prompt visit from the Healthcare Team, and checks on the transfer of property from Springhill to Grendon.

Nonetheless, the Board remained concerned that the checklist was not always being followed, and that Healthcare is not always aware that a prisoner has transferred into Grendon, particularly if it happens at night.

This is a unique situation, and the Board will continue to monitor these issues during 2016.

## **5.7 Safer Custody**

Although Grendon continues to manage Safer Custody well the Board noticed that staff changes brought about by the staff efficiency savings continues to impact on the gathering and dissemination of information from the Safer Custody meetings. Some of the statistics which in the past have been reported each month are no longer available and attendance at the Safer Custody meetings is varied.

**Bullying** - Grendon continues to appear to be a safe establishment with low levels of bullying. Bullying incidents have always been dealt with within the wings, using the therapeutic process. However, it must be noted that not all prisoners participate in wing and group meetings as up to 42 are on induction and/or TC+, and an average of around 30 men are out-of-therapy.

The Board will reappraise this situation in 2016 to ensure we are aware of bullying in the prison.

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

A total of 82 ACCT documents were opened in 2014 (this was 31 more than 2013), and 82 (48 prisoners) in 2015. These numbers have increased since 2013 (when 31 ACCTs were opened). This appears to be partly due to the opening of the TC+, with a potentially more vulnerable prison population (21 ACCTs were opened on F Wing in 2015, involving 10 prisoners). F Wing has a maximum population of 20 prisoners, compared to up to 40/42 on the other wings.

These figures were high, but not unexpected, as there are now a higher number of vulnerable prisoners, who are either on F Wing (TC+) or the larger new Induction Unit (G Wing, with 40 places, as opposed to 24 previously).

Around 30 prisoners from the main wings (A, B, C and D Wings) are “out-of-therapy” and waiting to move on from Grendon at any one time. Some of these prisoners become frustrated and vulnerable and need to be placed on an ACCT.

ACCT procedures and documents appear to be well controlled and closely monitored. Staff continue to deal well and sympathetically with these issues among the very difficult population at Grendon. However, the Board believes there have been some occasions in 2014 when an agency OSG has been on night duty in charge of a wing where an inmate is on an ACCT, and is not trained in the necessary systems and procedures, raising the issue of training for contracted workers in the prison.

## 5.7 Residential Services

### **ACCOMMODATION**

Prisoners are accommodated on six three-storey wings in single cell accommodation.

Most wings have a small number of cells on the ground floor, which are used, for example if a prisoner is on an ACCT, or for a Lodger, whilst he is residing in Grendon.

There is no in-cell sanitation at Grendon in cells above the ground floor, and an electronic night san system operates, with a prisoner ringing a bell to signal he wishes to leave the cell.

There is also an emergency cell call system, and an intercom system. During 2015, prisoners contacted the Board about follow up from officers on duty, and the general state of repair of these systems.

Generally, the accommodation is of an acceptable standard, although it is common for there to be delays to the repair of showers, blocked toilets etc., particularly under the Estates Management contract with Carillion which has operated since July 2015.

Corridors are bright and floors shine: they are cleaned regularly by prisoners and in the past have also been painted regularly by prisoners. The walls are decorated with art works produced by prisoners in Art Therapy: several pieces have won awards in the annual competitions run by the Koestler Trust.

### **FOOD, CATERING AND KITCHENS**

Orders from the contracted food supplier (3663) were more accurate overall in 2014 and 2015 than the previous year, when the Board had serious concerns. Once again, catering staff maintained a reasonable standard of catering, which prisoners – especially newly arrived from other establishments - and visitors often comment upon. Special menus are devised in conjunction with prisoners for festivals and events (such as Black History Month and Wing Open Days): these are very popular.

However, at times the functioning of the prison kitchen was affected by equipment being out of action, and the difficulties with the contract with Carillion. Equipment – fridges, freezers for example – can be out of action for extended periods whilst there is a debate about liability and repair or replacement.

## Section 6

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### OTHER AREAS OF THE PRISON REGIME

#### 6.1 Population of the Therapeutic Communities

##### **Benchmarking and the re-profiling of staff roles**

After the Fair and Sustainable process in 2013 with the re-profiling of staff roles, and the 2014 benchmarking report, the composition of staff teams on the wings has been less consistent during 2014 and 2015. Officers are detailed to different wings,  
Diff building up trust and rels with men  
Time taken to transfer to new role

and there is some evidence that this is having an impact on prisoners, with delays attending visits or the gym, and even education. The Board is concerned that this is undermining the quality of therapy – the primary purpose of the regime at Grendon.

##### **Out-of-therapy population**

The number of prisoners who were considered 'out of therapy' – present on the wings but not partaking in therapy – has remained fairly steady during the two years, at around 30 men at any one time. However, having these men on the wings, sometimes for many months, inevitably has a disruptive influence on the wing regime and on security.

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 men leaving Grendon. It was hoped that the closer integration to the national personality disorder pathway would offer greater opportunities for this. However, 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.

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 increase prisoner numbers; the prison should be able to accept men whom formerly they had to reject as inappropriate for therapy.

## Section 7

### THE WORK OF THE INDEPENDENT MONITORING BOARD

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#### 7.1 Meetings Attended

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

- Therapy Policy
- Healthcare and PCT
- Grendon Ops
- Security
- Inter-wing meetings
- Wing meetings
- Drug Strategy
- Diversity
- Induction of new staff
- Social events (eg Family Days, religious festivals)
- Visits
- Safer Custody

#### 7.2 Prisons visited/hosted

The Board visited HMP Bullingdon Prison in 2014 and Long Lartin in 2015, and hosted a group of 15 AIMB members in June 2015.

#### 7.3 External training/conferences

Members of the Board have attended the following training courses:

- C & R training (external)
- Personal protection training
- T-CAT training

The IMB Conference was attended by 1 member in 2014, and by 2 members in 2015.

#### 7.4 Internal training

Members of the Board have held training mornings during both years, featuring talks from various departments across the prisons. The Board is grateful for the time and effort given by those members of staff who delivered these informative talks.

#### 7.5 Appointments

Four new members were appointed to the Board in 2014 – 15.

#### 7.6 Board Statistics

<b>BOARD STATISTICS - GRENDON</b>	<b>2014</b>	<b>2015</b>
Recommended Complement of Board Members	15	15
Number of Board members at the start of the reporting period	10	11
Number of Board members at the end of the reporting period	11	12
Number of new members joining within the reporting period	4	3
Number of members leaving within the reporting period	3	2

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Total number of board meetings during reporting period	12	12
Average number of attendances at Board meetings during reporting period	9	9

## 7.7 Applications

Because the methodology of a therapeutic community is to encourage prisoners 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. There were 42 Applications from 36 inmates in 2015.

APPLICATIONS BY SUBJECT (Grendon)	2015
Accommodation	3
Health related	0
Property/money & Canteen	8
Sentence related	6
Transfers	4
Education	0
Confidential	0
Discipline	13
Therapy	0
Miscellaneous	8
<b>Total (Grendon)</b>	<b>42</b>

We 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 two years.

Margaret Cripps & Jean Morgan  
IMB Chairs, Grendon and Springhill, 2012 – 5, and 2016